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

building will provide a health centre, day-care unit, 17 general beds, and 17 maternity beds; the second phase will provide a further 34-bed general ward unit. The whole development is regarded as an experiment and will be made the subject of critical evaluation.

Initially, a pilot experiment was mounted. A small pavilion ward of 15 beds was reopened in a peripheral hospital to serve as a community hospital for the patients of three general practitioners. Experience from this has shown the size of the contribution that can be made to the care of the acutely ill elderly patient, to the care of patients transferred from specialist units, and to the rehabilitation and support of elderly and disabled patients.

The methods of the Oxford Community Health Project have been used for recording data on the population of the catchment area of the new hospital. Use of primary services is being recorded by general practitioners on mark-sense cards; data on in-patient care are available from the Oxford Record Linkage Study. Definition of the three main care groups of patients poses the key questions that are being studied in determining the effectiveness and efficiency of care provided. Three randomized controlled trials are in progress or planned to evaluate the outcome of direct admission of acutely ill patients to the community hospital, a policy of early postoperative transfer of patients from the district general hospital, and a programme of continuing surveillance and treatment in the elderly.

As the results of these studies become available, evidence on effectiveness of care of patients treated in the community hospital may be viewed in the context of knowledge of the population at risk, their demand and use of medical care services, attitudes of patients and the community, resources deployed, and costs.

The Patients of Traditional Doctors. JOYCE LEESON and R. FRANKENBERG (*Department of Social and Preventive Medicine, University of Manchester*)

When a patient seeks the aid of a doctor he wants a cure but he may have other felt needs such as for a convincing explanation of why he is suffering, and these secondary wants may increase in importance if a quick cure is not obtained.

A study of 1,123 patients consulting traditional doctors in an urban setting in Central Africa examined factors in the choice of this particular medical agent in a town where clinics, hospital, and private 'western' doctors were also available. Diseases and symptoms of every body system were found, but the commonest single group was that of infertility and impotence and other urogenital troubles. Many patients had been

troubled for a long time, 40% of them for more than one year. Two-thirds of them had consulted 'western medicine' as their first source of professional advice, and only one-sixth were seeing their first adviser when interviewed.

The reasons for consulting the traditional doctors were sought, and the answers were grouped into four categories (some gave more than one answer). First, the traditionalists who 'believe in traditional medicine' (31%) or 'are against western medicine' (11%): nearly half of them had gone to a ng'anga before consulting anyone else, and 40% of them had been ill for less than three weeks. They had a rather lower educational level than their fellow patients. It seems they had been satisfied in the past with their experience of the traditional medicine of their forefathers and saw no need to try anything else.

At the other extreme were those (38%) who had come because others had failed to cure them. This was a better educated group, and almost all had gone first to a 'western' medical agency, but they had found no quick cure. 57% had been ill for more than three months, and they had had time to wonder if others might not be able to help where western medicine apparently could not. This group included all the known cases of tuberculosis; western medicine had failed to cure them as surely as if there was no such thing as streptomycin, PAS, and INH, because no one had communicated effectively with them.

A rather similar category were those (just under one quarter) who were seeking an explanation for their illnesses. 45% had been ill for more than three months, and two-thirds had been first to a 'western agency', and when after all this time and effort they were still ill, they were wondering why. The ng'anga rarely fails to offer an explanation, often of a general nature such as breaking a taboo, and to advise how to put the situation right, giving great relief to patients, whatever the effect of his other remedies.

The last category, also about one quarter, rated convenience highly. As one put it, 'they are all doctors, so I went to one where there are no queues, and it is private'. Two-thirds had recently fallen ill, and of those who had gone to a western agency at first the majority had consulted a private doctor.

It is suggested that effectiveness of medical agencies depends not only on the possession of effective therapeutic agents but also on how far other criteria are met. One of these is convenience, and others, which increase in importance in chronic illness, involve communicating with the patient, attempting to answer his queries, and winning his co-operation for the treatment regime. These criteria may well apply in other parts of the world.