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

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Nebulised beclomethasone dipropionate suspension

Sir,

We were interested to read the comments on our two papers1, 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, the study of Webb et al showed similar trends, although these failed to reach significance.1 Secondly, the children studied by Webb et al almost certainly had more severe asthma as one of the entry criteria was a failure to respond satisfactorily to treatment with nebulised sodium cromoglicate.

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

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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.

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