

on symptoms and signs rather than on syndromes and diagnoses. It is therefore important that even a single symptom or sign is recorded. The vast range of attitudes and moods shown by mothers in the weeks following confinement, varying from tiredness to agitation, misery to contentment, and even forced cheerfulness, was the field of observation from which a diagnosis of puerperal depression was made.

Those taking part are asked to use the ordinary clinical standards of examination. By this it is meant that the observer should not squeeze too enthusiastically an admission of depressive symptoms out of a patient, but, on the other hand, should not ignore evidence of emotional disturbance because of individual pre-conceived ideas. Recorders need not be afraid of using their own techniques in assessing answers to the questions. We hope that all record cards will be completed irrespective of the place of delivery. At the completion of the investigation it is intended to prepare a paper for submission to this *Journal*. If you are interested in this study will you please send your name and address on a postcard to me at 47 Wolseley Road, Plymouth.

Plymouth.

H. R. PLAYFAIR.

Colour coding

Sir,

The increasing practice of colour coding of National Health Service general practitioner records makes it essential that when new needs for such coding arise, such a code is allocated nationally.

The new situation with regard to measles vaccine highlights the need for each patient in the age group liable for vaccination who has had measles, to be clearly colour coded. It is suggested that 1 in. x $\frac{1}{2}$ in. black and white chequered sellotape be fixed to the top left hand corner of the N.H.S. record, i.e. when the open end is upright facing the observer, of those patients who do not require measles vaccination.

It is realized that this will be a temporary need for the next five years, but full computerization of medical records which would obviate this need is not likely to be achieved during this time.

It should be possible to build up such a coded population by questioning parents or searching through the patients' N.H.S. record envelope for the recorded entry of 'measles' at an appropriate parent or patient contact.

E. V. KUENSSBERG.

Edinburgh.

Chairman, Practice Organization Committee
of Council.

Child health study group

Sir,

A pre-school record card is now available for children aged 0-4 years, analogous to the obstetric record cards used by many general practitioners. This is designed to fit into the EC.5 and 6 envelopes; and to provide a standardized panel of information about the child which can be related to later development and morbidity.

The record has also been devised so that physical, neurological and social development can be charted with minimal burden to the physician himself. It will therefore prove most useful where doctor, health visitor and secretary work as a unit—though this is not essential.

Supplies of this record card are available to any doctor interested in its use, from: the secretary, Records and Research Advisory Unit, Royal College of General Practitioners, Birmingham Regional Hospital Board, Hagley Road, Birmingham, or Dr H. J. Wright, "Woodlands", Nailsea, nr Bristol.

It is hoped that the experience of such doctors may in time define common problems which are at present inadequately recognized.

Nailsea.

H. J. WRIGHT.

Jenner museum

Sir,

Dr J. L. Loakes has pointed out in his letter (published in the *Journal* of April 1968) that Benjamin Jesty, a Dorset farmer, vaccinated his wife and children some 20 years before Dr Jenner carried out his first vaccination.

Dr E. A. Underwood and Dr A. M. G. Campbell refer to this in their booklet "Edward Jenner, the man and his work", published by the Jenner Trust. Jesty did not inoculate his wife and children with smallpox after the vaccination, to prove their immunity nor did he (nor anyone else before Jenner) have any notion of perpetuating the cowpox from one human being to another. In this regard it is to be noted that Jesty vaccinated directly from the cowpox lesion in a cow, and Jenner from a similar lesion affecting the dairy maid, Sarah Nelmes. Jesty's wife nearly died, perhaps from a faulty technique leading to septicaemia, following the vaccination, this, maybe, being one of the reasons which led Jesty not to publicize his experiment.

Jenner put vaccination on a scientific basis, and is honoured as its original and greatest advocate. The Jenner Museum, in Berkeley, seeks to illustrate this.

Berkeley.

G. L. WYLIE.

Book Reviews

Essentials of fluid balance. Fourth edition. D. A. K. BLACK, M.D., F.R.C.P. Oxford and Edinburgh. Blackwell Scientific Publications. 1967. Pp. 182. Price 30s.

This book is a well presented approach to an inherently complicated subject, and while not a practical bed-side manual does well in its exposition of the principles involved. New advances in terminology are clearly explained, e.g. the latest concept of acids and bases as proton-donors or acceptors clarifies the issue of their chemical and ionic relationships. In general practice, understanding of fluid and electrolyte balance is helpful when dealing with malnutrition, renal