(3) the absence of a clear effect of birthweight on the mental performance.

Two alternative hypotheses are: (1) that survivors of famine-affected cohorts do not represent the total born, so that those who died in early life might have been adversely affected. In other words, there was an all-or-none effect: the exposed fetus either died from the insult or survived unimpaired; (2) that postnatal learning was able to compensate for neurological impairment of the fetus induced in utero by the famine. If this hypothesis were correct, it would controvert the 'critical period' hypothesis.

The Nutrient Intake of Kent Schoolchildren. D. G. ALTMAN (*Dept. of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School, London*).

Between autumn 1968 and spring 1970, a nutrition survey was carried out on schoolchildren in four areas of Kent by the Department of Social Medicine, St. Thomas's Hospital and Kent County Council.

The aims of the study were: (1) to examine the dietary intake of school children and its relationship to health and socio-economic factors, (2) to investigate the extent and nature of poor nutrition, and (3) to act as a pilot study for a forthcoming national survey.

The sample consisted of 1,207 children, of whom 1,017 were eligible for the study. Of these, 778 were willing to co-operate and 239 refused. The children were chosen from two age groups being either 8-9 years old or 13-15 years old at the beginning of the study.

Each child was asked to complete a one-week's weighed diet record and to undergo a medical examination. A socio-economic questionnaire was administered to the family.

Preliminary results were presented concerning the relationships between intake of nutrients and certain basic factors—sex, age, weight, social class, number of siblings, and mother's work status, between these factors and nutrient intake standardized for intake of calories, and and on the intakes for children who had no father.

The relationships between both nutrient intakes and nutrient intake/1,000 calories and term time lunch source, allowing for variations in sex, age, social class, number of siblings, mother's work status, and Quetelet's index were discussed. Similarly, results were presented for frequency of school milk uptake in relation to variation in the same socio-economic factors.

All analyses were carried out using multiple regression techniques.

Prediction of Outcome in the Treatment of Alcoholism—A Belfast Study. R. BLANEY and INGE RADFORD (*Dept. of Social and Preventive Medicine, Queen's University, Belfast*).

Against the background of scarce resources for the treatment of alcoholism relative to the generally acknowledged size of the problem, a Belfast study was initiated with the object of evolving a method for the prediction of treatment outcome based on certain items of information known about patients before their admission to hospital.

The samples were selected, 111 patients from Shaftesbury Square Hospital, a specialized unit for alcoholism, and 140 patients from Purdysburn Hospital, a general psychiatric centre. The sample patients were all those from the Belfast area treated for alcoholism in either of the two centres during the year 1968. The following independent pre-treatment variables were recorded: age, sex, marital state, age at marriage (if relevant), social class, religion, day or inpatient, formal or informal admission, previous hospitalizations, education, trouble with the law, cigarette smoking, and the patient's previous attempts to change his drinking pattern. Note was also made of the length of stay in hospital and whether the patient discharged himself contrary to advice. Each patient was sought out for interview at 18 months following discharge and his drinking behaviour for the period recorded. Follow-up was successful for 95% of Shaftesbury Square patients and for 81% of Purdysburn patients. For each hospital the non-response rate was not significantly related to age, sex, social class, marital state or religion.

For the Shaftesbury Square patients, 46% remained abstinent for the first six months after discharge. By 12 months, 28% were still abstinent from alcohol. This proportion had fallen to 16% by the time 18 months had elapsed. In the case of Purdysburn Hospital the corresponding proportions were 17%, 9%, and 6% respectively. Further analyses employed the category of 'unfavourable' outcome over the six months period after discharge as the dependent variable. For the single factor tests, this measure of outcome was found to be significantly associated with religion, length of stay, and trouble with the law (drink-related) in the case of Shaftesbury Square patients, and for Purdysburn patients with length of stay, trouble with the law (drink-related), age, social class, and previous admissions for alcoholism to any unit.

Discriminant function tests were applied to the Shaftesbury Square Hospital data. The result was that only two variables (previous admissions for alcoholism to Purdysburn Hospital, and previous admissions for alcoholism to other hospitals, excluding Shaftesbury Square and Purdysburn Hospitals) significantly discriminated between the groups. The proportion of variation explained was 7½%. The small numbers in the unfavourable category precluded meaningful examination of the misclassification rates. Similar analyses for the Purdysburn Hospital data indicated that only one variable (trouble with the law—drink-related) would significantly discriminate between groups. Again the proportion of variation explained was low (8%) and the estimated probability of misclassification was 0.387. It was concluded that prediction of outcome was not practicable on the basis of the variables selected.

Evaluation of Social Therapy in Chronic Alcoholism. W. E. WATERS, A. L. COCHRANE and J. COLLINS (*Department of Clinical Epidemiology and Community Medicine, University of Southampton Medical School, and M.R.C. Epidemiological Research Unit (South Wales) Cardiff*).

Scientific evaluation of the personal social services is