Eight cases of parents convicted of killing their children are referred to commission

Clare Dyer *legal correspondent, BMJ*

Just eight cases of parents convicted of killing their children have so far emerged as candidates for criminal appeals following the review by the attorney general in the wake of the release of Angela Cannings.

The attorney general, Lord Goldsmith, has been reviewing almost 300 child killing cases since Mrs Cannings was cleared on appeal at the end of last year of murdering her two baby sons (*BMJ* 2004;328:183). The appeal court in that case said that no prosecutions should be brought in future when reputable medical experts were in dispute about cause of death and there was no other cogent evidence. That ruling prompted the government to order a review of criminal prosecutions of parents, to find those where the result hinged on dis-

puted medical evidence.

The attorney general had identified 28 cases where such an appeal could be made. He referred four cases to the Criminal Cases Review Commission earlier this year, and now another four are being considered.

Two of the four new cases involve two parents who want to appeal, whose solicitors have written to the attorney general's office. The attorney general's office forwarded the letters to the Criminal Cases Review Commission last week. The first case relates to the death of a baby girl in 2000 and the second to the death of a baby boy in 2001.

The third case involves a parent whose solicitor has contacted the commission to say that his client may appeal. The fourth case is that of Donna Anthony,

CHRIS YOUNG/PA

Angela Cannings's victory led to a review of cases of child death

who was convicted in 1998 of murdering her two babies, whose case was already being considered by the Criminal Cases Review Commission when Mrs Cannings was released.

The numbers are lower than expected after the huge publicity given to the attorney general's review.

A simultaneous review of civil cases in which children had been taken into local authority care on disputed medical evidence has

produced what a spokesperson for the president of the High Court's family division described as "a small handful" of appeals.

Mrs Cannings was convicted in April 2002 of the murder of 7 week old Jason in June 1991 and 18 week old Matthew in November 1999, based on the opinion of three experts, including the paediatrician Professor Roy Meadow, who is facing charges before the General Medical Council. □

Corticosteroids increase short term mortality in patients with head injury

Susan Mayor *London*

Corticosteroids, which have been used to treat head injuries for more than 30 years, increase the risk of death within the first two weeks after treatment, according to a study published last week (*Lancet* 2004;364:1321-8).

The CRASH trial, a multicentre international collaboration funded by the UK Medical Research Council, was set up to establish the effects of corticosteroids in head injury after previous studies had shown inconclusive results. The study was designed to recruit 20 000 patients but was stopped in May 2004, when the data monitoring committee saw an increased risk of early death.

By that point, the trial included a total of 10 008 adults with head injury and a Glasgow coma score of 14 or less within eight

Emergency scene; image removed at request of agency

Most clinicians expected the trial to confirm the benefit of steroids

hours of injury, recruited from 239 hospitals in 49 countries. They were randomly allocated to a 48 hour infusion of corticosteroids (methylprednisolone) or placebo.

Results showed that the relative risk of death from all causes within two weeks was 18% higher among patients randomised to corticosteroids compared with those given placebo. In all, 1052/4985 people died at two weeks in the corticosteroid group (21%) compared with 893/4979 among those randomised to placebo (18%) (relative risk 1.18, 95% confidence interval 1.09 to 1.27; $P=0.0001$). The relative increase in deaths due to corticos-

teroids was not influenced by injury severity ($P=0.22$) or time since injury ($P=0.05$).

Ian Roberts of the London School of Hygiene and Tropical Medicine, who is clinical coordinator of the trial, said, "Our results show there is no reduction in mortality with methylprednisolone in the two weeks after head injury.

"Head injury is devastating. Worldwide, millions of people, particularly young people, are killed or seriously disabled from their injuries each year. Obviously we'd have preferred to find out that corticosteroids improve patients' chances of surviving head injury, but our results are

important because they'll improve patient care and protect future patients from increased risk of death from corticosteroids." He said that the cause of the rise in risk of death within two weeks was unclear and raised the question of whether these drugs might also be harmful for patients with spinal injuries.

In an editorial accompanying the paper (*Lancet* 2004; 364:1291), Stefan Sauerland from the University of Cologne, Germany, said "Most clinicians expected the trial to confirm the benefits of steroids, while others suspected that the effectiveness of steroids would turn out to be small or non-existent. The results of CRASH are therefore a complete and alarming surprise for all."

Dr Sauerland noted that inclusion of the result into a previous meta-analysis changed the absolute risk of death in the corticosteroid group from a 1% decrease to a 2% increase (Cochrane Collaboration handbook. In: *Cochrane Library*. Issue 1. Oxford: Update Software, 2001).

"In future, we should avoid trusting in underpowered clinical trials with surrogate rather than clinical endpoints," he concluded. □