pattern of the disease in Southampton, which shows a peak of frequency in September–October, does not correspond with the pattern of isolation of haemolytic streptococci from throat swabs. These findings suggest that streptococcal infection is not a factor in the aetiology of most cases of the disease.

Data from four other areas of Britain show a varying seasonal pattern, but a trough in frequency in July–August is a constant finding.

It has been suggested that the disease may result from hypersensitivity to organisms other than haemolytic streptococci which cause upper respiratory tract infection. Of the Southampton patients 63% gave a history of upper respiratory infection in the month preceding admission compared with 50% of a control group. The geographical distribution of the disease within the city showed only a slight correlation between incidence and overcrowding. This finding does not support the hypothesis that a contagious disorder such as respiratory infection is important in the aetiology of the disease.

Accidental Child Poisoning and Health Education.
M. CALNAN (Medical Research Division, Health Education Council)

A population of 23,457 children aged under 15 was studied for 107 weeks. This sample of 48,000 person years at risk produced 163 persons under 15 years who used the medical care services in the area following a poisoning or suspected poisoning.

Initial findings show that, contrary to expectations, boys were found to be not significantly more frequently involved in poisoning and suspected poisoning. Children from social class 1 families (professional) were more frequently involved in poisoning or suspected poisoning where the medical services were contacted.

The substances most frequently involved in the cases studied were household substances (57 cases (35%)), which included paraffin, turpentine, bleach, and weed killer; non-prescribed medicinal remedies (50 cases (31%)) predominantly junior aspirin (21 cases (13%)); prescribed medicines and drugs (48 cases (29%)) which included valium, iron tablets, and antibiotics.

In the study 81% of the prescribed drugs, medicines, and other household remedies had been used within 24 hours of the accident. Therefore the campaign to reduce unwanted medicines and drugs may be relevant to much less than half the problem of poisoning and suspected poisoning from medicines and drugs.

The study also shows that only 23% of the cases developed signs or symptoms of poisoning and thus can be regarded as true poisonings. Admission to hospital for a night or more does not appear to be a function of the presence of signs or symptoms but it does appear to be a function of treatment. It thus appears that the HYPE statistics on accidental child poisoning do not accurately represent the problem.

A social worker was attached to a group general practice on the understanding that patients with psychosocial problems could be referred to her directly by the practitioners. Each patient was then dealt with, either by recommendations to the practitioner, by referral to a local psychiatric or social agency, or by social casework, if necessary with psychiatric consultative backing by the research group. During a three-year period the social worker saw a total of 199 patients in the practice. Of these, the present evaluative study covers only the 106 who were confirmed to be chronic psychiatric cases (having had continuous symptoms and/or psychotropic drugs for at least one year); more especially, with the 92 patients (86.6%) who could be followed up and reassessed after a further 12 months. The control group comprised 115 chronic psychiatric patients drawn from eight other practices in the area: of these patients, 97 (84.3%) were followed up and reassessed. Psychiatric status and social adjustment were independently assessed, both initially and at follow-up, by means of standardized interview and rating techniques of known reliability. It was thus possible to measure and compare clinical and social change among both experimental and control groups over the relevant period.

Although individual matching was impracticable, the two groups proved to be closely similar in their distributions by age, sex, marital status, social class, and occupational status, as well as in their psychiatric and social profiles at the outset. Preliminary analysis of the data reveals a significantly greater clinical improvement, and also a greater improvement in social adjustment, among the experimental patients than among the controls. The findings cannot be accounted for by any differences in medical treatment between the two groups.

Randomized Controlled Trial of Early Discharge for Inguinal Hernia and Varicose Veins.
M. W. ADLER, J. J. WALLER, I. DAY, C. KING, and S. C. THORNE (Department of Social Medicine and Clinical Epidemiology, St. Thomas's Hospital Medical School)

The paper described some preliminary results of a randomized controlled trial of early discharge of patients following operations for inguinal hernia and varicose veins. Patients were discharged either 48 hours or six to seven days after operation. The following aspects were studied:

(a) the patient's experience in terms of clinical outcome, attitudes, and costs or benefits;
(b) the effects on the family's activities or economic position;
(c) the attitudes and workload of general practitioners and local authority staff; and
(d) the costs of hospital and community care.

Only preliminary results are available at present. There was no difference in the complication rate among the hernia patients; in the vein patients none of the short-stay group suffered complications.

Patients were asked whether they would have preferred to have belonged to the short-stay group. The results
Proceedings: Evaluation of social work in the mental health field.
B Cooper and M Shepherd

doi: 10.1136/jech.28.1.67-a

Updated information and services can be found at:
http://jech.bmj.com/content/28/1/67.2.citation

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/