dependency data so that a pattern of care could be obtained for every patient and the workload was related to the following variables: age, consultant, day number, diagnosis, sex, transfer, and type of admission.

Although those aged under one year or 90 years and over showed a higher care group than the others, age did not have a great deal of bearing on the workloads of the wards. On the other hand, the workload index of the consultants varied considerably and was related to the workload index of the ward. The variation in the routines of ambulation following surgery allowed by the consultants affected the workload considerably.

Ways in which such information can help in management and organization are in the planning of admissions, the levelling of workload resulting in better staffing levels, the prevention of forced discharges, reduction in the number of transfers, better notification to patients' relatives of admission and discharge, and guidance for reorganization.

SIXTH SESSION (Chairman: DR. J. J. A. REID)

Psychiatric In-patients from Salford: The Current Problem and Future Demand. T. FRYERS (*Department of Social and Preventive Medicine, University of Manchester*)

The current demand for psychiatric hospital beds remains high in spite of earlier predictions and some clinical impressions of substantial decline. Regional Hospitals Boards are currently discussing with departments of social services the application of the DHSS norm of 0.5 bed per 1,000 total population to their local situations.

Local studies allow more detail and practical planning application. Salford is an industrial borough of 130,000 population, rapidly diminishing, with a history of excellent mental health services. Five successive annual censuses (1968-72) derived from the Salford Psychiatric Case Register provided information for the present study.

Short and medium stay patients (under one year) remained constant in number. Long stay patients (one year or more) reduced slowly in number and the length of stay increased. In January 1972, 60% (over 200 patients) had been in for 20 years or more and 35% (over 120 patients) had been in for 30 years or more.

In the long stay cohort from January 1968 the number of patients under 45 years declined rapidly, the number 65 and over with a diagnosis of dementia declined very rapidly, and others 65 and over very slowly—5% in four years.

The accumulation of new long stay patients was 54 in four years and 61 in five years. We assume a 10-year period of accumulation to reach a balanced state in new long stay patients.

Predictions of future demand are hazardous in this field. Five-year data are in many ways inadequate, but older data are not necessarily valid for the future. We must assume that conditions similar to present ones will persist. Using variations and extensions of previous methods of prediction, the demand for psychiatric beds in Salford is projected to 1982. The predictive total is 2.3 beds per 1,000 total population; 0.65/1,000 for short and medium stay, 1.08/1,000 for the remnant

of the long stay cohort from 1968, and 0.58/1,000 for new long stay patients accumulating over 10 years.

The Health Care of the Elderly—Is it a Question of Priorities? ROSAMOND GRUER (*Department of Social Medicine, University of Edinburgh*)

A survey of the needs of the elderly in the Scottish border counties has produced results similar to those of earlier studies, showing that there is considerable unmet medical need.

Alternative methods of identifying those in need were considered and estimates of the amount of unmet medical need which each method would uncover, and of the staffs and financial resources which would be required to initiate investigation and treatment, were made. The purpose of these estimates is to provide some crude measures of the cost, benefits, and disadvantages of each scheme in order to provide some basis for planning services for the elderly.

An age/sex register of those over 65 can be compiled quite cheaply from up-dated Executive Council lists and the registers of long stay hospitals. An at-risk group could be identified in a few months making use of everyday work of general practitioners, local authority nursing and social services staff, and Church representatives, but this method would leave 14% of those at risk unidentified.

A screening programme for all those over 65 years of age, an age/sex register and initiation of investigation and treatment for the unmet medical needs detected by the method would use double the resources required by a similar programme which covered an identified at-risk group or which was restricted to those over 75 years old. On the other hand, both these latter methods would leave half the medical need undetected. A programme of regular physiotherapy treatment would almost double the cost of each scheme and it is suggested that a clinical trial of this type of treatment is indicated.

The extra cost of providing enough extra geriatric hospital beds to reduce the present waiting list in the area to nil, together with the running cost for one year, is equivalent to the cost of initiating the screening programme for the whole population.

The Interface between Medicine and Social Work: contrasting Public and Professional Attitudes. UNA MACLEAN (*Department of Social Medicine, University of Edinburgh*)

A very large, pre-war council housing estate on the outskirts of Edinburgh has long been known for its high prevalence of sociomedical problems. In an attempt to deal with the situation, a multidisciplinary social casework centre was established in the area five years ago. The main clientele of this centre are married women aged 20 to 44 years. Information is available about the problems for which these women seek help at the centre but little was known about their attitudes to the welfare agencies and to the related medical services.

