disorder. If after three letters no reply had been received a personal call was made; 329 (27.4%) were found to have left their original address, giving a corrected estimate for population mobility of 25.8% over 19 months. An examination of the characteristics of migrants showed a significant excess in the age group 15-35 and in social classes I and II. All but 135 were traced, and the study finally achieved a response rate of 88.2%.

Presenting Symptoms in General Practice. D. C. MORRELL (*Department of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School, London*)

A method of identifying and coding new symptoms in general practice was described. The age, sex and social class characteristics of patients initiating new consultations were reported, as was the frequency with which 98 symptoms were recorded during one year in a general practice providing care for 4,500 patients. The doctor's diagnostic actions and clinical diagnosis in response to new symptoms were compared with his response to other types of consultation.

Disability in the Community of North Lambeth. JESSIE GARRAD (*Department of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School*)

A study of the prevalence of disability was undertaken in the population resident in the six northern wards of Lambeth. Disability was defined in functional terms as limitation of performance in one or more defined essential activities of daily living.

The initial stage of the study was completed at the time of a random one-in-five census, and 13,903 individuals born in 1950 or before completed a self-administered questionnaire containing 10 questions enquiring for the presence of impairment or disability. Subsequently a sample of persons aged 35-74 identified as disabled, together with an age-sex matched sample of non-disabled, were interviewed at home using a validated interview schedule. Preliminary analysis gives the prevalence of disability as 7.2% for men and 9.7% for women in the age group 35-74 years.

Indices of Height and Weight as Measures of Obesity. R. T. BENN (*Social Medicine Research Unit, London School of Hygiene and Tropical Medicine*)

It may be demonstrated by theory and practice that two commonly used types of indices, namely relative weight ratios and indices of the form (Weight)/(Height)ⁿ are equivalent and a simple formula indicates which index of the latter type gives equivalent results to any given weight-for-height standard. Moreover, subject to certain conditions this method gives indices which have maximum correlation with obesity and zero correlation with height. However, it must be realized that the sampling error for the optimal value of *n* is usually large.

SIXTH SESSION (Chairman: MARGOT JEFFERYS)

Health Visitors and Family Planning. ANN CARTWRIGHT (*Institute of Community Studies, London*)

A survey of both mothers and health visitors showed that at the moment health visitors play relatively little part in helping mothers to get advice about effective methods of birth control; this in spite of the fact that the majority of health visitors recognize and accept this as part of their job, and they have the advantages for this role of being women and of visiting mothers in their homes. The study suggests two ways of attempting to bridge this gap between actual and potential achievement. First, health visitors need more support, encouragement, and continuing education for this role and, in particular, they should have closer links with family planning clinics. Secondly, they need to be more aware of mothers' needs for help and the diffidence many of them have about expressing these needs.

Diagnostic Differences among Psychiatrists in the British Isles. J. R. COPELAND and J. E. COOPER (*Institute of Psychiatry, London*)

Three video-tapes of unstructured diagnostic interviews were shown to 200 psychiatrists in a number of centres in the United Kingdom and Irish Republic (London, Birmingham, Manchester, Edinburgh, Glasgow, Belfast and Dublin). After viewing the tapes the raters (1) completed Lorr's In-Patient Multidimensional Psychiatric Rating Scale (I.M.P.S.), a series of simply worded questions in non-technical language; (2) indicated on a check list of technical psychiatric terms those which, in their opinion, covered the abnormal features seen on the video-tape; (3) made a provisional diagnosis.

Comparison between centres gave the following findings: (a) Diagnosis: Glasgow differed significantly from the other centres, favouring a diagnosis of mania rather than schizophrenia; (b) I.M.P.S. rating: overall profiles were similar between all centres. Maudsley recorded least symptoms of any centre, Dublin and Glasgow the most; (c) Ratings of psychiatrists from all British centres were consistently below the level of those of psychiatrists from the United States; (d) Differences between centres in the United Kingdom were far less than overall differences between the United Kingdom and the United States.

Analysis of Data on Practice of Individual Consultants. M. A. HEASMAN, J. DONNELLY and VERA CARSTAIRS (*Research and Intelligence Unit, Scottish Home and Health Department*)

The Scottish Hospital In-Patient data for 1967 were processed this year to give a return of certain indices of performance to individual consultants, together with comparative data for their specialty for all consultants in Scotland. Data on length of stay were abstracted from the individual returns to show the variation in individual consultant practice with particular reference to two medical diagnoses and six surgical operations including hernioplasty, tonsillectomy and hysterectomy.

