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## Commentary

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Child mortality rates in this country are higher than in Scandinavia. When the causes of death are

analysed we find that the differences occur in the groups of 'indefinite symptoms', 'acute infections', and 'cot deaths' while with congenital heart diseases and meningitis the rates are almost the same throughout Northern Europe. Hospital statistics suggest that the level of hospital paediatric care in this country is equal to that anywhere, but that we fall behind on the home front.

Identifying preventive factors in the community is difficult: it is not easy to get basic information. The above study by Sherman, Matthew, and Boyd illustrates two major problems—they were only able to interview the families of 8 of the 18 children whose deaths were 'accidental' and they were limited by inadequate information from necropsies. Such studies are asking new questions requiring new skills. It is no longer sufficient to know that a child died of or with pneumonia or pneumococcal meningitis. If a boy has died with meningitis, how long was he ill before he died? How seriously ill? Did he have symptoms? Were they recognised? What was done about them? Was the response adequate and by whom? We need measurements of the threshold of action for parents—the amount of understanding parents have of instructions. If a child died from 'an accident', we need an assessment of the level and consistency of child supervision and restraint. Is the need for some of these social measurements as great as for some new laboratory test?

Sherman, Matthew, and Boyd rightly say that they need the involvement of a paediatric pathologist. Paediatric pathologists are very 'thin on the ground' and already involved in diagnostic procedures needed for hospital patients. The pathologist contributing to a social work team needs to develop new tools to answer new questions. It helps the investigation only a little to know that a child died with a pneumonia. Why did this child die and not the 100 others who had the same infection? How sufficient was the pneumonia to explain death? What was the immune or biochemical state of this child that made this degree of pneumonia fatal? How long had the child been ill and how severely ill before death? These questions need to be estimated irrespective of the given history. This calls for a new paediatric pathology input just as for a new social paediatric input.

It is hoped that this London group will strengthen their team and continue their work. There is not the personnel to carry out similar studies everywhere and although a few other groups exist, more are needed.