sex and disease statistics of a practice can be rapidly extracted, furthermore it could be connected via a data link with information stores all over the country. Such a system is in world-wide use by international airlines for booking and management purposes, but before it can work for medical purposes the vast amounts of data, which are at present recorded in long hand on patients' records all over the country, must be laboriously typed in by hand into computer memories at enormous cost, using money which can be applied with better effect elsewhere.

Most diagnoses are made by pattern recognition, and in this field the average doctor is immeasurably better than the best computer one can imagine at present.

B. JAMES

The Doctors' House
Claremont Road
Marlow
Bucks.

PAEDIATRIC CARE

Sir,

Dr Curtis Jenkins's article on developmental and paediatric care of the preschool child (November *Journal*) presents a timely and interesting overview of the subject but I would like to raise two points.

While the 'Delphi' technique may be valuable and commendable and may indeed be more relevant than the "statistically median opinion" he should demonstrate consistency and not introduce statistics by quantifying the responses of a miscellaneous group of doctors chosen by unstated criteria. Their anecdoctal opinions may be of value and interest but the numerical strength of the responses is meaningless.

Secondly, the article makes no clear distinction between developmental screening, developmental assessment, and well baby care and this may have led to at least one astonishing statement, namely that one of the respondents doubts the "efficiency in diagnosis" of the health visitor. If this particular doctor really believes that the aim of screening is to make a diagnosis he is clearly no expert and must weaken the case for the 'Delphi' technique. Furthermore I feel that Dr Curtis Jenkins has misrepresented the conclusions of Roberts and Khosla on the use of paramedical staff in developmental screening, as they state in the conclusion (with regard to developmental screening) "the small number of observations that are effective are of such a nature that they could probably be made equally well by lay personnel."

Nevertheless, Dr Curtis Jenkins rightly stresses the urgent need for the evaluation of developmental screening programmes, and I would agree that rather than nationwide surveillance local problems demand local solutions depending on local needs and resources.

CHARLES B. FREER
Department of Community Medicine
University of Glasgow
Ruchill Hospital
Glasgow G20 9NB.

References

Curtis Jenkins, G. (1976). *Journal of the Royal College of General Practitioners,* **26**, 795-802.

Roberts, C. J. & Khosla, T. (1972). *British Journal of Preventive and Social Medicine,* **26**, 94-100.

ILL-TREATED CHILDREN

I found the College's evidence on ill-treated children both interesting and relevant. However, I would like to make one or two points.

Firstly, it is my impression that in any family it is usually the same child that is 'battered' while the siblings are at considerably less risk. Secondly, I think traumatic alopecia may be an occasional physical finding.

I agree that a causative factor in battering is stress in the family environment, be it financial, the crying infant, or intermarital. I think in some circumstances when these stress situations are resolved, it is certainly possible for the family relationships to return to normal. Obviously a watchful eye must be kept on such families, but equally it is important that a prejudice against these families is not perpetuated. It is a pitfall that should be guarded against by the general practitioner when accepting a family with a past history of child battering on his list.

N. SANKARAYYA

120 Wood Lane
Woodgate
Birmingham B32 4AJ.

Reference

Royal College of General Practitioners (1976). *Journal of the Royal College of General Practitioners,* **26**, 804-815.

EXAMINATION FOR MEMBERSHIP

Sir,

Exactly why I took the college examination—fellow that I am, and within a year of retirement to boot—is not the point at issue, but having taken this pretty threatening pastime I have no regrets. I now view most of my friends' pre-examination attitudes towards me that I was mad with less resentment than before, but would most certainly not dissuade anyone else from sitting with the other 'grey-heads' at Queens Square if they felt so motivated.

I now feel better qualified to speak with greater authority on what the examination is for, and it has given me cause to think more accurately on the question of competence to practise and what role the College has in offering assessment of competence to its members, and this is a much more important point of issue than: why take the exam?

At the moment the college examination seems to be aimed directly at the UK vocationally trained graduate, and is, for this purpose, a remarkably fine-honed tool, and the more one knows about the examination process, the greater is one's respect for those general practitioners involved in its organization.

In addition to this vocational assessment examination, what to my mind is becoming needed is a trainer assessment examination, which would be taken not less than five years after the first assessment.

If such a two-level assessment was to be offered, then consideration should also be given to the relationship of the granting of MRCGP and FRCGP qualifications with this assessment for those wishing to subscribe to the college aims and finances.

For those who still doubt a market for the examination commodity in general practice, Queens Square, with its top room filled with faces lined and unlined, should provide the answer; and for those grey-heads who feel too threatened, I would assure them the examination is fair, and not least of the threats is fourth-floor dyspnoea.

M. H. DALE

Pinfold Health Centre
Bloxwich
Staffs WS3 3JJ.

WHAT KIND OF COLLEGE?

Sir,

The first editorial of the first *Journal* I received as a member of the College was a sorry welcome (September *Journal*).

This College must have the dubious distinction of being the first erstwhile academic institution in the free world to need to resort to legislation in order to propagate its views. As the editorial openly admits, those who expected that the 'advisory' Joint Committee on Postgraduate Training would be used as