LETTERS

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing.* Failure to comply with this may lead to delay in publication.

Benefits of developmental screening

Sir,

Doubt has recently been cast upon the value of developmental examinations in pre-school children. Bain[1] writes 'setting aside two to three hours for routine examinations could be extremely unproductive'. Hall[2] opined that 'There is no justification for repeated developmental examinations on a routine basis of all pre-school children, and these should be discontinued, assuming the continued existence of a high standard of surveillance available to all children'. I thought it might be useful to report the work during one year of a developmental clinic in general practice by one observer — this may not be typical but it represents the work of an ordinary general practitioner with a list size of about 2500, including 130 children of four years and younger. Children are examined soon after discharge from hospital (usually at home) and at seven, 12, 30 and 48 months. Neonates have been excluded in this report.

At the seven months examination 15 out of 28 children were normal on the first tests; at 12 months 27 out of 31 were normal; at 30 months seven out of 15 were normal; at 48 months 13 out of 24 were normal. Those not normal were seen again approximately one month later for re-testing the problem elicited at the first examination, unless they had already been referred to a specialist. The results are shown on Table 1.

The high proportion of children at seven months with doubtful hearing was predictable and underlines the need for a better test at this age; a second test is quickly performed. Sometimes a symptomless otitis media is found. A total of 21 children were identified as having a new problem and referred to secondary care out of 98 examined (21%) is considerably higher than most other screening procedures.

While I agree with Dr Hall that history and observation are important, it is still necessary for general practitioners to go through (at least in their mind) the skills of gross motor, fine motor, and so on. 'If you miss something out you'll miss something.'

But there is a further argument. Many will claim that this work is not cost effective, that the amount of time and effort expended is out of all proportion to the achieved 'yield' of referrals. My own philosophy is different. If over nearly 30 years of doing this work I have improved the educational prospects of even one child (the main object of child health screening) I shall have felt those hours well spent.

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Table 1. Results of retest.

Problem detected	No. of cases	Outcome
7 months		
Doubtful hearing	11	10 normal at 2nd test (including 3 referred); 1 lost to follow-up
Doubtful vision	2	1 squint confirmed and referred; 1 poor visual acuity, normal at 2nd test
Gross motor delay	2	2 second exam confirmed (regular review for other problems)
12 months		
Doubtful hearing	1	1 second test confirmed and referred
Doubtful vision	2	2 second test normal
Squint	1	1 second test confirmed and referred
30 months		
Squint	1	1 normal at 2nd test
Speech delay	2	2 second test confirmed and referred
Unexplained weight loss	1	1 second test confirmed, observation
Behaviour problems	2	2 discussion and advice
48 months		
Doubtful hearing	2	2 referred and confirmed
Doubtful vision	8	4 referred and confirmed; 3 second exam normal; 1 lost to follow-up
Speech delay	2	2 second exam confirmed and referred
Developmental delay	2	2 referred
Undescended testis	1	1 referred

References

1. Bain DJG. Developmental screening for pre-school children: is it worthwhile? *J R Coll Gen Pract* 1989; **39:** 133-135.
2. Hall DMB (ed). *Health for all children.* Oxford University Press, 1989: 17.

Spirometry in general practice

Sir,

In 1985 I acquired a Vitalograph spirometer, and so it was of great interest to read Dr Smith and colleagues' letter (March *Journal,* p.123) about their hospital-based experience offering open access to spirometry with chest x-ray.

I work in a rural area surrounded by orange, avocado and mango orchards. Many patients suffer from hay fever, allergic conjunctivitis and asthma, made worse at blossom time. There is an addi-