Fenton *et al* in 1981.² In three of our series of ten neonates diagnosed thereafter, fissures were present at the anal margin prior to endoscopy, and in a further infant diagnosed as non-specific colitis at laparotomy, multiple anal fissures were present. Details of the bacteriological and clinical features in these babies are in preparation for publication.

With reference as to whether the offending statement should have been edited or refereed out, we would merely comment that this responsibility does not lie with the authors. Perhaps Dr McIntosh would have been happier if we had referenced the statement to the paper in preparation, rather than quoting from our experience.

References

- ¹ Youngs ER, Roberts C, Davidson DC. Campylobacter enteritis and bloody stools in the neonate. *Arch Dis Child* 1985;**60**:480-1.
- ² Fenton TR, Walker-Smith JA, Hardy DR. Proctoscopy in infancy with reference to its use in necrotizing enterocolitis. *Arch Dis Child* 1981;**56**:121-4.

Inaccurate coding corrupts medical information

Sir,

Data from the hospital activity analysis is unreliable for reasons including medical neglect and coding errors.¹ Two other points are increasingly likely to become important.

Firstly, only the first diagnosis is recalled by the regional health authority computers. If a child who is microcephalic, mentally handicapped and affected by cerebral palsy, scoliosis, and epilepsy is admitted with feeding difficulties and weight loss which reflect a chest infection and benzodiazepine side effects, he could be coded by a doctor in one of at least 10 ways, including the underlying diagnosis or the social factor that precipitated hospital admission as opposed to outpatient treatment.

Secondly, the health authorities, in a search for efficiency savings, are likely to make increasing use of hospital activity analysis data in comparing treatment for people with specific conditions between authorities and departments. Unless the data collection is sensitive enough to distinguish between simple and complex cases, major errors could be made. In the North West Health Region the mean length of stay in hospital for a child coded as having epilepsy is 4.5 days. The regional child neurology service's mean length of stay is 3.5 days, however, if

infants with refractory seizures are considered (far more likely in a regional centre) the figures will be greatly skewed. Their mean length of stay is 35 days.

Doctors may not have been concerned about data collection hitherto for two reasons. Most do not do research and they realise that the more fuss they make the more likely they are to be induced to do it themselves.

If the needs of the scientific frontiers have not moved us in the past, the laws of the financial jungle may do so in the future.

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Reference

- ¹ Sunderland R. Inaccurate coding corrupts medical information. *Arch Dis Child* 1985;**60**:593-4.

Changes in understanding of illness as the child grows

Sir,

Dr Eiser¹ rightly draws attention to the need to understand the state of a child's cognitive maturity when giving information about any medical condition. A child's apparent inability to understand such information is not, however, necessarily determined solely by his intellectual development. There are many children whose failure to understand is a defensive manoeuvre by which they try to deny the existence of the disease. This is often true of some diabetic children where the implications of a serious condition requiring life long management is a daunting one. It should not be forgotten that childhood illness, particularly of a serious chronic type, has repercussions for the child and his family and 'not knowing' can represent the child's attempt to deal both with his own poorly functioning body and his parents' reaction to it.

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Reference

- ¹ Eiser C. Changes in understanding of illness as the child grows. *Arch Dis Child* 1985;**60**:489-92.