

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  $(\text{Weight})/(\text{Height})^n$  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