OVERSEAS DOCTORS IN THE NATIONAL HEALTH SERVICE

David J. Smith

Heinemann Educational Books
London (1980)
307 pages. Price £12.50

David Smith, a Senior Research Fellow at the Policy Studies Institute, has made a particular study of racial problems in the UK. This book is the report of one such study financed by the DHSS, which concerns "working hospital doctors" and unrestricted general practitioner principals in the NHS in England.

The study surveyed the opinions of a randomly selected sample of doctors in the NHS who qualified overseas. The design included doctors with UK qualifications, to make comparison easier. The doctors were interviewed by a commercial market research organization. British and overseas-qualified doctors in various grades, including consultants and administrative staff at nine hospitals (two of which were teaching hospitals), were also interviewed. The hospitals were not selected randomly.

The researchers have garnered a great quantity of data about career intentions and the extent to which they were fulfilled, qualifications, experience, and attitudes. In the final chapter the author examines the data from the perspective of overseas doctors and the NHS "to consider whether there is a relationship in which overseas doctors tend to be exploited, and whether there are policies which would prevent any such exploitation while also, if at all possible, improving training programmes, methods of organization and standards of care in the NHS."

The author has identified some inequalities in comparison with UK graduates. These are due mainly to difficulties in putting together a training programme, for it is to gain experience and additional qualifications that most non-anglophone migrants come to England, to lack of contacts and lack of understanding of the system of practice and training, and to linguistic problems. He mentions particularly the career guidance which UK graduates receive from their teachers, who know them well, and which overseas graduates miss because they arrive as strangers. He suggests that specific, rotating training programmes, at junior, middle and senior level, with stated entry requirements should be created to overcome this problem.

So far as general practice is concerned, David Smith found that overseas graduates entered general practice at a later age than UK graduates and more often because they had failed to achieve their goal of a specialist career (seven per cent of UK-qualified general practitioners would prefer to be hospital doctors compared with 30 per cent of overseas graduates). They were also more likely to be members of smaller partnerships, situated in less desirable areas, and to have more patients, a larger proportion of whom would be coloured. The workload of overseas graduates appeared to be similar to that of UK graduates, but overseas doctors were found to work longer hours (69·5 hours per week compared with 61·8 hours per week).

In general, the book provides interesting and useful information, of value to those concerned with postgraduate education, which bears out much of what might be termed consensual experience: that the standard of training of overseas doctors at the time of entry to the UK is variable, and that language often causes difficulty and compounds the problem of obtaining suitable training posts. It also points out that the overseas graduates who tend to return to their country of origin are those who overcome these difficulties and achieve the experience and qualifications that they set out to obtain.

H. W. K. ACHESON

HOSPITAL IN-PATIENT ENQUIRY 1976

Department of Health and Social Security Office of Population Censuses and Surveys Welsh Office

HMSO
London (1980)
331 pages. Price £8.75

At first sight, the *Hospital In-Patient Enquiry* for 1976 does not immediately appear relevant to general practice, but on examining the tables it is clear that many of the activities in hospitals do reflect attitudes among general practitioners, especially referral policies.

The hospital inpatient activity analysis is based on a 10 per cent sample of patients in hospital beds in England and Wales, and is useful because admissions are classified both by age group and year of admission during the last 10 years.

For many conditions there is little change from year to year, but some of those in which general practitioner decision taking is most involved show striking trends.

For example, there has been a considerable fall of almost a half from the 157,800 patients admitted for hypertrophy of the tonsils and adenoids in 1967 to the 82,810 in 1976. Similarly, admissions for appendicitis have fallen from 111,300 in the earlier year to 80,400 in 1976. It looks as if two of the commoner operations of childhood have been substantially reduced in frequency during the last 10 years.

It would have been interesting to analyse the trends for dilatation and curettage separately, but unfortunately these are included with other conditions which make it difficult to separate subgroups. There has been an almost 50 per cent increase in the number of "sterilization without mention of illness" between 1973 and 1976, and despite the considerable pressure from psychogeriatricians on general practitioners not to use the term 'senility' the number of patients diagnosed in hospitals with the label of 'senility' without mention of psychosis has risen steadily from 5,500 in 1967 to 8,610, 10 years later.

Finally, I was intrigued to know of the number of "persons without current complaint or sickness" in hospitals, and even more puzzled to find that they have almost doubled in number between 1973 and 1976.

D. J. PEREIRA GRAY

HUMAN SEXUAL BEHAVIOUR

Philip Feldman and Malcolm MacCulloch

John Wiley & Sons
Chichester (1980)
226 pages. Price £12.50

"The Royal Commission on Medical Education in the UK . . . found that British medical schools offered little or no instruction about sexual behaviour and sexual problems. Another study . . . found that although only one third of the doctors surveyed had received instruction in contraceptive techniques, more than 90 per cent offered contraceptive advice to their patients."

This extract—taken from chapter one of Feldman and MacCulloch's new book—makes it fairly clear that one of their main objectives in writing it was to provide a useful and sensible volume which would give the general practitioner basic, and yet the most up-to-date, information about sexual behaviour and psychosexual medicine. To a considerable extent they have succeeded. Yet because their book is also intended for psychologists, social workers and "all those in the helping professions concerned with sex therapy", it is inevitable that some of the anatomical and physiological material contained in this volume is too simple to

be of use to a doctor. However, if general practitioners skip the short sections which are devoted to anatomy, embryology and physiology, they will certainly find a lot to interest and inform them in this fairly slim volume.

