rarely attempted and is sometimes thought to be impossible. However, the Seeböhm Committee described these services as large-scale experiments in ways of helping those in need and emphasized that it was both wasteful and irresponsible to set experiments in motion and to omit the recording and analysis of what happens.

A small randomized controlled trial sought to compare the effectiveness of two methods of social therapy in the treatment of patients with chronic alcoholism admitted to a hospital in Cardiff. On admission 20 patients were allocated at random to receive either (i) 'intensive' social therapy (including visiting the family if the patient was willing) or (ii) the 'routine' treatment. An assessment of benefit, using standard questionnaires and an interview was attempted by a social worker two months after admission to the trial. As the social worker was aware of the method of treatment in each individual case there was a possibility of bias. Another assessment was therefore made 'blindly' by a doctor who was unaware of the details of the two methods. This assessment also included a standard questionnaire and a clinical interview for both the patient and for the patient's family. Questions covered attitudes to alcohol, estimates of the amount of alcohol consumed, and the relationships between the patient, the family, and the treatment unit. In fact there were no important differences between the assessments of the social worker and the independent assessor. The numbers in the trial were small and not all patients were willing to be followed up. The complete assessment of both patient and family was possible in only 12 cases (of the others, four were in the 'intensive' and four in the 'routine' groups). There was no evidence that one method of social therapy was consistently better than the other. The consumption of alcohol during the week before the assessment was similar in the two treatment groups and there were two patients in each group who had abstained from alcohol during this week.

FIFTH SESSION (Chairman: W. W. HOLLAND)

Behavioural Changes in Coronary Patients. MONICA MALLAGHAN (Dept. of Social and Preventive Medicine, Queen's University, Belfast).

The relevance of personality to behaviour changes after a myocardial infarction was tested in a study of patients discharged from two Belfast hospitals. The changes studied were in smoking habits, in diet (indicated by change in weight), and in physical activity. The aspects of personality considered were neuroticism and extroversion, measured by the Eysenck Personality Inventory for extroversion and neuroticism.

In addition it was decided to examine whether behavioural changes after infarction could be related to any of the following factors: (a) medical advice, (b) the patient's view of the severity of the attack, (c) the patient's attitude to the attack, (d) social class, (e) sex.

Over a period of 20 months, 493 patients were successfully interviewed—365 males and 128 females. The mean neuroticism and extroversion scores were expressed in terms of changes in smoking, weight, and exercise. Of the 321 smokers, 12 (4%) increased their smoking, 210 (65%) stopped or reduced, and 99 (31%) made no change.

There were no differences in the mean neuroticism and extroversion scores in these groups. The analysis of change in physical activity showed that 23 (4.7%) increased their activity, 319 (65%) became less active, and 140 (30.3%) made no change. Those who changed, i.e., increased or decreased, had a significantly higher mean neuroticism score (12.2%) than those who did not change (mean score 9.5%). Extroversion scores showed no differences. There were no differences in the neuroticism and extroversion scores of those who changed their weight and those who did not. While there was no indication that personality affected the behaviour changes studied it was shown that advice, attitude, and severity were associated with changes in some instances. Of those who believed smoking to be harmful, significantly more reduced or stopped, as did a significant number of those who had been advised against smoking. There was a general tendency to reduce physical activity.

Children's Smoking. BEULAH BEWLEY (Dept. of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School, London).

In March 1971, 7,115 final-year primary schoolchildren in Derbyshire (excluding Derby City and Chesterfield) completed a screening questionnaire enquiring into their smoking habits and respiratory symptoms. (This was the first study of this kind in primary schoolchildren in the U.K.). A regular smoker was classified as someone who smoked at least one cigarette a week. An experimental smoker was one who had puffed or smoked a cigarette. A non-smoker was a child who had never smoked. The prevalence rate of regular cigarette smoking was found to be 4.8% and that for experimental smokers was 28.5%.

From the screened population a stratified random sample of 100 smokers was selected. Each smoker was matched (for age, sex, and school class) with an experimental smoker and a non-smoker. Two-hundred and ninety-three children (97 smokers, 98 experimental smokers, and 98 non-smokers) completed a second questionnaire (97% response rate).

Preliminary findings to date include family smoking habits. Thirty per cent of the children who stated that they were smokers, 44% experimental smokers, and 24% of the non-smokers said that both their parents smoked, whereas 6% of smokers, 20% of experimental smokers, and 42% of non-smokers said that neither of their parents smoked. The number of siblings (of both sexes) who smoked and lived in the same house influence the number of children who smoked. Where the smokers had 1, 2 or 3 siblings who smoked the percentages were 18%, 18%, and 15% compared with 7%, 1%, and 0% for the non-smokers. This trend was also observed when siblings of the same sex, who smoked and lived in the same household, were studied. Friends inside and outside school appeared to influence smoking behaviour; 18% of smokers stated that most of their friends at school smoked and 23% of smokers said that friends outside school smoked, compared with 1% and 2% for the non-smokers. Only 7% of the smokers had friends at school