

difference in the death rates in the two areas.) Among the failures identified in Sheffield were poor follow-up procedures, for example: no action being taken when a child was not brought back for further tests, though the mother had been asked to do so; not recording weights on centile charts so that a 'failure to thrive' was not easily identified.

A 'high-risk' register was also introduced. For all the babies on that register a case conference, attended by a paediatrician, a senior clinical medical officer, the health visitor and the general practitioner, was held at the general practitioner's surgery within one month of the baby's death.

The main lapse in communication was identified as a failure by the hospital staff to inform the general practitioner when a baby was admitted to, discharged from, or—even worse—died in the hospital. Nor were health visitors always notified about such events; they also commented that while in most cases general practitioner and health visitor communications were good, in three practices the general practitioner and the health visitor were virtual strangers to one another—though apparently working together.

Two other problems in connection with the health visitors service that were identified in Sheffield were: non-availability to families who were only accessible to visitors in the evenings; health visitors working with grossly socially deprived families were often prepared to accept a reduction in standards of care. (The working party proposed that no health visitor should, in future,

be allowed to remain too long in such an area. The author of this review would be more tolerant towards the health visitors, unless it can be shown that moving them around achieves a better quality of service.)

The value of both these exercises is clear and the educational component must be recognized. Surely the time has now come for us in general practice—through College faculties?—to set up comparable confidential inquiries into other deaths and, perhaps, also into other activities. (One example that comes readily to mind is referral. Are all the referrals really necessary or are we referring too few patients to the specialist service?).

The cognoscenti will, of course, recognize that both the maternal and infant mortality studies are a form of audit. By guaranteeing confidentiality in both studies most, if not all, the objections usually raised about audit have been overcome.

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## The Journal

A new editorial team took over the production of the *Journal* at the beginning of the year, but, as yet, few changes will have been noted. The process of assessing, revising and editing scientific papers is a lengthy one, and it is only in this issue that the bulk of published papers were submitted in the current year. One of the aims of the Editorial Board is to shorten the time between submission and publication. This can be achieved only if potential authors are aware of the other aims of the *Journal*.

We wish to publish as many original papers relevant to general practice as possible. At present it is possible to accept only one in every five papers submitted. Revision of papers is time consuming. Too few of the papers submitted conform to the format described in the editorial notice in each issue. Some papers have to be rejected because of poor presentation rather than poor content. The recent increase in size of the *Journal* does help, but it is also necessary for authors to be economical in their prose. It is surprising that general practitioners who are necessarily efficient and brief in

verbal skills in consultations become expansive in their writing. Only in exceptional cases will papers containing over 2,000 words be published. We want to include more short clinical reports. The 'Why Not?' series, which has sometimes included this type of report and clinical speculation, will be encouraged in the News and Views pages of the *Journal*.

The News and Views section has also expanded in the past few months and will shortly have a new editor, Dr Michael Price, from Hemel Hempstead in Hertfordshire. Our aim for these pages is to provide an opportunity for individual members or faculties to raise issues, communicate ideas and stimulate debate about general practice, the College and its activities.

We welcome comments and suggestions about the content of the *Journal*. Publications reflect the idiosyncracies of their production teams, but the most successful journals and magazines are those that are written by their readers. The pages are blank and the correspondence columns open, we look forward to hearing from you.