The authors, a psychologist and a psychiatrist (who once held the slightly curious-sounding post of Head of the Division of Psychiatry at the DHSS), gallop rapidly through the history of sexology. They move from Boerhave to Masters and Johnson, take in Kinsey and company on the way and manage to find space for such subjects as 'romantic love,' something which seems to get squeezed out of sex textbooks these days. They also make the whole thing very readable indeed.

Unfortunately, the one area where Mr Feldman and Dr MacCulloch fall down is the area which is of major interest to the general practitioner—treatment.

Why do they fall down? Because they seem to be quite unaware of some of the important ways in which sex problems are treated in this country. They are very good on psychoanalysis, Rogerian client-centred therapy, and (of course) behaviourist therapy, about which both of them have written a good deal in the past. But they do not even mention other types of treatment. There's not a word about the Balint-orientated system which is so commonly used in general practice these days, and in which so many general practitioners have been trained. In the indices and bibliography I cannot find Balint or Tunnadine, The Institute of Psychosexual Medicine, The Family Planning Association—or even general practice.

So although I enjoyed reading this well-written and lively book, I find it disturbing that the former Head of the Division of Psychiatry at the DHSS has simply never heard of these topics, or just does not think them worth mentioning.

DAVID DELVIN

HYPERTENSION—MECHANISMS AND CLINICAL THERAPEUTIC ASPECTS

Philippe Meyer

Oxford University Press (1980)

199 pages. Price £10.00

My main purpose in reviewing this elegantly produced little volume must be to warn investors against sinking £10. It is a bad translation from the French. The contents are undigested and indigestible and some of the advice misleading. Statements that are demonstrably false abound: "Women normally have lower arterial pressures than men of a similar age" "The abrupt diminution of sound corresponds to the fourth Korotkoff phase." (The fourth phase is a change in quality, not intensity.) There is no attempt to quantify the risks of different levels of blood pressure, hardly any mention of clinical trials (the Veterans Administration Study does not even get a mention in the text nor in the curious list of references at the end) and there is no attempt to deal with the problem of hypertension in the elderly. WHO definitions of hypertension are stated and implicitly endorsed without mentioning the practical problems of treating all patients with diastolic pressures "usually over 95 mm Hg." The relationship of hypertension to other cardiovascular risk factors is ignored, (smoking is not mentioned in the course of 199 pages) whereas hypertensive rats get five pages. Prazosin is dismissed as a drug "still under study" but there are four pages of radiographs of renal artery stenosis. This book is not to be recommended.

JOHN COOPE

SCOTTISH HEALTH EDUCATION UNIT. ANNUAL REPORT 1978-79

Free from Scottish Health Education Unit, Health Education Centre, 21 Lansdowne Crescent, Edinburgh EH 12

The Scottish Health Education Unit is a division of the Common Services Agency of the Scottish Health Service and, as such, is funded, guided and administered by a management committee representing the interests of the Scottish Home and Health Department, Scottish Education Department, Health Boards, local authorities, and Scottish Council for Health Education.

It might be thought that to have such direct links with government and to have such varied interests on the management committee would stultify initiative, performance and achievement. The report belies such predictions. The Unit has five main responsibilities:

1. To establish priorities for health education.
2. To draw up programmes based on the priorities.
3. To provide back up for health and education authorities in their own health education projects.
4. To research and evaluate health education activity.
5. To promote a greater concern for health education in the training of medical and education professions.

No mass media programmes are undertaken without pre-testing them, and examples are given of changes in planned programmes after pre-testing. For example, a cartoon character "The Dying Scotsman", aimed to teach Social Classes 3, 4 and 5, was found to have the right background, but the humour was misfiring when pre-tested.

The report details the various topics undertaken in the period under review. Alcohol education has two branches: a) that directed at alcoholism to encourage those at risk to seek help and b) to encourage moderation in drinking, particularly in young male manual workers who had been identified by the Unit's research workers as the heavy drinking section of the population.

Details are given of services to health professionals by the Unit and fellowships in health education are funded by the Unit at the Universities of Leeds and Dundee.

Ten per cent of the budget is set aside for basic research to collect data on target groups, to develop and assess health education strategies, and evaluate programmes.

The future of the Unit is reviewed against the background of increasing unemployment and inflation. It would seem inevitable but sad if the activities of this Unit were curtailed.

L. A. PIKE

PREGNANT AT SCHOOL

Joint Working Party on Pregnant Schoolgirls and Schoolgirl Mothers

National Council for One Parent Families—Community Development Trust (September 1979)

The Joint Working Party on Pregnant Schoolgirls and Schoolgirl Mothers considers that pregnant schoolgirls and young mothers in full-time education are disadvantaged socially, educationally, financially and in law. Pregnancy in the young teenager is a complex and emotive subject and this leads to the use of verbal evidence from a wide range of sources in addition to the scant published evidence about pregnancy at school and about the sexual behaviour of young people. A survey of schools was undertaken on behalf of the Working Party to determine the effect of pregnancy on a girl's education and the results are published as an appendix.