trained medical practitioner and other co-operating professionals such as nurses, dentists, and engineers will be in very short supply. If an effective attempt is to be made to provide some form of medical care to 100% of the population, and this is undoubtedly the ultimate objective, the professionals must be spread very thin indeed, and in addition there must be the most carefully organized use of their time, energies, and skills.

This can be done only through the extensive use of auxiliaries at various levels of education and expertise. Unfortunately there still survives in some developing countries an idea that the employment of auxiliaries is a stigma of inferiority, and that " only physicians can evaluate and treat the sick ". According to a recent study by a Rockefeller Foundation team, *Health and the Developing World*, " this conflict arises from the near mystical quality that history and culture have given to the relationship between the physician and his patient ".

The fixation may continue for some time yet, but the available evidence suggests that it is weakening, and that the auxiliary is increasingly regarded as the foundation upon which health and medical care in developing countries can be most effectively established. Furthermore, the training of auxiliaries, simple and *ad hoc* though it may be, is receiving particular attention.

The growing recognition of the importance of the health team is seen in the pioneering attempts to obtain the conjoined and contemporaneous education and training of some of its members. The recently established University Centre for Health Sciences at Yaoundé in Cameroon, where doctors, dentists, nurses, and midwives participate in the same courses of instruction and together climb up the educational ladder to their appropriate level, is an example of the constructive thought and practical experimentation which characterize the educational activities of many developing countries. It is an experiment which will undoubtedly be repeated.

Life-long education, by Malcolm S. Adiseshiah, *I. E. Y.—UNESCO*, Paris, 1970, No. 7.

. . . Indeed, I am certain that the concept of life-long education would have never been formed as an original approach but for the tremendous expansion of adult education which took place in the course of the last decades in some of the more developed countries, like the Scandinavian countries, United Kingdom, the Soviet Union, Czechoslovakia, Canada, France, to quote only a few of them, and in the developing countries, more recently, in the form of literacy cam-

paigns and community development. In both situations, the rapid expansion of adult education reflects the thirst for knowledge which is inseparable from the claim for human dignity and the gradual development of democracy, and from the recognition of the rôle of education as a means of achieving them.

While adult education concentrated mainly on providing a substitute for the lack of schooling or inadequate schooling of the less privileged groups, it was soon faced with the necessity of developing a new pedagogy, based on the simple fact that adults, poor in formal knowledge as they are, but often rich in experience, and involved in the many responsibilities of life, cannot be taught as children. Adult education soon became a new type of education in its own right—no longer a substitute—which questioned the formal approach to teaching, relied more on motivation, and attempted to bring the content of education nearer to life. Then adult education received a new impetus from the fact that the ever increasing prestige of education, as a factor of social promotion, combined with the need for an ever greater volume of knowledge, which educational systems recognized by steadily extending the duration of compulsory schooling. The increased duration of school education and the demand for more adult education which increased simultaneously had a cumulative effect and combined into the notion that the education period, instead of being restricted to school age, coincided with the whole life...