

designated non-smoking areas and strictly regulated as such.

### Smoking by children

Every effort should be made to influence children's views on smoking. Many studies have been made into the smoking habits of children; two have especially highlighted this problem.<sup>4,5</sup> It seems that general practitioners are not aware of smoking as a possible problem in young children and this, together with a relatively low consultation rate in this age group, tends to mean that general practitioners are not involved in antismoking education of children.

Young children are not readily influenced by the 'disease' concept. Dealing with these children requires a more obvious format. One way may be to invite them into health centres or surgeries in small groups for film shows and discussions. The Community Health Education Officer could be asked to support these efforts. Smoking parents beget children who smoke. If general practitioners feel they cannot enter schools or invite children in to their surgeries for health education sessions, then the only option open to them is to try and influence parental attitudes to smoking.

The role of the general practitioner is crucial in inducing individuals to stop smoking. Once smokers are identified, they should be acquainted with the dangers of continuing to smoke and with the help and support which is available to them.

*Members of the East Anglia Faculty (Peterborough District) Working Party on Smoking responsible for the production of this paper were: Drs M. E. Barker, B. Churms, M. Henchy, A. G. Hibble, J. V. Mitchell, K. S. Prasad and C. Scarisbrick.*

### References

1. Russell MAH, Wilson C, Taylor C, Baker CD. Effect of general practitioners' advice against smoking. *Br Med J* 1979; **2**: 231-235.
2. Fleming DM, Lawrence MST. An evaluation of recorded information about preventive measures in 38 practices. *J R Coll Gen Pract* 1981; **31**: 615-620.
3. Russell MAH, Raw M, Jarvis MJ. Clinical use of nicotine chewing-gum. *Br Med J* 1980; **280**: 1599-1602.
4. Banks MH, Bewley BR, Bland JM. Long-term study of smoking by secondary schoolchildren. *Arch Dis Child* 1978; **53**: 12-19.
5. Bewley BR, *et al.* Smoking by children in Great Britain—a view of the literature. SSRC/MRS 1976.

## Enquiries into infant deaths

THE benefits of the confidential enquiries into all maternal deaths in pregnancy which the DHSS has been conducting since 1929 have acquired international renown.<sup>1</sup> The aim has been to see where the service has failed and thus where improvements can be made. By maintaining confidentiality, and thus not incriminating individuals, the exercise has succeeded where more formal enquiries would have been likely to fail. It was therefore logical to consider a similar confidential enquiry into perinatal and early infancy deaths.

With this objective in mind, a research team in the Exeter Health Care District (EHCD) carried out a pilot study into the feasibility, methodology and value of a community-based enquiry into stillbirths and deaths in early childhood.<sup>2</sup> The information they obtained would, they hoped, be both a contribution to the education and training of those involved in child care (including general practitioners and health visitors) and a help in identifying (particularly if the experiences were continuous) those aspects of care which needed to be improved.

The year chosen for the study ran from 1 October 1980 to 30 September 1981. The population covered numbered just over one quarter of a million. In the 12 months there were 3,185 births in the EHCD. There were 30 stillbirths, and 32 liveborn babies died in the first two years of life: 11 in the first six days of life; four between the seventh and eighth day of life; 15 between

the age of 1 month and 1 year: and the remaining two in the second year.

It was intended that for each of these deaths a study questionnaire would be completed and there would be an interview at home with the parent(s). This was to be followed by a case conference to which the family doctor would be invited. In only four instances was the general practitioner not present at the conference and even when he did not attend he always subsequently discussed the findings with the research team.

Only 51 of the 62 deaths could be fully studied. For each death a control case was chosen to help determine the relevant factors. A similar questionnaire and interviews were carried out for these controls.

With such relatively small numbers, and only one year's data to work on, it was possible to identify no more than potential deficiencies in the service, for example: the standards of medical care provided; its availability and its proximity to those in need; and the level of communications, both between professionals and between patients and professionals.

At the same time a team in Sheffield extended the work they began in 1973. Their findings have also recently been published.<sup>3</sup> These are based on 65 deaths in babies aged 8 days to 2 years from a population of 12,111 births over two years. (After correcting for the different baselines used, there would seem to be little

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.

STUART CARNE

*General Practitioner, London*

### References

1. Department of Health and Social Security. Report on confidential enquiries into maternal deaths in England and Wales 1976/1978. *Report on health and social subjects No. 26*. London: HMSO, 1979.
2. Brimblecomb FSW, Bastow M, Jones J, et al. *A suggested model for inquiries into perinatal and early childhood deaths in a health care district*. Liverpool: Children's Research Fund (6 Castle Street), 1983.
3. Jepson ME, Taylor EM, Emery JL. Identification of failures of the child health services by means of enquiry into infant deaths. *J Matern Child Health* 1983; 8: 26-31.

## 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.