

in the final survey had a longer period been allocated for the pilot survey.

The "writing up" of communal research projects and surveys by large numbers of general practitioners, becomes an unduly laborious and delayed effort, and again should ideally be entrusted to general practitioners temporarily or partially freed from their general practice duties.

Applications for financial grants for such projects must, in future, consider the need to cover the recorders for such eventualities.

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Line and graph case records

Sir,

It was most interesting to read in the *College Journal* of November, 1964 of the method of line and graph case-recording developed by Dr Döhrn of Düsseldorf. I have found such a method of great value in studies of an epidemic, in obstetric antenatal case-notes, and, more recently, for Total Development Graphs using the College Classification of Disease (1963).

The method has the obvious advantages of encouraging accuracy of recording and allowing rapid assessment of progress. It also promotes the state of mind which neither takes the traditional pathological view of disease in a rather anonymous patient, nor the more recent statistical view of disease in a social group, but the family doctor's view of the individual under the influences of growth, environment and disease.

The accompanying illustrations show:

1. *A Total Development Graph*, using initially a scale of $\frac{1}{4}$ inch to 1 year, followed by an exploded scale of $\frac{1}{10}$ inch to 1 day to record a respiratory infection. This case is more complicated than the average and in practice the graph is clarified by the use of ball-point colours: black for diseases and symptoms, red for numerical graph lines, screening tests and prophylactic procedures, and green for treatment, which is noted more fully than shown in this example.

2. *An Antenatal Graph*. The height of the fundus is measured by obstetrical calipers. The foetal sketches represent presentation, position and degree of engagement of the presenting part. Colours used are black for B.P. and weight gain, red for foetal heart sounds, fundus and blood group.

The graph paper used is 10 squares to the inch. The page for total development graphs is quarto size, that for antenatal graphs $8\frac{1}{2}$ inches by $6\frac{1}{2}$ inches.

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Acknowledgement

I wish to thank the editor of the *New Zealand Medical Journal* for permission to republish "Graphic Recording of Antenatal Casenotes" (Correspondence, June 1961).

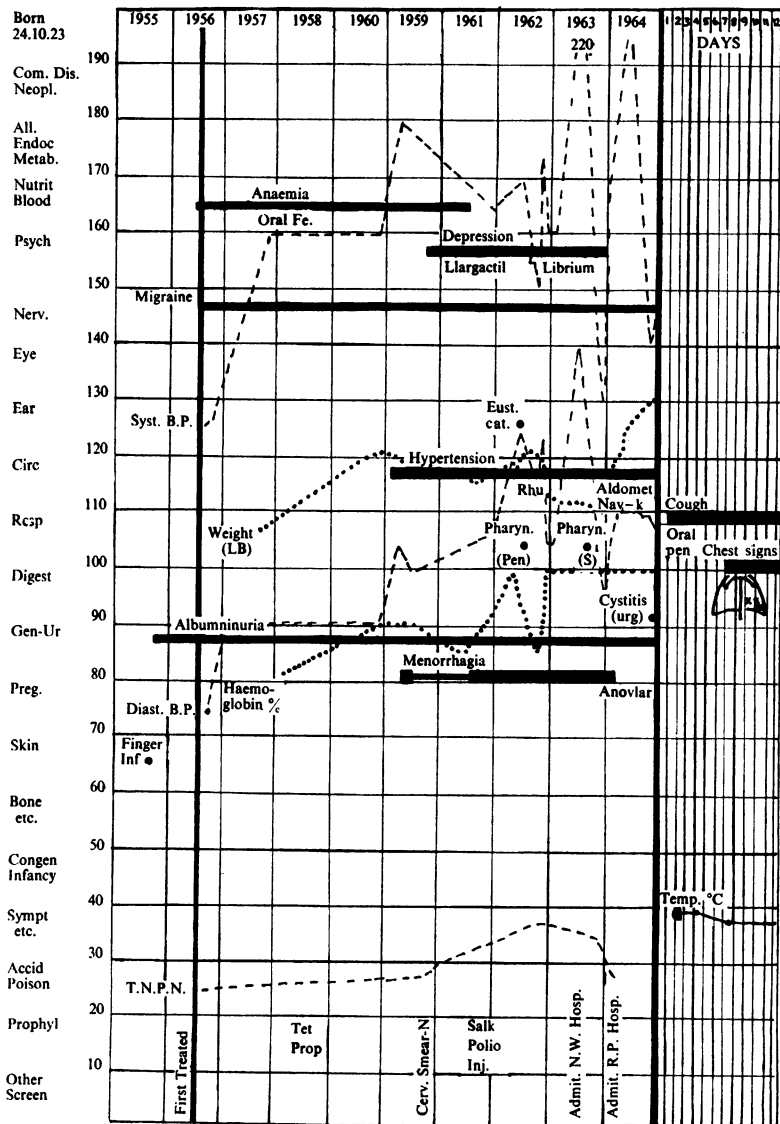


Fig. 1. A total development graph

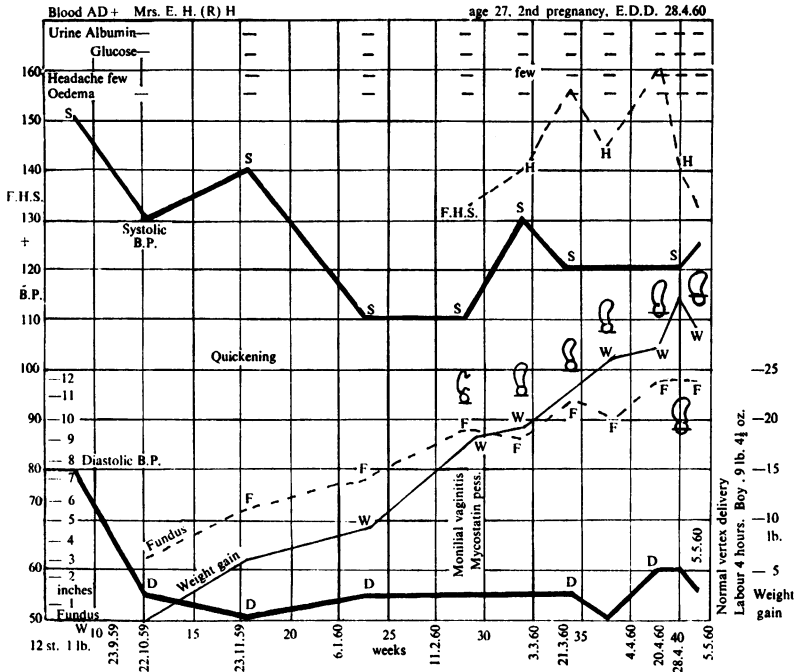


Fig. 2. An antenatal graph

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