Correspondence

Selective medical examinations on starting school

Sir,

We read with interest the paper by O’Callaghan and Colver.\(^1\) We agree that school health services need evaluation. We disagree, however, with the inference that the sole function of the medical at school entry is to identify treatable physical problems.

The total child population must be examined at some stage. The Newcastle team are choosing to do this three times preschool. One is hardly surprised, therefore, at the low number of new problems identified at school entry. In Peterborough, full medical examination and development assessment preschool is largely reserved for those children screened out by the health visitor.

Seeing the total population preschool is notoriously incomplete, particularly in urban areas. We positively retain the school entry medical for this and the following reasons:

1. School ‘fitness’—medical, educational, and social—is seen in the school setting.
2. Parents and children are introduced personally to the school doctor and nurse; this facilitates self referral if problems arise later.
3. It is perceived as important by both teaching staff (National Association of Head Teachers. The NAHT view of the future requirement for school health service provision.) and by parents (99.6% consent to medical, 88% accompany their child, personal observation).
4. In this authority children enter school at the age of 4 years (an age often chosen for preschool medicals).

During the school year 1986–87, 2877 school entrants were medically examined in Peterborough. Altogether 1770 important problems were identified (that is, required action or follow up); 742 of these were discovered on screening vision and hearing—an activity few would dispute. Furthermore, 17.6% of the children had important educational problems that were discussed with teaching staff. A proportion of the problems were known to parents and family doctors before the medical but appreciable numbers were not (table).

There have been tremendous changes in the nature of preventive child health care over the past 10 years. We are now far more involved with behaviour and adjustment problems and health education. We heartily endorse the comments on the importance of the school entry medical contained in the report Investing in the Future.\(^2\) We recommend it as an economical use of doctor time.

References


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Sir,

The excellent paper by O’Callaghan and Colver on selective preschool medication examinations voices the misgivings many of us have about developmental screening or surveillance, in general.\(^3\) Quite clearly the concept is too wide and unfocused to allow any useful information to be gathered, other than for epidemiological reasons.

My experiences with the six week developmental check are rather similar; over a two year period I examined 218 consecutive 6–8 week old babies in a community paediatric clinic. (This was part of a separate study, which was looking at acute infantile colic and its possible relationship to maternal psychiatric illnesses as measured by the General Health Questionnaire.)\(^4\) From the purely medical point of view, however, developmental surveillance was a very disappointing business. I picked up nothing that I could refer to our local paediatrician as a new abnormality. Even worse, every abnormality I did discover was already known to the general practitioner or hospital clinic. A couple of mothers wanted to know ‘if I was going to shake the rattle’ or in some way test the development of their babies. A pass was expected and, even worse, was equated with being intelligent.

Had I not been looking specifically at the possible association between crying babies and maternal psychiatric problems, however, I would not have picked up a small number of medical reasons for these babies to cry (two urine infections, one case of otitis media) and a far larger number of mothers with psychiatric problems (46 women).

Table: Proportion of problems unknown to mothers and general practitioners (total number of children=2877)

<table>
<thead>
<tr>
<th>Problem</th>
<th>No (%) of children with problem</th>
<th>No (%) of mothers unaware of problem</th>
<th>No (%) of general practitioners unaware of problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>546 (19)</td>
<td>142 (26)</td>
<td>231 (42)</td>
</tr>
<tr>
<td>Speech and</td>
<td>202 (7)</td>
<td>26 (13)</td>
<td>119 (59)</td>
</tr>
<tr>
<td>Language</td>
<td>117 (4)</td>
<td>42 (36)</td>
<td>89 (76)</td>
</tr>
<tr>
<td>Neurodevelopment</td>
<td>161 (6)</td>
<td>15 (9)</td>
<td>123 (76)</td>
</tr>
</tbody>
</table>

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