more, the sensibility and specificity of PG determination of hyaline membrane disease were 100% and 77%, respectively. For newborns with a gestational age of less than 31 weeks, the sensibility was the same by both methods (91%) but the specificity was only 30% with the PG test.

In conclusion, in newborns with the lowest gestational age (less than 31 weeks) estimation of the L:S ratio is preferable to PG determination for the diagnosis of hyaline membrane diseases. As for other newborns, given its simplicity, rapidity, and reliability, PG determination can be regarded as a useful method for the diagnosis of this respiratory disease.

Reference

- ¹ Francoual J, Magny JF, Ropert JC, Dehan M, Leluc R. Phosphatidylglycerol in tracheal aspirates for the diagnosis of hyaline membrane disease. *Arch Dis Child* 1987;**62**:193-4.

J F MAGNY and J FRANCOUAL
Hôpital Antoine Béchère,
157 Rue de la Porte de
Trivaux,
92141 Clamart,
France

Nebulised beclomethasone dipropionate suspension

Sir,

We were interested to read the comments on our two papers^{1,2} by Dr Clarke³ but consider that he has overemphasised the differences between our two publications.^{1,2} As he points out, although the paper of Storr *et al* showed a significant response to treatment with beclomethasone,² the study of Webb *et al* showed similar trends, although these failed to reach significance.¹ Secondly, the children studied by Webb *et al*¹ almost certainly had more severe asthma as one of the entry criteria was a failure to respond satisfactorily to treatment with nebulised sodium cromoglycate.

We agree, however, that beclomethasone dipropionate given as a nebulised suspension to preschool children is less effective than the same drug given by rotahaler or aerosol to schoolchildren with asthma.

References

- ¹ Webb MSC, Milner AD, Hiller EJ, Henry RL. Nebulised beclomethasone dipropionate suspension. *Arch Dis Child* 1986;**61**:1108-10.
- ² Storr J, Lenney CA, Lenney W. Nebulised beclomethasone dipropionate in preschool asthma. *Arch Dis Child* 1986;**61**:270-3.
- ³ Clarke SW. Commentary. *Arch Dis Child* 1986;**61**:1112.

A D MILNER
Department of Child Health,
University Hospital,
Queen's Medical Centre,
Nottingham NG7 2UH
and W LENNEY
Royal Alexandra Hospital for
Sick Children,
Brighton

Cooperation on developmental assessments

Sir,

I wonder if through your columns I can make a plea for more cooperation between assessment centres attempting to meet the developmental and educational needs of children and research teams from neonatal departments.

I have recently, on several occasions, found it impossible to make any meaningful assessments of children because I discover that within the previous few weeks a research team from the hospital where the child was born has contacted the parents, known of our involvement, but not contacted us before going in and performing various standardised tests, which then cannot be repeated as part of the child's normal routine assessment for his care. We then do not have any results from this testing and cannot perform our own because of it.

I am perfectly happy, with the parents' permission, to make results of our assessments available to research teams, but I really feel that it is to the detriment to the child if they insist on working in isolation.

R B JONES
Queen Elizabeth Hospital for Children,
London E2 8PS