Correlation with mean stay after operation was highest

(-0.41) with the medical staffing ratio, but hospital utilization factors together accounted for a higher proportion of the variance in mean stay after operation. Overall only 38% of the variance was 'explained' by the factors in the equation.

SEVENTH SESSION (Chairman: R. DOLL)

A Computer-based Cervical Cytology Service. J. SAUNDERS and A. H. SNAITH (*West Sussex County Health Department*)

A computer is employed to provide an appointment service for every woman between the ages of 21 and 70 in the county of West Sussex. More than 70% of women agree to have the test, and analysis of the consenting population by social class and age suggests that they account for 70% to 75% of the pre-carcinomatous lesions and of deaths from carcinoma of the cervix. Computer costs were 15.1% of the total of £2 5s. 6d. per test. The employment of the computer as the organizing tool of a centrally-administered appointment system offers a better prospect of an epidemiologically effective service than reliance on patients to come forward on their own initiative.

Terminal Care of Cancer Patients. M. R. ALDERSON (*Department of Preventive and Social Medicine, University of Manchester*)

A pilot survey was carried out in Manchester on the problem of terminal care for cancer patients and relevant information collected from hospital sources, family doctors and relatives.

One hundred and twenty-seven patients died from malignant disease in Manchester in April 1969; 44 of the 74 who died in hospital had been admitted for nursing care, and 24 of the 49 who died in their own or their relatives' homes had been nursed for a prolonged period in difficult circumstances. It is suggested that these 68 patients presented a problem that should be dealt with by means other than nursing in an acute ward of a general hospital.

The Role of Local Infections in the Recognition of Haemopoietic Neoplasms. ALICE STEWART and G. W. KNEALE, presented by G. J. DRAPER (*Department of Social Medicine, Oxford*)

Mortality statistics for leukaemia in England and Wales have shown a steady rise over the past 50 years. In children this is particularly striking in the age-group 2-4 years. It was suggested by us in 1961 that the increase in the death rate for this group could be explained on the assumption that children in the pre-onset phase of leukaemia were more likely to die as a result of pneu-

monia following an infection than were non-leukaemic children. Hence, when pneumonia mortality is high many cases of leukaemia will not be recognized as such since they will die from pneumonia.

In order to test this hypothesis the trends in mortality rates for the years 1911-60 were analysed, separately for two age-groups, first under 2 years and secondly 2-4 years. This analysis suggests that in the latter group pre-leukaemia children have a greatly increased risk of dying from pneumonia as compared with their unaffected contemporaries; the effect is much less marked or may even be absent in children dying under 2 years of age. An explanation for the differing effects in these two age-groups was advanced in terms of the length of the latent period for leukaemia.

EIGHTH SESSION (Chairman: H. CAMPBELL)

A Comparison of Two Methods in the Treatment of Varicose Veins. JEAN M. WEDDELL (*M.R.C. Epidemiological Research Unit (South Wales) Cardiff*)

A disproportionately high percentage of hospital facilities are used for treatment of varicose veins. The hypothesis that out-patient treatment by injection-compression sclerotherapy is as effective as in-patient surgery has been examined and the costs of the two methods have been compared.

Treatment was randomized between two groups who were otherwise similar. The one-year follow-up showed no significant difference between the two methods. Injection-compression sclerotherapy costs are a quarter those of in-patient surgery; while the introduction of injection-compression sclerotherapy has led to an increase in the number of patients treated, total expenditure on treatment has decreased over the last four years.

A Randomized Controlled Trial of Ergotamine Tartrate. W. E. WATERS (*M.R.C. Epidemiological Research Unit (South Wales) Cardiff*)

A beneficial response to ergotamine tartrate has frequently been used to help in the diagnosis of migraine from other headaches. A double-blind randomized controlled trial of cross-over design, comparing oral ergotamine and a placebo, was conducted on 88 women identified by questionnaire during a community survey as having headache with some of the features of migraine. It had been hoped to use the response to ergotamine as a validation of the headache questionnaire.

A clinical assessment showed that 51% of subjects obtained benefit from ergotamine and 58% from the placebo. No evidence of a beneficial effect of ergotamine over the placebo was found although significantly more subjects experienced side-effects, especially nausea and vomiting.