variable and higher than is usual for sudden infant death syndrome.

References

- ¹ Beal SM, Blundell HK. Recurrence incidence of sudden infant death syndrome. *Arch Dis Child* 1988;**63**:924-30.
- ² Emery JL. Infanticide, filicide and cot death. *Arch Dis Child* 1985;**60**:505-7.
- ³ Emery JL. Families in which two or more cot deaths have occurred. *Lancet* 1986;**i**:313-5.

R MEADOW

Department of Paediatrics and Child Health,
St James's University Hospital, Leeds LS9 7TF

Measuring severity of injuries to children from home accidents

Sir,

We support the view expressed by Alwash and McCarthy that a severity scale of childhood accidental injury is a necessary requirement for appropriate epidemiological research.¹ We consider that for such a scale to be fully reliable, however, it should not be dependent upon treatment but rather be based on an objective assessment of the injury itself or the clinical status of the patient, or both.

Treatment dependent scales are an example of indirect severity indices and are susceptible to many biases. For example the decision to admit an injured victim to hospital will vary by place, over time, and by person (for example, social class of the patient, seniority of the attending doctor).

The use of these scales therefore introduces great difficulties into attempts to study some of the important issues relating to accidental injury in childhood—for example, outcome of different treatments, the relationship of social class to injury severity, evaluation of preventative programmes, and measures of the 'true' frequency of accidental injury in the community.

The development of objective, direct severity indices (for example, the abbreviated injury scale as alluded to by the authors) may provide one method to overcome the difficulties highlighted. This type of scaling has been applied to a paediatric population and judged to be both reliable and valid.^{2 3}

Indeed in the Swedish studies of the early 1970s, Gustafsson, using the abbreviated injury scale, reported that although the actual accident frequency as recorded in hospitals had not diminished since the 1950s, there had been a shift towards less complicated injuries.³ We therefore believe that 'direct' injury severity scaling has great importance in the evaluation of intervention programmes not only because an unbiased rate of injury in the community cannot otherwise be determined but also because as noted by Alwash and McCarthy 'plans for prevention might seek to reduce the severity of injuries, rather than their frequency'.

References

- ¹ Alwash R, McCarthy M. Measuring severity of injuries to children from home accidents. *Arch Dis Child* 1988;**63**:635-8.
- ² Wesson DE, Spence LJ, Williams JI, *et al.* Injury scoring systems in children. *Can J Surg* 1987;**6**:398-400.
- ³ Gustafsson LH. Childhood accidents. Three epidemiological studies on the etiology. *Scand J Soc Med* 1977;**5**:5-13.

S S WALSH and S N JARVIS

Department of Child Health,
University of Newcastle upon Tyne,
Newcastle upon Tyne NE2 4HH