psychiatrist were often higher than those expected initially of a British consultant and there was also a wide range of teaching tasks to be carried out in addition to the need to advise national governments.

The debate was absorbing and yet quite predictable. The author's memories returned to the examination of the second African candidate for the Makerere M Med in Psychiatry who failed the neurological case because of difficulty in eliciting a cranial nerve abnormality, and who also did poorly in a neurophysiology viva. How would a present-day UK trainee manage with a similar academic task, he wondered?

The Africans therefore still desired an internationally accepted and full postgraduate training. They were not enthusiastic about the proposed new DPM, although they did recognize that there were difficulties in fully implementing their own programmes.

The results of a survey carried out by Dr Famuyiwa and the author had shown that there was still a desire for African psychiatrists to have part of their training in Europe, and more surprisingly perhaps, that most British teachers continued to recognize the need to provide this training.

The other papers presented were on more familiar themes such as the need for community psychiatric nurses, generic social workers and for making mental health expertise available to primary care workers. Professor R. Cawley (Maudsley Hospital) outlined the proposed changes of the MRCPsych examination, and reminded the conference of the high failure rate for overseas trainees. He did recognize, however, that most overseas trainees who had difficulty in passing the exam were not usually from Africa.

The five-day conference concluded with the recommendation that expressed concern regarding the new DPM examination, as well as underlining the hope that collaboration would continue between postgraduate institutes in Africa and Britain.

It was apparent that neither the increase of fees now charged for overseas trainees nor the British colonial legacy had diminished the stimulus that results when professional interchange occurs between African and British psychiatrists. It might be appropriate, therefore, for the Royal College of Psychiatrists to hold a quarterly meeting in Nairobi, rather than Nottingham, and then to consider 'Training in psychiatry for European countries (with particular reference to Britain)'.

Reviews

Health Care and Its Costs: The Development of the National Health Service in England. Department of Health and Social Security. London: HMSO. 1983. Pp 51. £5.95.

Health Care and Its Costs is a government publication which at first sight provides an impressive picture of an expanding National Health Service in Britain. As it points out in the preface, more than 500,000 extra cases were treated either as in-patients or day cases in hospital in 1981 compared with 1978. Within the body of the Report, there are figures for the corresponding increases in manpower. Between 1971 and 1981, the number of doctors and dentists increased by over 10,000; the number of nurses by over 70,000; the number of professional and technical staff by 26,000; and the number of administrative and clerical staff by 35,000—to reach a total of 109,000. Against these figures, the publicity given to the recent small cuts in manpower budgets fall into a new perspective, which Norman Fowler has tried to bring out in the heated public debate of the past few months.

Turning to costs, in relation to psychiatry, the Report uses a rather dubious device. It shows that the hospital costs for mental illness have risen faster than any other sector—an increase of more than 60 per cent day between 1971–72 and 1981–82, compared to 10 per cent for acute hospitals, both in real terms. However, in showing the mental hospital costs as £28 *per day*, it makes it difficult to compare them with the cost of acute treatment at £649 *per case*. One has to divide this by the average length of stay of 8.6 days to discover that the acute hospitals receive almost three times as much per patient day as the mental hospitals. The excuse that mental hospital patients stay longer than acute hospital patients does not altogether justify this obscurantist method of presenting the comparative figures. Psychiatry may properly be a cheaper specialty than general medicine or surgery, but there is no need to try to hide their very striking difference by showing a disproportionate *rise* in mental hospital costs.

However, more fundamentally, what the Report shows is the relative fall in apparent work load for all categories of NHS staff. Numbers of both professional and unqualified employees have generally risen faster than the numbers of patients treated in the last decade. Admittedly, this is a point which the government has tactfully tried to bring out on several occasions, but the economic challenge implied in this situation has never been fully explored. Health care is becoming an increasingly labour intensive activity, and hence its costs must inevitably rise disproportionately in an increasingly affluent society, in which wage rates are rising faster than costs as a whole.

