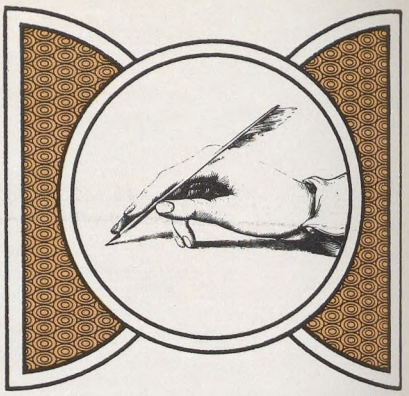
Letters to the Editor



The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Pediatric Lap Examination

To The Editor:

I read with considerable interest Dr. Gabriel Smilkstein's description and pictures of The Pediatric Lap Examination (*J Fam Pract 4:743, 1977*).

Having done countless numbers of these in practice, I agree completely with its importance and with Dr. Smilkstein's general approach. I would like to suggest one modification which has proved quite valuable to me. Instead of placing the child on the table to check the mouth and throat, I merely examine him in the sitting position on the mother's lap. The mother is asked to grasp and restrain the child's two hands within her own left hand and to put her right hand across the child's forehead, clasping his head to her chest. This position allows for leisurely exploration of the oro-

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pharynx and elicitation of gag reflex as a terminal part of the exam. Except for checks of gait and posture the child has never left the mother's lap.

Richard F. White, MD
Yardley, Pennsylvania

To The Editor:

I was pleased to see the article, "The Pediatric Lap Examination" by Dr. Gabriel Smilkstein, in the April issue of *The Journal of Family Practice.* This examination technique is widely taught in Europe, and the pediatric examining table is almost unknown in England.

The "lap" technique is most effective on home visits, and a significant aspect of the examination is for the physician to maintain his or her head position at the same level as that of the child, so as not to tower over the patient possibly provoking fear or anxiety. In the home this may however mean that the physician has to kneel to perform the examination. In the office the "lap" technique allows the child to play with some toy (as well as the stethoscope as Dr. Smilkstein suggests) and remain distracted while the examination proceeds, but there may be tears at the end of the consultation when the toy is taken away.

I would like to call Dr. Smilkstein gently to task with regard to his method of examining the abdomen, mouth, and throat. From his description and illustration it is evident this is not an examination in the lap, and the immobilization and constraints are directed not by the mother, but by the physician who in the photograph takes rather a threatening posture.

To examine the throat using the lap technique the mother, facing the physician, can hold the child in her lap holding both arms with one of hers, and the child's forehead against her chest with the other.[1] The physician can examine the child face to face or from the side.[2]

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The abdominal examination can be performed with the child in the upright position in or by the mother's lap (helpful for assessing the presence of hernias and descent of the testicles).[3] The procedure can also be undertaken with the child supine across the mother's knees, and there is some evidence that abdominal masses are more easily palpable with the patient in the prone position supported by the physician's two hands.

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References

1. Bates B: A Guide to Physical Examination: The Pediatric Physical Examination. Philadelphia, J.B. Lippincott, 1974, p 322
2. Apley J: Pediatrics. Baltimore, Williams and Wilkins, 1973, p 82
3. Mackeith, R: Child Care: Pediatric Consultation. British Medical Association, London, 1966, p 7

The preceding letter was referred to Dr. Smilkstein who responds as follows:

Dr. Curtis' comments on the "Pediatric Lap Examination" are appreciated.

In reference to the picture that shows the physician and the mother controlling the child's body and head, the text of the article indicates that this position is used only with an uncooperative child. The supine position also allows optimum visualization of the throat. I have found that when the "lap" position is used for the examination of the throat of an uncooperative child, the child's head and neck position makes the examination difficult.

The other advantages of the supine position are that the physician can complete the examination in the shortest possible time, and control of the twisting, squirming child affords the child protection from injury by the tongue blade or from falling.

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