DRINKING IN ENGLAND AND WALES. ENQUIRY CARRIED OUT ON BEHALF OF THE DHSS

Paul Wilson

HMSO London (1981) 79 pages. £8.00 (paperback)

Many people have become concerned about the steady increase in drinking problems in the UK during the past 20 years. To investigate the patterns of alcohol consumption and measure the amounts consumed within the general population, the DHSS commissioned a survey in the autumn of 1978 in which 2,000 adults were interviewed in their homes using a structured questionnaire.

The results are published here and certainly contain many disturbing and

interesting findings; for instance, the remarkable extent to which the drinking/driving laws are being ignored, or the fact that one man in 10 reported feeling the effect of a hangover at work. The book has chapters on average weekly consumption, drinking patterns, demographic and occupational differences in drinking patterns, leisure, drinking before driving, influence on work, development of drinking habits and opinions on drinking problems.

This survey contains many essential statistics for anyone who is researching into or particularly interested in the problems of alcohol. However, it is solely a reference book, and whilst as doctors we are constantly being told that we should be more aware of the problem, the average doctor would not find this book a good buy.

DAVID HASLAM

GIVE US THE CHANCE. SPORT AND PHYSICAL RECREATION WITH MENTALLY HANDICAPPED PEOPLE

Kav Latto

Disabled Living Foundation London (1981)

198 pages. £9.50 (including post and packaging. £8 if collected).

Although not intended specifically for doctors, this book must be the best source of information when it is needed. It contains detailed notes on all kinds of games and sports suitable (some with obvious modifications) for people with disabilities of all kinds. There is a list, with addresses, of a large number of organizations which can give help.

Available from the Disabled Living Foundation, 346 Kensington High Street, London W14 8NS.

REPORT

Fifth National Trainee Conference, Sheffield, 8-10 July

THE fifth National Conference of General Practitioner Trainees sparked vigorous discussion in its plenary sessions on general practice obstetrics, hospital posts for trainees and the number of general practitioners necessary to provide adequate nationwide primary care. Small groups wrestled with their thoughts about exams for general practice, computers, review of performance (audit), continuing education and obstetric training for general practice. Unfortunately the meeting had to waste one and a half sessions simply to preserve its cherished non-aligned status.

Training schemes

Again, the chance was taken to gather data on the state of vocational training, concentrating this time on hospital posts. The conference organizers, led by Barnsley trainees Dr Ed Warren and Dr Diane White, used the first afternoon to present the results of a pre-conference questionnaire sent to all UK trainees and consultants

© Journal of the Royal College of General Practitioners, 1981, 31, 634-636.

who have a junior post linked to a three-year general practice vocational training scheme (GPVTS).

Perhaps the most telling finding was that no consultants at all in Northern Ireland were identifiable as being linked to a GPVTS. Of the rest, 50 per cent of consultants, but only 40 per cent of trainees, responded. Consultants reported room for improvement: almost a third felt that their trainees get too little outpatient experience and too little teaching of their specialty in relation to general practice. Two thirds felt they should be involved in the study release course. Most (83 per cent) thought their trainees had adequate opportunity to attend these courses, despite only 52 per cent of trainees thinking so. Seventy-four per cent of consultants, and 75 per cent of trainees, felt consultants would benefit from general practice experience; and about half (of consultants and trainees) thought consultants should receive a training allowance.

Amongst trainees, a trenchant 12 per cent felt that a three-year GPVTS would not alter the way they work as principals. Almost half reported insufficient opportunity for minor specialty experience; and while only 58 per