The present study, based on mothers with young families, is concerned with their reactions to certain

family health problems, the sources to which they apply for help, and their personal assessment of the qualities of different potential helpers. It demonstrates the central position of the family doctor, who continues to be the mothers' mainstay in the case of most troubles, the exception being financial difficulties and threats of eviction, seen as the special preserve of the social case-work centre.

A subsidiary investigation among the workers at the centre illustrates some of the dissatisfaction and confusion experienced by the would-be providers of social case-work when their role becomes, in effect, that of a buffer between the tenant and the 'rent department'.

SEVENTH SESSION (Chairman: PROFESSOR E. A. CHEESEMANN)

Prospective Study of Women Using Different Methods of Contraception. M. P. VESSEY, SIR RICHARD DOLL, R. PETO, and C. W. G. REDMAN (*Department of the Regius Professor of Medicine, Radcliffe Infirmary, Oxford*)

In May 1968, in conjunction with the Family Planning Association and with financial support from the Medical Research Council, a long-term follow-up study of women using different methods of contraception was started. Seventeen of the Association's best clinics are now taking part in the project and over 14,000 women are under observation. About half take oral contraceptives and half use the diaphragm or the intrauterine device. During follow-up, information is collected about all pregnancies and their outcome, all changes in contraceptive practices, all visits to hospital (outpatient and inpatient), and, for those continuing to attend the clinics, the results of all cervical smears. As far as possible this information is collected at the clinics, but as women stop attending for various reasons, contact with them is maintained by post, telephone, or home visiting.

Accidental pregnancy rates observed among couples using the diaphragm or the sheath have been 2.8 and 3.5 per 100 woman-years of use respectively. These rates, though higher than those observed with oral contraceptives (0.2) or the intrauterine device (2.0), are much more favourable than are normally reported, presumably because family planning clinic attenders have a high degree of motivation towards contraception.

The outcome of planned pregnancies among women discontinuing the use of oral contraceptives, the diaphragm, or the intrauterine device in order to become pregnant has been uniformly favourable. Women who become pregnant while using an intrauterine device, however, appear to have about a 60% chance of miscarriage and about an 8% chance of having an ectopic pregnancy.

The information obtained so far suggests that on average the interval to conception is somewhat longer among women who stop taking oral contraceptives in order to become pregnant than among women who stop using other methods of birth control. A much larger body of data will be needed, however, before this finding can be fully evaluated.

Procuring an Abortion. ANN CARTWRIGHT and SUSAN LUCAS (*Institute for Social Studies in Medical Care, Bethnal Green*)

Newcastle Accident Survey: Social and Medical Characteristics of Patients. W. MORGAN (*Medical Care Research Unit, University of Newcastle upon Tyne*)

Many studies have been undertaken which conclude that a large proportion of patient attendances at accident and emergency departments of hospitals are unnecessary. The proportion varies but some authors estimate that up to 80% of attendances are more suitably treated by the patient's general practitioner. Few of these studies, however, have attempted to explore in a systematic way the factors which affect the patient's decision as to the kind of medical care he feels is required.

A survey has been undertaken which takes the process by which the patient chooses medical care in relation to accidents and emergencies as the main problem to be investigated. A random sample was drawn from the accident and emergency departments of three hospitals serving the Tyneside conurbation. Patients were interviewed in their own homes within days of their first attendance at hospital; 254 patients were included in the survey; 232 were interviewed, giving a response rate of 92%.

Eighty per cent of patients attended without being referred by their general practitioner. Accidents in the home formed the largest group (28%); 31 patients telephoned their general practitioner before going to hospital. More than 60% spoke to the receptionist only. A further 20% were able to contact their general practitioner.

173 patients who did not attend their general practitioner were asked the reasons for this. Thirty-three per cent said that their own doctor had not been 'available'; this included difficulties in getting appointments and unwillingness or inability to wait for their general practitioner's surgery session. Seventeen per cent had felt that the hospital was the most appropriate place, and a further 11% had automatically attended the hospital and had not considered going to their own practitioner.

The majority of patients (66%) attended hospital once and only 10% had four or more attendances. The hospitals show considerable variation in the service given to patients. This is clearly seen in relation to communication with the patient's general practitioner. After the first visit to hospital letters were written to only 30% of general practitioners. Patient's attitudes to care in relation to minor surgical procedures show a greater preference for hospital care when compared with a national sample.

Population-based Studies in the Evaluation of a Community Hospital. A. E. BENNETT, MARIE JOHNSTON, R. WILLIAMS, and J. PERRY (*Department of the Regius Professor of Medicine, 9 Keble Road, Oxford*)

A new community hospital is now being built in the Oxford region to serve the population of a small country town and surrounding rural area. The first phase of