test for pneumonia, respiratory rate measurement must have a much higher sensitivity.

Before it can be claimed that respiratory rate is a useful screening tool for pneumonia data must be presented using a simple technique of proved accuracy and repeatability from children with pneumonia and normal children in the communities where it will be used.

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Dr Berman and Simoes comment:
We appreciate the opportunity to respond to Dr Morley’s comments and annotation. The issue of the usefulness of simple clinical signs to identify pneumonia is important and we agree that it is necessary to document the range of respiratory rate counts in infants with and without acute respiratory infections. Interpretation of studies is impaired by the use of different counting methods. Unfortunately there is no counting method that can be considered a gold standard. It is possible that differences in respiratory rates reported in studies may partially reflect the different methods used to obtain them. Our own study comparing simultaneous counts obtained by observation and electronic pneumograp...