LETTERS TO THE EDITOR

Hand searching Injury Prevention

EDITOR.—Until Injury Prevention is indexed in the US National Library of Medicine’s database MEDLINE, access to research reports published in the journal is largely limited to subscribing individuals and organisations. However, a recent initiative by the Cochrane Collaboration will ensure that all randomised controlled trials (RCTs) and controlled clinical trials (CCTs) of injury prevention interventions published in the journal will be disseminated widely.

The Cochrane Collaboration is an international network of individuals and organisations that has evolved to prepare systematic, periodically updated reviews of randomised controlled trials and of observational evidence when this is appropriate.1 A necessary starting point for conducting systematic reviews is the identification of the maximum number of relevant trials. Unfortunately, even for journals indexed in MEDLINE there are problems in retrieving RCTs. Research has shown that manually searching such journals for clinical trials using MEDLINE results in the retrieval of only half the relevant trials. Because of this problem, the Cochrane Collaboration has devoted considerable time and effort in creating an international register for RCTs. In establishing and maintaining this register the collaboration relies heavily on the use of full text searches of specialist journals by the collaborators. Full text searching, also known as hand searching, involves reading a page search of the entire text of a journal, including articles, abstracts, news columns, editorials, letters and other text, to ensure that all RCTs and CCTs are identified. For journals that are not indexed in MEDLINE prospective full text searching is required indefinitely, to ensure that all new trial reports published in these journals are added to the register. From April 1996 the register, known as the Cochrane Controlled Trials Register (CCTR), will be published with the Cochrane Database of Systematic Reviews in a new produce called the Cochrane Library.

The Cochrane Brain and Spinal Cord Injury Network is a group of international researchers who have expressed an interest to the collaboration in conducting systematic reviews in the prevention, treatment, and rehabilitation of brain and spinal cord injury. It is hoped that the network will eventually become formally established as a Collaborative Review Group within the collaboration. To facilitate the work of the group, the Brain and Spinal Cord Injury Network is establishing a specialised register of trials relevant to the needs of the group. Because reports of RCTs published in Injury Prevention are of direct relevance, both retrospective and prospective full text searching of Injury Prevention will be carried out and all identified RCTs and CCTs will be forwarded to the Baltimore Cochrane Centre for inclusion in the Cochrane Controlled Trials Register.

Finding out what works in injury prevention is clearly an important task. The Cochrane Collaboration provides an effective way of achieving this. Recently, the International Society for Child and Adolescent Injury Prevention embarked on a project within the Cochrane Collaboration to systematically review trials of child injury prevention interventions.2 So if an investigator wants to ensure that their controlled trial of a child injury prevention intervention is disseminated widely and incorporated into the proposed systematic reviews, they should think about submitting it to Injury Prevention.

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Editor’s note: After reading the report of the editorial board meeting in Melbourne, David Bass wrote the following letter.

Africa and Injury Prevention

EDITOR,—I feel more sad than embarrassed to see how little had been submitted to the journal from the African continent. As regional editor I feel like an ambassador, without a mother country and a solution to this dilemma still evades me. When I put together the talk on child safety in Africa for the ISCAIP meeting, I did my best to garner information from sources known to us and draw a blank total. By sheer luck, I ran into Phil Graetzer in January and was able to tap into his knowledge of the situation in Egypt. For the rest, I resorted to Time magazine, Readers, and National Geographic, happy to trust the copy of freelance journalists than to have nothing at all to work with. Reading through the completed talk I still felt disappointed, but decided that it was more important to represent Africa in some way than simply to baulk out because of my own neuroses.

At the meeting, Sue Gallagher expressed the desire for more ‘news and notes’ from Africa, Asia, and the Middle East. I couldn’t agree more, but I would caution her against becoming too optimistic. It is virtually impossible to make phone calls from Cape Town to Bulawayo during working hours and the South African postal service is in a state of chaos—hence my virtual reliance on e-mail. There is news, I’m sure, but communicating it in Africa is a frustrating exercise at the best of times. Even seasoned freelance journalists are unlikely to enjoy first hand experience of what African children and the health care professionals are up against, both in terms of the continental injury epidemic, and lack of support for our efforts to Change the Face of Society—no less of all those who govern!

I think the journal must encourage representation from as many regions as possible and that reporters from undeveloped and developing countries should not necessarily feel obliged to aspire to a particular level of sophistication. I challenge that such an approach will in no way compromise either the standards of either the journal or its editorial voice. We should rather enhance its international appeal.

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Misleading airbag alarms

EDITOR.—Recently an alarmist news article highlighted the deaths of 22 children killed since 1993 when airbags were deployed in crashes, many at low speeds.1 Its headline, ‘Deadly airbags’, conveys the unfortunate emphasis of the three page feature, which blamed the deaths on airbags and implied that passenger-side airbags were implemented prematurely.

Virtually ignored were the thousands of deaths and serious injuries that have been prevented by airbags and the fact that in none of the cases that have thus far been thoroughly researched and reconstructed was a properly restrained child killed: most were unbelted, others were not wearing the shoulder restraint, or were infants in rear facing seats.2 At least one child was sitting on the lap of a teenager.

Placing the blame on airbags, rather than focusing on the need to have children properly restrained, is inappropriate. In 1995,