

## Correspondence

### Contribution of research in general practice to the study of morbidity

Sir,

I read with interest the article by Mr G. Kalton in the February number of the *Journal*.<sup>1</sup> This article should be of value to many members of our two Colleges in the planning of morbidity studies. I must note with disappointment the omission of reference to the National Morbidity Survey conducted by the National Health and Medical Research Council in this country and the Australian College during the years 1962/63, published as a Special Report of the N.H. and M.R.C. in 1967. This survey was carried out by 85 doctors and covered 307,771 episodes of illness and 559,014 attendances. It is a comparable study with that carried out by the College of General Practitioners and General Register Office, to which reference is made.

An *ad hoc* Committee of the N.H. and M.R.C. has almost completed the Part 2 Report, which is a clinical commentary based on similar lines to Part 3 of the C.G.P.-G.R.O. study, but will devote more space to epidemiological considerations than that.

Sydney, N.S.W.

J. G. RADFORD.

#### REFERENCE

1. Kalton, G. (1968). *J. roy. Coll. gen. Practit.* 15, 81.

### An investigation into puerperal health

Sir,

Some years ago, a group of family doctors and a psychiatrist in S.W. England took part in educational discussion groups and as a consequence embarked upon an investigation into puerperal depression. The aim was to determine whether it was possible for a general practitioner to predict puerperal depression from observations made in the antenatal period.

Results from a series of 100 cases indicated that several easily assessed factors may be important in the prediction of puerperal depression but to confirm this statistically it is necessary to use a much larger sample. It is hoped that about 200 general practitioners will take part in this survey, each studying about 15 pregnancies within approximately three months of commencement. With this aim in view, the significant factors, together with some others, have been selected and condensed onto four cards which will be sent to those who take part for completion around the following times:

1. The first or second consultation of the pregnancy.
2. Between the 24th and 28th weeks.
3. Between the 9th and 14th postpartum day.
4. At an examination about the 12th week after delivery.

The first card to be completed will take slightly longer than the others, but none is very arduous.

The assessment of puerperal depression in the initial survey was based