SUMMARY

This study was undertaken to describe the clinical importance of growth charts.

It is very important to use the growth charts in our M.C.H. Centers for early detection the malnutrition diseases. It is also important to use it in studying the effect of acute infection on the infant's growth.

With growth charts specially weight charts, it is very easy to identify the infant with malnutrition not only by the axillary health workers but also by the illiterated mother.

Two groups of infants under I year were studied:
(I) The diarrhoeal group which included 3I infants.
(2) The chest infection group which included 29 infants.

We noticed that the mean weights, heights, mid arm circumferenc and head circumference of the diarrhoeal group were less than the mean of chest infection group from the 2 nd month of infant's life, but , in the 8 th month the gape was increased due to the higher percentage of diarrhoeal around this age, this is well illustrated in Fig I,II,III and IV. and also in Tables I,III,IV,V, and VI.

When we compare between the pattern of infant's feeding and their mean weight, height, mid arm circumference and

head circumference, we can classify the infants for 3 groups:

(I) Good breast fed infants.

(2) Scanty breast fed infants.

(3) Artificial fed infants.

From this , we noticed that the weights, heights, mid arm circumference and head circumference of scanty breast milk supply group were often less than those of the other groups.

This is well illustrated in Tables VII,VIII,IX, and X; and also in Fig. V,VII,VIII.

The mean weight of good breast fed infants was the highest till the 7 th month of the infant's life, after this the artificially fed infant's curve was the highest till the I2 th month of the infant's life.

In Fig.VI , we noticed that the diarrhoeal had the lowest percentage in good breast fed infants and this improve the protective value of breast milk against diarrhoea.

The temporarly effects of acute infections appear in the growth charts of cases no. (4), (5), (6), (7), (I0), (I5), and (I8).