

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.