diagnoses, though within a sibship there is a tendency for
the affected children to have similar diseases.
A method for estimating the risk for sibs of affected
children, as compared with the general population, has
been developed, taking into account the problems
associated with varying probabilities of ascertainment
and changes in family size which arise in a continuing
survey. This is an extension of Weinberg's sib method for
estimating genetic segregation ratios.

The results suggest that, in addition to the known
familial element in two or three rather rare diagnostic
groups, there is an approximately twofold increase in
risk for subsequent children if one child in a family is
known to have malignant disease. In absolute terms this
represents a risk of about 1 in 300 of developing
malignant disease by age 15, as compared with the overall
population risk of about 1 in 700.

A Study of Breast Cancer on the Isle of Wight. E. D.
ACHESON, S. ALLISON, W. R. EDWARDS, and R. WRIGHT
(Department of Community Medicine, University of
Southampton)

This is a preliminary report of a survey in which family
histories of breast disease are being collected from all
mothers delivered of babies at St. Mary's Hospital,
Newport, Isle of Wight, together with specimens of breast
milk and blood from mothers with positive family
histories, and controls.

Of the 478 mothers delivered up to the end of August,
450 have been interviewed (94%). Information is
requested about breast disease in the patient's mother,
sisters, maternal and paternal grandmothers and aunts,
and in the husband's female relatives.

For patients giving a positive history samples of breast
milk and blood are collected, frozen, and stored. Similar
samples are collected for two controls matched to each
case for age and parity. The specimens will be examined
blind for virus antigen and tumour specific antibody.

If the age-specific incidence of breast cancer is known
and certain assumptions are made about the average age
of mothers having babies and of their mothers and
grandmothers, it is possible to estimate the proportion of
mothers who should report an affected relative. Assuming
a cumulative life risk of breast cancer of 5%, it was
estimated that about six mothers who had had breast
cancer and approximately 25 maternal and 25 paternal
grandmothers would be ascertained. In the event, this
estimate was remarkably accurate as regards the patient's
mother (5 cases) but there was a substantial deficiency in
relation to grandmothers (14 cases). This shortfall may
be due to patients' incomplete knowledge about their
grandmothers' illnesses.

A preliminary investigation of the accuracy of reports
of breast cancer was carried out. Of the 21 instances in
which it was known that the patient was treated for the
reported illness, a record was found for 17 and the
diagnosis of carcinoma was confirmed in 16. In the
remaining case the occurrence of a mastectomy was
confirmed but no histology given. It seems likely that a
positive history of breast cancer is accurate and that the
terms 'breast cancer' and 'breast removed' may prove for
practical purposes to be synonymous.

Medical Care for Stroke Patients in a Defined
Community. JEAN WEDDELL (Department of Social
Medicine and Clinical Epidemiology, St. Thomas's
Hospital Medical School)

A study was made of 380 patients who received medical
care for a stroke over a 12-month period from 1 June
1971, from a defined population of nearly 280,000.
The patients were seen as soon as possible after the stroke
and again three weeks and three months later. A record was
made of each place of care and the length of time spent
in each. The patient's ability to carry out the activities
of daily living, to perform simple household duties, to
travel outside the home, and changes in their occupational
status were recorded. It was found that the Index of the
Activities of Daily Living was a good indicator of a
patient's survival as most of those who were dependent
at the first visit died. Most of the deaths had occurred
by the third week, leaving a survivor population of 198.
By three months 36 patients were still in hospital; 85
patients had gone home. The general practitioner cared
for 50% of patients immediately after the stroke, either
at home or in community hospitals. The Index of the
Activities of Daily Living was a poor indicator of the
patient's ability to lead an active life. Of those classed as
independent by this index only a small proportion could
still carry out simple household activities, travel by public
transport, drive a car, or pursue the same occupation.
Better measures of independence need to be developed
and methods to increase this independence need to be
evaluated.

Locomotor Disability—A Study of Need in an Urban
Community. MALCOLM THOMPSON, MARY ANDERSON, and
PHILIP H. N. WOOD (Royal Victoria Hospital, Newcastle
upon Tyne, and ARC Epidemiology Research Unit,
Manchester)

The Social Services Department in Newcastle upon Tyne
recently made a detailed survey of a sample of chronically
sick and disabled persons living within the city. Arthritis
and related rheumatic conditions were reported by 163
individuals, 39% of the total sample, and in 120 (28%)
these disorders were the major cause of disability. A
special study is being made to assess the medical care
needs of these persons with disorders of the bones and
organs of movement, and this preliminary report is based
on the first 78 individuals seen, 23 of whom were male
and 55 female.

They were predominantly elderly (mean age 69) and
many lived alone. One in 6 were single and 1 in 2
widowed (though only 1 in 4 of males were widowed).
Almost one-third were unable to attract attention in an
emergency. Stairs within or at the entrance to the home
causcd difficulty for about half the respondents. The
principal limiting disability was located in the knees in
half, and elsewhere in the legs in a further quarter. In
almost three-quarters the main pathology was osteo-
arthritis. Other, non-locomotor, disabilities were present