

Correspondence

1982 Aviemore meeting and the gently battered child

Sir,
In Aviemore in April 1982, I presented to the British Paediatric Association's meeting the concept of the 'gently battered child'. The numerical results quoted at that time have since been published as part of a paper in this journal.¹ Because of the nature of the concept, the paediatricians present were asked by means of notices on the screen and Chairman's comments to treat this session and other communications in that session as confidential.

About a month ago, the Editor of *World Medicine* telephoned me at home to say that he had received an article from a paediatrician who had been present at the Aviemore meeting and that he intended to publish it. The name of the paediatrician was refused me. Several sentences from the article were read to me over the telephone and I protested that the statements were misleading, and that such a report would cause great and unnecessary distress to many parents and other people. I tried to put the situation in perspective.

I heard nothing more until I was told by a friend, of an article in *World Medicine*. The information was presented in such a way that people have construed that the whole article had arisen from an interview with me. The article was accompanied by an evocative drawing and was unsigned. That article was taken up by other papers and while it perhaps caused only transient annoyance to me, it resulted in great distress to many innocent cot death parents and those who attempt to help them.

Most of us are well aware of the extent that the press can distort information for effect, but members should also be aware that just as in hospital wards where there are 'moles' prepared to report on the treatment of patients, so there appear to be equivalent people among us prepared to report to the non-specific medical press things presented in confidential plenary sessions of the British Paediatric Association.

Reference

- ¹ Taylor E M, Emery J L. Two-year study of the causes of postperinatal deaths classified in terms of preventability. *Arch Dis Child* 1982; 57: 668–73.

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Two-year study of the causes of postperinatal deaths classified in terms of preventability

Sir,
This paper¹ contains serious allegations against parents

and gives data on explanations for sudden infant death syndrome (SIDS) without scientific evidence and which are at variance with the majority of epidemiological research.

The authors' evidence for 'gentle battering' is pure conjecture. If this diagnosis was seriously considered surely an inquest after a forensic post-mortem examination should have been held.

The allocation of deaths from the SIDS category to a preventable or explainable category has not been carried out in a scientific way. Moreover the facts presented are misleading. Thus, on page 664 in category B where there were 15 home deaths, only 8 were discussed; are the other 7 cases the 'minor disease, metabolic upset'—category B, group 4 in Table 2? In the Discussion a statement was made that '. . . there are either 7 or 4 (unexplained, unexpected deaths in Sheffield) depending on whether interpretation is made purely on post-mortem findings or on a complete study including the psychosocial background'. It is impossible to determine from reading this report the origin of these figures.

Throughout this paper the authors apportion blame for many infant deaths either to poor care by parents or to infanticide. Their allegations are illustrated by case histories which contain suspicions of the type that comprise malicious gossip rather than judicial or scientific evidence. A control group of infants from families with psychosocial problems who do not die will need to be examined before any meaningful conclusions can be reached on the relationship between these problems and SIDS. This unfortunate report will undoubtedly result in much suffering for the parents of infants who have or who will in the future suffer SIDS. There is now a need to counter these allegations by the publication, as soon as possible, of studies carried out by other paediatric pathologists.

Reference

- ¹ Taylor E M, Emery J L. Two-year study of the causes of postperinatal deaths classified in terms of preventability. *Arch Dis Child* 1982; 57: 668–73.

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Are facial bruises in babies ever accidental?

Sir,
In our experience cot-bound babies in hospital who tumble against the metal bars do not bruise themselves. Moreover, bruising of any sort in babies under age 1 year is rarely seen in our clinics, although such minor accidents in the home must be fairly common. Glib parental explanations such as, 'He fell against the cot bars', or 'He fell over on to his plastic toy' are often accepted in