disorder. If after three letters no reply had been receiv-
ed 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 consul-
tations 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 difference 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