Medical Education, Accreditation, and the Nation's Health: Reflections of an Atypical Dean. *By Andrew D. Hunt. 162 pp. East Lansing, Michigan State University Press, 1990. $20. ISBN 0-87013-288-1.*

We must change the American health care system to control costs, increase access, and organize better care in community settings. To do this we must change the system of medical education. The bodies that have power, however, over the educational structure — notably, government agencies that fund research (but not education) and the accreditation agencies — are profoundly ambivalent about allowing and encouraging the changes that are needed.

This is the central thesis of a thoughtful and readable book by Andrew D. Hunt, who has a long career in medical education — at Hunterdon, Stanford, Michigan State University College of Human Medicine (of which he is the founding dean), and finally as associate dean at Mercer Medical School. He also recounts some of his experiences as a patient undergoing neurosurgery and postoperative complications. These personal reflections are used effectively and are not allowed to detract from the balanced and historically informed tone of the study. Dr. Hunt traces the entire history of the Association of American Medical Colleges and of the roots of government support for research in the German university model of the 1800s. (Along the way, he dispels some prevalent myths about the Flexner Report recommendations for basic science education.)

Dr. Hunt has achieved a reputation as a bold innovator in medical education and a strong advocate of primary care and therefore an implacable foe of the Liaison Committee on Medical Education (LCME), which used its accreditation authority to derail some of the reforms introduced in the early days of Michigan State University (reforms that became well accepted by the establishment, when reincarnated in the Harvard New Pathway program). Having lived through the LCME battles as a student and later as a faculty member at Michigan State, I would have expected a very negative view of that body to come out in Dr. Hunt's book. Nevertheless, Dr. Hunt's discussion of the LCME is quite balanced and includes mention of recent changes in LCME personnel and policies that augur well for the enhanced support of educational improvement. Still, the overall story is that of a body whose worst fear is that medical schools may produce graduates who are not fully competent in a scientific-technological sense and therefore the LCME has been unwilling to countenance any educational innovation that seems to involve significant risk.

One gap in the discussion stands out. The book offers a good deal of evidence that the academic medical centers and the accreditation agencies that use them as the models for medical education are increasingly out of touch with the real needs and issues in American health care — that they are effectively becoming obsolete without knowing it. Yet Dr. Hunt assumes that any change in medical education will ultimately come *through* this system. His own thesis, however, seems to require some creative thinking about how forces for change might work around the existing academic-medical establishment. (The experience of family practice residencies in university and in community hospitals, for example, could provide some useful insights here.) Thus, ironically, his own arguments may stand as an example of why, ever since the 1930s, prestigious bodies

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have called for meaningful reforms in medical education without anything changing very much as a result.

This book should be read by anyone interested in improving medical education. It would benefit also anyone interested in more general health policy reform.

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Panic Disorder in the Medical Setting. *By Wayne Katon. 147 pp. Washington, DC, American Psychiatric Press, 1991. ISBN 0-88048-372-5.*

Recent epidemiological data suggest that more than 50 percent of patients with mental illness are cared for entirely within the general medical system. As practicing family physicians will attest, anxiety is a common component in many clinical encounters. Yet, when that anxiety is the primary cause of a somatic complaint, how many of us are well prepared to diagnose and manage that condition? With the sponsorship and assistance of the National Institute of Mental Health, Dr. Katon has authored a monograph that speaks to that very question.

Panic Disorder in the Medical Setting was written to provide practicing primary care physicians and behavioralists a practical and up-to-date resource on the identification, course, and management of panic disorder in the primary care setting. The author discusses the challenge of recognizing panic disorder and the medical illnesses associated with it, using the structure of a differential diagnosis. Treatment is discussed from the perspectives of psychopharmacology, psychotherapy, and behavioral therapy. Indications for consultation and referral are provided.

What is unique about this book, however, is its format of using case examples to challenge the reader and provide a framework for the discussion text. There are 17 examples, along with the generous use of tables and references, which guide the reader to a better understanding of this important topic. The writing style is straightforward and entertaining. It is also concise and avoids the jargon that I find so distracting in many psychiatric texts.

In the process of reviewing this book, I had the occasion to loan it to the clinical psychologist associated with our residency training program. Two days later, he greeted me with the words: "This is a great book! How do I get a copy?" While its specialized topic makes the book less appropriate for the library of an individual physician, hospitals, training programs, and clinical behavioralists will find it a welcome and useful addition to their reference resources.

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