

IMPORTANT NOTES														
D. of B.	/	/	B.W.	Delivery Coombs										
Neo Natal Exam/...../.....														
C.V.S..... R.S..... Abdo.....														
<table style="width:100%; border:none;"> <tr> <td style="width:50%;"></td> <td style="width:5%;"></td> <td style="width:10%; text-align:center;">Hernia</td> <td style="width:5%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Spine.....</td> <td>Head circ. (14in.).....</td> <td>Testis</td> <td>}</td> <td>.....</td> </tr> </table>							Hernia			Spine.....	Head circ. (14in.).....	Testis	}
		Hernia												
Spine.....	Head circ. (14in.).....	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											

This Record is the property of the Minister of Health

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.

By providing a framework for the history and physical examination important items are less likely to be missed, or, if they are omitted at the first consultation, this fact is recorded. Moreover, if the systematic use of these tables is to recommend itself as a useful aid in every-day practice, the time taken to complete one must be of the same order as that taken up by the average consultation under ordinary practice conditions.

The first items to be filled in will be the patient's 'Main complaint' and spontaneous opinion of its 'Aetiology—subj.'. This is followed by direct questioning on suspected aetiology ('Classification—subj.') and what the patient might be 'Afraid of:'.

The systematic history will then be taken, using the expanded time scale to note the duration of any symptoms which have been elicited, the figure 0 signifying a negative answer. Points noted in the physical examination are then entered on the chart, starting on the top left hand corner. The absence of any mark, either positive or negative, will indicate that this particular part of the examination has not been carried out. The same principle applies to the sketches and the temperature and pulse chart. Finally the 'Classification(s)' and/or 'Diagnosis' is entered in the appropriate space which is purposely left fairly large to allow for multiple classifications, or any alterations as the illness progresses.

The accompanying example demonstrates the use of the tables in a typical case: A married woman, aged 39, complained of three days shivering, twelve days cough and shortness of breath; she had taken to her bed the day before I was sent for. She was afraid the illness might turn to pneumonia, as one of the children had two years previously been very ill with this disease.

Systematic questioning, following the chart, elicited considerable loss of weight and a car accident the previous year. The patient looked ill and was slightly pyrexial—99.2. Further examination, which was limited to the points marked on the chart, was negative.

The only possible classification at this stage was 'Pyrexia', and a simple linctus was prescribed. When seen again three days later she was very much better and allowed to get up. Chest x-ray was normal.

Three weeks after the original episode the patient was seen again, complaining of lack of sleep and listlessness. Further discussion brought to light her fear of further pregnancies, as she already had six children and had had four miscarriages. The problems of family planning were discussed, the husband being present at this stage, and a sedative and vitamin preparation prescribed.

By comparing the above case history with the chart it becomes immediately obvious that the latter takes less time to fill in, can be taken in at a glance, and gives far more information, negative as well as positive.

HANS F. REICHENFELD,

Handsworth,
Birmingham, 20.

Name: EILEEN B. D.O.B. 25.3.25		Address: 69, M. AVE. Occupation: HOUSEWIFE	
16 Jan. /1965		17.1 18.1 19.1 20.1 21.1	
Days 2		5.2	
Months 10 5 3 2 1 6 3 2 1 14		X-RAY CHEST	
Years 10 5 3 2 1 6 3 2 1 14		R. Breast	
Shivering Cough Pupils Vth Nerve Conjunctivae Mouth Pharynx Keratitis Ears Glands Thyroid Spleen Tonsils Ranaris Romberg Other:		6 Children: 4 Miscarriages	
Cachexia Looks ill Vth Nerve Conjunctivae Mouth Pharynx Keratitis Ears Glands Thyroid Spleen Tonsils Ranaris Romberg Other:		RECORDED NORMAL	
P. R. 84/min. R. R. 16/min.		Pulse Rate: 140, 120, 100, 98, 96	
Menses, Pregnancy, Haemorrhage Confined to Bed Previous Episodes Treatment, Allergies		Becovite; Soneryl, Family Planning	
Car Accident One Child		Linet. Phensedyl	
Abdo n.a.d. GYN n.a.d. P.R. n.a.d.		T R E A T M E N T	
Chief n.a.d.		ALR. SUG. SED ESR Hb	
Classification (Subj.) Main Complaint(s) Aetiology (Subj.) Shivering, Cough, Shortness of Breath Afraid of: Pneumonia		CLASSIFICATION(S) DIAGNOSIS (Obl.) PYREXIA.. SIMPLE ANXIETY (Further Pregnancies)	

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 KUENSSBERG, E. V. (1964). Some other ideas on recording of Clinical Facts; *J. Coll. gen. Practit.*, **8**, 328.
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