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