

thought that these patients have special problems which may create difficulties in resettlement. Where there are multiple disabilities in addition to the communication disorder, it is likely that there are greater problems in finding employment.

It would be greatly appreciated if family doctors who are aware of such cases would write to the Convener of the Working Party: Miss J. Mitchell, F.C.S.T., c/o Department of Physical Medicine, Royal Infirmiry, Sunderland, Co. Durham.

It would be useful to know of examples of resettlement difficulties and at the same time, information concerning successful placement of patients would be welcomed.

JOYCE MITCHELL,

Speech Therapist and Convener.

The Royal Infirmiry,
Sunderland.

The Assessment of Milestones in General Practice

Sir,

General practitioners are taking an increasing interest in the care of normal infants, and many practices run a 'well baby clinic' for doing the routine inoculations and giving advice to the mothers of infants in the first year of life. In many areas general practitioners work in the local authority welfare clinics and in others the care of well babies is passing from the local authority clinic to the surgery in the same way that antenatal care has already done so.

In our practice where a well baby clinic has been run for many years, we began to feel the need of some way of assessing the child's progress past the usual milestones and also felt we should try to make some assessment of its emotional, social and intellectual progress. With this in view we elaborated a schedule to be overprinted on the back of E.C. 7A and E.C. 8A (see figure 1). It has now been in use for about three months and we are beginning to pick up a few cases of delayed development which may otherwise have gone unnoticed.

Although the schedule is probably far from perfect and will need revision in the light of further experience, we feel that at least this is a start which might well be emulated by general practitioners throughout the country who are interested in this work. If practised on a national scale it could possibly be a major contribution to the future health and well being of the coming generation.

The type for this overprint is held at the Isle of Wight County Press, Newport, I.W. and they are willing to undertake the printing of any cards sent to them.

Newport,
Isle of Wight.

R. H. SANDIFORD
P. D. HOOPER
J. A. C. TERRY

IMPORTANT NOTES				
D. of B.	/	/	B.W.	Delivery Coombs
Neo Natal Exam/...../.....				
C.V.S..... R.S..... Abdo.....				
Spine.....Head circ. (14in.).....Hernia } Testis }				
Ortolani.....Phenistix.....Startle Reflex.....				
Eyes.....Palate.....				
Details:.....				
3/12. Wt.....O.J.			12/12. Wt.....	
Feeding.....C.L.O.			Head circ. 18½in.....	
Head circ. 16in.....			Sitting 8/12.....	
Smile 6/52.....			Crawling 9/12.....	
Make Noises 8/52.....			Stands holding 10/12.....	
Turns to Sound 3/12.....			2 Clear words 10/12.....	
Follows Light 3/12.....			Finger thumb test 11/12.....	
Hold head up prone 3/12.....			
.....			18/12. Wt.....	
.....			Head circ. 18¾in.....	
6/12. Wt.....			Walking 13/12.....	
Feeding.....			Drink from cup 15/12.....	
Head circ. 17½in.....			Helps in dressing 13/12.....	
Hold rattle 4/12.....			Feeds with spoon 13/12.....	
Reaches for rattle 5/12.....			9 Clear words and name.....	
Roll over 6/12.....			Tower of 3 bricks.....	
Several sounds 6/12.....			Climb stairs 16/12.....	
Listens to talking 6/12.....			Eyes.....	
Anticipates lifting 6/12.....			Hearing.....	
.....			Legs	

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Figure 1

Line and graph case records

Sir,

Further to recent correspondence on graphic methods of case recording (Kuenssberg, West) the Diagnostic Tables, developed by Robert N. Braun, are not without interest. His aim was to provide, in easily reproducible form, documentary evidence of the findings in cases of ill-defined non-localized symptom complexes, so typical of a large proportion of illnesses seen in general practice.