

Health Care for the Single Homeless: Report of a Medical Services Study Day

Scottish Council for the Single Homeless, 4 Old Assembly Close, Edinburgh EH1 1QX. Price 60p.

The single homeless man, otherwise known as tramp, vagrant or NFA, continues to stick out like a sore thumb. He is unwelcome at the hospital and the GP will not register him. The high morbidity in this group, both physical and mental, has been clearly demonstrated (e.g. Priest 1976, 1978) and the way they are received at present must aggravate the pathology.

Readers of the *Journal* will be most interested in the description by Dr Bruce Ritson of the results of a controlled trial of a detoxification centre in Edinburgh. There is talk of providing more of these centres and his report makes fascinating reading which will be of great value for any of us who face the prospect of one opening in our own neck of the woods. Men arrested for drunkenness were allocated at random to detoxification or the police cell. The results were encouraging. 'Six months after the end of the project the group that had been attending for detoxification had again 26% fewer court appearances than the other group.' (p 38). However, with the numbers used (39 actually admitted) this disappointingly does not reach statistical significance. The brief admission, averaging two or three days, 'gave the social worker and others

in the team an opportunity to look closely at the needs of the individual and help him make decisions about his future life. Sadly, having made a realistic appraisal of his future needs it is often difficult to find a suitable placement.'

Dr Ritson also comments that the opening of a special hostel for this population in the second year of the project was a great help. Social workers who have been employed in this setting then have an important role 'as an advocate for the needs of the homeless alcoholic'.

Much of the rest of the document concerns the physical health of the homeless man. A serious problem is the difficulty he finds in getting GP care. Some ways of overcoming this difficulty are described.

Many psychiatrists who are concerned with the single homeless population will be tempted to part with 60p for the chance of reading recent Scottish thought on the subject. They will find a readable account with some interesting ideas on which to ponder—and maybe even to implement.

R. G. PRIEST

REFERENCES

- PRIEST, R. G. (1976). 'The homeless person and the psychiatric services: An Edinburgh Survey'. *British Journal of Psychiatry*, 128, 128-136.
- (1978). 'The epidemiology of mental illness: Illustrations from the single homeless population'. *Psychiatric Journal of University of Ottawa*, III, 27-32.

CORRESPONDENCE

OVERSEAS TRAINEES

DEAR SIR,

We were very interested to read John Cox's description (*Bulletin* April, 1979, page 72) of the large number of overseas trainees in Scotland and of their uneven distribution between teaching and non-teaching hospitals. We agree that this is a problem that must be faced and not dismissed on the basis that there will be far fewer overseas trainees in the future.

We are, however, appalled that this author finds a more detailed appraisal of this situation necessary 'as the high failure rate in the College Membership examination for overseas psychiatrists is documented'. When will this important group of trainees be recognized in their own right rather than as a group of

'failures' in relation to the College exam? As Dr Cox points out, they are so important that whole hospitals would have to close through lack of junior staff but for their presence.

Dr Cox's experience that even with similar training the overseas psychiatrists perform less well at examinations must be interpreted with great care. Weiss and Davis (1) demonstrated that by the end of three years training foreign medical graduates can catch up their US counterparts in certain areas of competence. When the groups are subdivided into 'successes' and 'failures' a small 'FMG success' group could equal or surpass the indigenous success group on most measures. Even the FMG 'failure' group tended to do better than the American