

SECOND SESSION (*Chairman: ALWYN SMITH*)

**Birth Rank Bias due to Changes in Birth Rate.** J. S. PRICE and E. H. HARE (*The Maudsley Hospital, London*)

Most studies of the relation between birth rank and disease assume that in the absence of any such relation the patients will be distributed evenly between the birth ranks for any size of sibship. However, even when sibships are complete, it can be predicted that sizeable distortions in birth rank distribution will result from changes in the birth rate of the population. On the whole, an increase in number of families being started will lead to an excess of early birth ranks in small sibships, and a reduction in family size will result in an excess of late birth ranks in large sibships. These distortions were found in a sample of 20,000 psychiatric patients, and can be accounted for by the corresponding changes in the British birth rate during the period when sibships of the patients were being born.

**Malformations Reported on Birth Certificates following Influenza Epidemics.** I. LECK, SYLVIA HAY, J. J. WITTIE and J. C. GREENE (*University College Hospital Medical School, London*)

In a study of birth certificates for 1962-65 from 17 metropolitan areas of the United States of America, cleft lip and limb deficiencies were found to be especially common among children who were in the early stages in intra-uterine life during an A2 influenza epidemic. An analysis of the birth certificates of children with oral clefts who were born in California, Pennsylvania and Wisconsin in 1956-61 showed that (as in a previous Birmingham study) the incidence of cleft lip was also increased following epidemics when these populations were re-exposed to the A2 virus, but it was not increased following the first epidemic in any of these States. In England and Wales, notifications of cleft lip and limb deficiencies to the Registrar General also showed some increase after the only two influenza epidemics for which the relevant data are available.

**Edinburgh Experiments in the Use of Television in the Teaching of Social Medicine.** UNA MACLEAN (*Department of Social Medicine, University of Edinburgh*)

The Department of Social Medicine at Edinburgh University has lately been producing a number of teaching video-tapes intended for use in seminars to introduce fifth-year medical students to the problems of certain relatively underprivileged groups in society.

After video-tapes on 'Social Inadequates' and 'Mental Defectives' had been made it was decided that the co-operation of the students themselves could usefully be enlisted. A group of 12 students were allotted the subject 'Disabled Women in the Community', and over a period of 15-20 hours they collected published data and supplemented it with tape-recorded interviews and photographs. In the eventual television presentation members of the group played different parts as producer, editor, scriptwriter, etc. in what amounted to an exercise in health education.

**On Making Sociology Relevant to Medical Students.** JOHN B. MCKINLAY (*Department of Sociology, King's College, University of Aberdeen*)

This paper suggested that the teaching of the behavioural sciences to medical students has been characterized by six problems. These were:

- (a) The failure of medical educators to identify needs, specify objectives and devise criteria;
- (b) The failure to distinguish between the medical and the sociological perspective;
- (c) The failure to take account of the temporal location of the course;
- (d) The failure to provide a conceptual framework for the course;
- (e) The problem of trying to cover too much;
- (f) The problem of omitting certain important areas.

The author outlined one possible course in medical sociology which utilized the concept of a 'patient career' as an organizing framework and took account of some of the difficulties outlined. Copies of the content of this course and associated readings are obtainable from the author.

THIRD SESSION (*Chairman: J. N. MORRIS*)

**Analysis of Symptom Patterns as a Method of Screening for Hypothyroidism.** D. J. P. BARKER and J. M. BISHOP (*Department of Medicine, University of Birmingham*)

Radioactive iodine therapy for thyrotoxicosis may be followed by the development of hypothyroidism many years later. Patients treated with radio-iodine in the Birmingham region are kept under continued surveillance by a screening system which detects hypothyroidism. This system includes computer analysis of symptoms elicited by means of a postal questionnaire. The analysis depends upon recognition of particular combinations of symptoms which are associated with a high frequency of hypothyroidism.

**Mortality Follow-up of a Postal Survey of Cardio-respiratory Disease.** P. M. LAMBERT (*Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine*)

Respondents from two postal surveys of symptoms of cardio-respiratory disease were followed up for three years. Among 8,089 men aged 35-69 at the time of completing the questionnaire, 305 deaths were recorded. The ratio of observed to 'expected' deaths rose from 63% in the first six months to approximately 90% by the end of the second year. Mortality rates among those with respiratory symptoms were consistently higher than among those without respiratory symptoms, irrespective of age or cigarette smoking status. The excess mortality increased with the severity of the symptoms and was most marked for deaths from chronic non-specific lung disease, thus providing a measure of the validity of the questionnaire assessment.