Letters to the Editor

Effectiveness of screening for congenital dislocation of the hip

SIR—While supporting Professor Knox and his colleagues in their effort to clarify the value of screening for congenital dislocation of the hip (CDH), as a paediatrician who has spent many years in clinical research on this subject I have to confess disappointment with their article.\(^1\)

The authors' data have been obtained retrospectively from sources which they identify as being probably incomplete and inaccurate. Retrospective interpretation of another physician's records is always fraught with difficulty, but particularly in relation to this condition over which there has been so much confusion in the past in respect to both terminology and definitions. An effort has been made recently to clarify this matter by the Working Party of the Standing Medical Advisory Committee and the Standing Nursing and Midwifery Committee. Incidentally, while on this matter, may I point out that CDH is not a congenital malformation but a deformation which is an alteration in a previously normally formed structure (a fetopathy).

It is unfortunate that the authors have failed in their paper to make any reference to the numerous reports that reached different conclusions to their own as to the effectiveness of early screening.\(^2\) Certainly in the 15-year screening programme in which I was involved in Bristol, the value of screening was confirmed beyond question. For example, among 874 singleton infants that consequently presented by the breech and were screened at birth, 124 were treated successfully for CDH in the neonatal period. There were no late diagnosed cases during a 5-year follow-up of this cohort.\(^3\) These findings also stand in stark contrast to the Birmingham observation that a high neonatal incidence of CDH is associated with a high number of late diagnosed cases.

Might I suggest that instead of dismissing the value of neonatal screening for CDH, that the Birmingham team plans and undertakes a prospective study of the problem.

References


ROSEMARY E EVANS
Department of Community Child Health
Plymouth

The authors reply as follows:

SIR—We think we must defend our technique! Our method was *prospective*, the cohorts being registered at birth, and the initial findings recorded at the time of birth. Data on late diagnoses—the preventive target—were collected later, and then linked to the existing register. There was nothing retrospective about it at all!

We are sorry we missed the referenced papers. We did a Medlars search early in the investigation but did not turn them up at the time.

In fact, the Bristol group obtained almost the same results for late diagnosis (0.88 per 1000) as we did ourselves. We do not see how we can avoid the conclusion, whether from their data or ours, that the majority of those “late” dislocated hips which used to present before screening was introduced, still turn up late; and therefore that the majority of the large number now detected and treated early used not to appear at all.

We did not “dismiss” the value of neonatal screening for CDH. We simply measured the effectiveness of the programme in the form delivered. It would be wishful to suppose that screening had provided benefits to the majority of those “detected”, or that the preventive target was effectively reached. It is unlikely that Birmingham is totally atypical. There is a very serious national problem here.

EG KNOX
E ARMSTRONG
R LANCASHIRE
Health Services Research Centre
Department of Social Medicine
The Medical School
Birmingham