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 occupations. 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 caused 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 osteoarthritis. Other, non-locomotor, disabilities were present