combine in an approximately additive way. Circumstances in which these two models are appropriate were discussed; where specific events can be identified as risk factors these may combine in an additive way, whereas factors which, in effect, indicate a degree of susceptibility may act in a multiplicative way.

For the log-linear or multiplicative model it is possible to estimate relative risks, to test whether the relative risk is constant for various sub-groups, and to determine how various factors influencing the risk combine, using a computer program which calculates estimates of the parameters describing the risk for each group.

Measurement of Social Attitudes in a Study of Early Discharge. ISOBEL DAY (*Department of Clinical Epidemiology and Social Medicine, St. Thomas's Hospital Medical School, London*).

This paper is concerned with the measurement of patients' attitudes towards early discharge from hospital after an operation. The measurements form part of a multi-disciplinary study at present being carried out in the Farnham and Frimley area of Surrey. The study is in the form of a randomized control trial, and concerns discharge from hospital after operations for either inguinal hernia or varicose veins. Patients in the study group will leave hospital after 48 hours and those in the control group after seven days. It is expected that 250 patients will take part in the trial in the first 18 months. The major areas of investigation are: (1) clinical outcome, (2) general practitioner expectations and attitudes, (3) patients' anxiety and attitudes, (4) social and ecomomic effects on the patient, (5) hospital costs, (6) costs of domiciliary nursing and home help services.

The components of the attitudinal section of the study may be summarized as follows: (1) attitude to early discharge, (2) attitude to general practitioner, (3) attitude to hospital, (4) expectations and realizations of treatment, (5) hospital satisfaction, and (6) attitude to early discharge of individual most concerned with caring for the patient in the home after discharge, e.g., husband or wife.

Attitudes are measured using a Likert scale. Measurements of attitudes are taken three times—before admission, after operation, and at the final out-patient appointment six weeks after discharge.

Tower Hamlets Coronary Project. H. D. TUNSTALL PEDOE (*Medical Research Council, Social Medicine Unit, The London Hospital*).

A community register of acute myocardial infarction and/or fatal coronary occlusion in men and women under 65 years of age was begun in the London Borough of Tower Hamlets in April 1970. The record forms and operating protocol are common to 19 centres in 16 countries collaborating through the European Office of the World Health Organisation.

Notification of suspected cases is received at the Project Office from general practitioners and hospital wards; checks are made weekly by telephone and discharge summaries and hospital diagnostic indices, where available, are surveyed. Copies of all death certificates are obtained from the Medical Officer of Health. Living patients are visited and the first record form is completed. After four weeks the diagnosis is assessed and a further form is completed. Living cases of definite and possible myocardial infarction are reviewed again at three months and one year from onset. Information from witnesses, medical records, and necropsies is used in fatal cases.

The register is an invaluable tool for studying the number and outcome of acute coronary episodes that come to medical attention in the community. In Tower Hamlets a detailed study is in progress of events preceding admission to hospital and of factors affecting return to work.

Other centres are embarked on or are planning studies of rehabilitation, premonitory symptoms, primary prevention, mobile coronary care units and of stroke in association with their myocardial infarction registers.

Problems have arisen from using part of a city only, causing dilution of cases with non-residents and loss of residents hospitalized elsewhere, from the reluctance of medical staff to notify undiagnosed patients, and from difficulties with application of the electrocardiographic and enzyme criteria in marginal cases.

The results of the first year of operation show that the attack rate and four-week case fatality rate is intermediate between those reported in Edinburgh and Oxford at last year's Meeting. Few cases were treated at home; 42% of men and 12% of women were treated in coronary care units.