dependency data so that a pattern of care could be obtained for every patient and the workload was related to the following variables: age, consultant, day number, diagnosis, sex, transfer, and type of admission.

Although those aged under one year or 90 years and over showed a higher care group than the others, age did not have a great deal of bearing on the workloads of the wards. On the other hand, the workload index of the consultants varied considerably and was related to the workload index of the ward. The variation in the routines of ambulation following surgery allowed by the consultants affected the workload considerably.

Ways in which such information can help in management and organization are in the planning of admissions, the levelling of workload resulting in better staffing levels, the prevention of forced discharges, reduction in the number of transfers, better notification to patients' relatives of admission and discharge, and guidance for reorganization.

SIXTH SESSION (Chairman: DR. J. J. A. REID)

Psychiatric In-patients from Salford: The Current Problem and Future Demand. T. FRYERS (*Department of Social and Preventive Medicine, University of Manchester*)

The current demand for psychiatric hospital beds remains high in spite of earlier predictions and some clinical impressions of substantial decline. Regional Hospitals Boards are currently discussing with departments of social services the application of the DHSS norm of 0.5 bed per 1,000 total population to their local situations.

Local studies allow more detail and practical planning application. Salford is an industrial borough of 130,000 population, rapidly diminishing, with a history of excellent mental health services. Five successive annual censuses (1968-72) derived from the Salford Psychiatric Case Register provided information for the present study.

Short and medium stay patients (under one year) remained constant in number. Long stay patients (one year or more) reduced slowly in number and the length of stay increased. In January 1972, 60% (over 200 patients) had been in for 20 years or more and 35% (over 120 patients) had been in for 30 years or more.

In the long stay cohort from January 1968 the number of patients under 45 years declined rapidly, the number 65 and over with a diagnosis of dementia declined very rapidly, and others 65 and over very slowly—5% in four years.

The accumulation of new long stay patients was 54 in four years and 61 in five years. We assume a 10-year period of accumulation to reach a balanced state in new long stay patients.

Predictions of future demand are hazardous in this field. Five-year data are in many ways inadequate, but older data are not necessarily valid for the future. We must assume that conditions similar to present ones will persist. Using variations and extensions of previous methods of prediction, the demand for psychiatric beds in Salford is projected to 1982. The predictive total is 2.3 beds per 1,000 total population; 0.65/1,000 for short and medium stay, 1.08/1,000 for the remnant

of the long stay cohort from 1968, and 0.58/1,000 for new long stay patients accumulating over 10 years.

The Health Care of the Elderly—Is it a Question of Priorities? ROSAMOND GRUER (*Department of Social Medicine, University of Edinburgh*)

A survey of the needs of the elderly in the Scottish border counties has produced results similar to those of earlier studies, showing that there is considerable unmet medical need.

Alternative methods of identifying those in need were considered and estimates of the amount of unmet medical need which each method would uncover, and of the staffs and financial resources which would be required to initiate investigation and treatment, were made. The purpose of these estimates is to provide some crude measures of the cost, benefits, and disadvantages of each scheme in order to provide some basis for planning services for the elderly.

An age/sex register of those over 65 can be compiled quite cheaply from up-dated Executive Council lists and the registers of long stay hospitals. An at-risk group could be identified in a few months making use of everyday work of general practitioners, local authority nursing and social services staff, and Church representatives, but this method would leave 14% of those at risk unidentified.

A screening programme for all those over 65 years on an age/sex register and initiation of investigation and treatment for the unmet medical needs detected by the method would use double the resources required by a similar programme which covered an identified at-risk group or which was restricted to those over 75 years old. On the other hand, both these latter methods would leave half the medical need undetected. A programme of regular physiotherapy treatment would almost double the cost of each scheme and it is suggested that a clinical trial of this type of treatment is indicated.

The extra cost of providing enough extra geriatric hospital beds to reduce the present waiting list in the area to nil, together with the running cost for one year, is equivalent to the cost of initiating the screening programme for the whole population.

The Interface between Medicine and Social Work: contrasting Public and Professional Attitudes. UNA MACLEAN (*Department of Social Medicine, University of Edinburgh*)

A very large, pre-war council housing estate on the outskirts of Edinburgh has long been known for its high prevalence of sociomedical problems. In an attempt to deal with the situation, a multidisciplinary social casework centre was established in the area five years ago. The main clientele of this centre are married women aged 20 to 44 years. Information is available about the problems for which these women seek help at the centre but little was known about their attitudes to the welfare agencies and to the related medical services.

The present study, based on mothers with young families, is concerned with their reactions to certain