restraint violations without observing other violations. Seatbelt use is 15% higher in states with primary laws than in other states, with North Carolina as one of the best examples of a state with an active enforcement program.

Airbag technology and safety is increasing in importance. There are currently 12 million cars on US highways with passenger-side airbags. Because of cost, these cars are likely in the hands of drivers of higher socioeconomic levels, the group most likely to be reached by a public information campaign. By the year 2000, there will be 70 million cars on US road with passenger-side airbags. By this time, many of these cars will be second and third hand, placing hard-to-reach populations at risk if passenger restraints are not used properly.

The Insurance Institute for Highway Safety presented a survey assessing public knowledge about car seats and passenger restraints. Among the findings were that the most common source of information about rear facing infant seat position was the media, with healthcare providers trailing far behind.

The final major event of the meeting was a discussion of issues and action plans. Conference participants were divided into two groups, a Legislation and Enforcement Group and a Public Information and Outreach Group. The three major messages to result from these discussions were:

- (1) The safest place for any child in a car is in the back seat.
- (2) Any child less than 20 pounds should face the rear in a proper car seat.
- (3) Any improperly restrained occupant is at risk.

Conferees agreed that public education must be combined with strengthened statutes and improved law enforcement to improve child passenger safety. These statutes should include improved child restraint laws and primary seatbelt laws. The organizations represented will work to form a coordinated response of public education and legislative action. For more information about this issue contact the NHTSA or the author.

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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 electronic searching 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 of 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, entails a page by 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 product called the Cochrane Library.

The Cochrane Brain and Spinal Cord Injury Network is a group of individuals internationally 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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- 1 Chalmers I, Altman DG. *Systematic reviews*. London: BMJ Publishing Group, 1995.
- 2 Rivara FP. An update on the activities of the International Society for Child and Adolescent Injury Prevention. *Injury Prevention* 1995; 1: 140.

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 felt more sad than embarrassed to see how little had been submitted to the journal from the African continent. As regional editor, I feel a bit 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 total blank. By sheer luck, I ran into Phil Graitcer in January and was able to tap into his knowledge of the situation in Egypt. For the rest, I resorted to *Time* magazine, Reuters, and *National Geographic*, being 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 bail 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 TV journalists on the streets of Monrovia cannot tell you exactly what is going on around them.

Ian Scott also voiced disappointment in the quality of regional reports. Here, again, I beg a degree of tolerance for those editors who are doing their best to 'define the indefinite'. Perhaps we really need to look at Africa as an appropriate venue for the next international meeting so that our Western colleagues can 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 from all strata of society — not least 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 status or the quality of the journal, but would 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 suggested 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,

609 unrestrained children less than 10 years old were killed as motor vehicle occupants³ and scores more died when they were incorrectly restrained. Based on the best available information, the simplest and most effective way to provide adequate protection from air bags is to use rear facing infant seats only in the back seat and to ensure that anyone sitting in front is restrained by lap and shoulder belts.²

Now the use of passenger-side airbags is being questioned.⁴ One proposal that sounds like 'throwing out the baby with the bathwater' is to have a switch on all passenger-side airbags that would enable an owner to disconnect them.⁵ Such an option is already available in vehicles lacking a back seat that can accommodate a rear facing child seat, but it hardly makes sense for the entire fleet of cars with passenger airbags. Judging from the public response years ago to the seatbelt interlock system, which many owners disconnected, people who are unnecessarily alarmed about airbags will disconnect them and deprive their passengers of protection.

Blaming airbags for the unnecessary and tragic deaths of unrestrained children is like blaming speed bumps if children are bounced out of the back of pickup trucks. The issue, in both cases, is the need to make sure that children are properly restrained.

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- 1 Healey JR, O'Donnell J. Deadly airbags. *USA Today* 1996, July 8: 1b-3b.
- 2 Winston FK, Reed R. Airbags and children: results of a National Highway Traffic Safety Administration special investigation into actual crashes. *Proceedings of the 39th Stapp Car Crash Conference* 1996 (in press).
- 3 National Center for Statistics and Analysis, National Highway Safety Administration. *Data from the fatal accident reporting system*. Washington, DC: Department of Transportation, 1996, July 17.
- 4 Editorial. Are airbags killing kids? *Rocky Mountain News* 1996, July 9: 32a.
- 5 Anonymous. Racing to find solutions to the risk of using airbags. *USA Today* 1996, July 8: 3b.

CALENDAR AND NOTICES

The 10th Annual California Conference on Childhood Injury Control is being held in Sacramento, 16-19 September 1996 (CSN).

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The 6th Alberta Injury Prevention Conference is being held in Kananaskis, Alberta, 8-10 October 1996. Further details: Injury Prevention Centre at +1 403 492 6019 or fax +1 403 492 7154.

★

4th International Cochrane Colloquium is being held in Adelaide, Australia, 19-23 October 1996. Further details: 1996 Cochrane Colloquium Secretariat, PO Box 986, Kent Town, SA 5069, Australia.

★

Association for the Advancement of Automotive Medicine Conference is being held in

Vancouver, BC, at the Waterfront Centre Hotel, 6-9 October 1996. Further details: AAAM, 2340 Des Plaines Ave, Des Plaines, IL 60018, USA.

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SIP96 is the acronym for 'Success in Injury Prevention — BC Perspectives' a special one day conference that will follow the AAAM meeting (above). It will focus on injury prevention programs implemented in recent years in BC. Further details: RONA Kinetics and Associates Ltd; fax: +1 604 987 8460.

★

XIX Congress of the International Association for Suicide Prevention is being held in Adelaide, Australia, 23-27 March 1997. Further details: SAPMEA Conventions, 80 Brougham Place, North Adelaide, SA 5006, Australia.

MORE WEB SITES

Don't forget that the *BMJ* has a home page on the WWW: the URL is <http://www.bmj.com/bmj/>

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The University of Northern Iowa, under a grant through the Centers for Disease Control and Prevention, has established a National Program for Playground Safety. Its website is <http://iscssun.uni.edu:80/coe/playgrnd/main.html>

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The Center for the Future of Children at the David and Lucille Packard Foundation has announced the availability of its journal, *The Future of Children*, on the WWW. The journal, now in its fifth year of publication, summarizes current research and policy issues relating to the wellbeing of children. The site is: <http://www.futureofchildren.org>

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Sue Gallagher writes: Thanks for including the CSN home page in the page on Internet listings — unfortunately one of the 'w's was omitted from the address. The correct address is <http://www.edc.org/HHD/CSN/>

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And Hank Weiss points to another error: the correct ICRIN address is: <http://www.pitt.edu/~hweiss/injury.htm>. But, no matter, the address is now changed and shorter: <http://www.pitt.edu/~icrin>.

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Editors note: these citations have been culled from the following databases — Medline, Current Contents, Psych Abstracts, and Social Science Citation Index. Your comments are welcome, as well as suggestions about other pertinent databases.

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