

## **SECOND SESSION**

### **SCREENING FOR ENDEMIC DISEASE**

#### **OPENING REMARKS**

**Lord Platt** (*Chairman*)

Screening is an important subject and one in which I am looking forward to knowing what people are saying and thinking, because I feel that there are some controversial areas in the whole subject. At the one extreme, we accept that certain specific forms of screening are valuable and their number will be added to as the years go by as we find newer and better ways of detecting disease, but nevertheless I have a feeling which I am sure many of you will share; that it is not always good to detect disease if, having detected it you can do nothing whatever about it. I have sometimes been heard to remark that you should not have anything investigated until you know what it is.

#### **SCREENING PROCEDURES AND THE LOCAL AUTHORITY**

**Dr R. J. Donaldson**, M.B., B.Ch., D.P.H. (*Medical Officer of Health, Teesside*)

I propose to take a practical look at the subject and consider some of the basic principles in relation to screening. Most of the emphasis on medical care relates to diagnosis and treatment and we pay much less attention to prevention, rehabilitation and after-care. Chronic non-communicable diseases form only a small part of the whole preventive service and only one facet of the early diagnosis that has been carried on for many years in infant welfare clinics and with infectious diseases.

Screening tests are selected on the basis that they must be generally acceptable, reliable, specific, sensitive and economic. The following are the criteria that one should look for in selecting a disease condition or an abnormality for screening: the abnormality to be