The government needs to face up to this and to enter into an honest debate with the electorate. If health care

expenditures are held down, quality of care cannot improve—or even be maintained. It is very doubtful if the British electorate in the 1980s actually wants a cheap health service, even if better care means higher taxes. *Health Care and Its Costs* is too complacent in trying to imply that all is for the best in the best of all possible British health care worlds. It should have spelled out more clearly that the National Health Service needs to become even more expensive if it is to try to reclaim its earlier chauvinistic reputation as the best health care system in the world. By international standards, as many other publications have emphasized, the NHS is a very cheap service indeed. The Report suggests that this may be especially true in relation to psychiatry.

GEORGE TEELING SMITH

Office of Health Economics
London

The Medical Effects of Nuclear War. The Report of the British Medical Association's Board of Science and Education, published on behalf of the BMA. Chichester: John Wiley. 1983. Pp 188. £4.50 (BMA members: £3.15).

This book is the report of a Working Party established after the Annual Representatives Meeting of the BMA had instructed its Board of Science and Education to enquire into the medical effects of nuclear war. The Working Party was also invited to examine the feasibility of civil defence, including medical planning against attack with nuclear weapons. It succeeded within the space of 18 months to study evidence from 68 organizations and individuals—a tribute to the drive and sense of urgency with which it approached its task. The value and authority of the report are strengthened by factual information and testimony provided by the Ministry of Defence, the Home Office and representatives of the Department of Health and Social Security regarding plans for Civil Defence in the UK. With a population density of 593 per square mile in the UK and 920 in England, no other country in the world has so many people and likely military targets concentrated within such a small area.

The medical and psychological consequences of an attack on a scale of about 200 megatons, which has figured in Home Office calculations and was the basis of a Home Defence exercise in 1980, are assessed in relation to the proposals that have been made for Civil Defence and the facilities which could be expected to remain intact so as to be available for the treatment of survivors. The conclusion reached by the Working Party is stark and unequivocal. A 200-megaton attack would be 15,000 times greater in explosive power than the Hiroshima bomb. The NHS would be unable to cope with casualties following the detonation of a single one megaton weapon over the UK. Multiple explosions would cause general chaos and disorganization of the entire service. Repeated blood transfusions and bone marrow transplants administered in an intact modern hospital might save isolated individuals exposed to near-lethal irradiation. But what could be done for such victims by the million and for the multitudes of maimed, helpless, and severely burned? And how would the mental health services cope with victims of Hiroshima multiplied 15,000-fold or more? The report quotes an extract from the diary of the Japanese physician, Hachiya, who was at Hiroshima. It speaks for itself.

> Parents, half crazy with grief, search for their children. One poor woman, insane with anxiety, walked aimlessly here and there through the hospital calling her child's name. Those who were able walked silently towards suburbs and distant hills, their spirits broken, their initiative gone. When asked whence they had come, they pointed to the city and said, 'That way', and when asked where they were going they pointed away from the city and said, 'This way'. They were so broken and confused that they moved and behaved like automatons.

And how would communities whose industry, agriculture and organized health services had been destroyed or disrupted cope with the long-term effects in terms of the raised prevalence of carcinoma, premature ageing, genetic damage and the toll in terms of widespread mental suffering and breakdown?

The Working Party concludes that official estimates of expected casualties made by the Home Office had probably been low by a factor of two or more. Coming from a body of experts brought together under the aegis of an organization to which the majority of doctors in this country are affiliated this 'objective and scientific account of the medical consequences that would follow the explosion of a nuclear weapon' is likely to make a deep and lasting impression.

The BMA has not as yet responded with any policy decisions. But they are to be congratulated for their courage and enterprise in sponsoring this lucid, factual, closely argued and balanced statement. It should serve to stimulate other representative organizations such as the Royal Colleges, our own College included, to consider whether they are doing all they can to confront a problem that towers above all others facing humanity in our time. Are we to remain mute and inactive in the face of the apathy, indifference and escape with which the majority of human beings at risk respond to the possible end of human life on earth? Is there nothing relevant or useful to be said or done about the denial, dissociation, emotional anaesthesia and the hostile projection of responsibility onto others from which such attitudes emanate?

MARTIN ROTH

University of Cambridge Clinical School
Cambridge