

and politicoeconomic development. For example, falling off overcrowded buses is often the result of over-population. Machinery given or sold to low income countries may need expensive repair parts only available in high income countries and injuries from poorly maintained machines may be the result of economic dependence on high income countries. Although injuries sustained by child labourers can be effectively reduced by improved working conditions, a much preferable alternative may be to press for better education of these children. This would free them from work related injury and simultaneously foster economic development, which, in turn, should reduce injury rates now seen in low income countries. Accordingly, Berger and Mohan state that child labour must be 'totally abolished through . . . agrarian reforms, . . . and sustained economic development leading to full adult employment'.

Nevertheless, supporting economic development is not an excuse for ignoring the urgency of lowering the incidence of injury in low income countries. To this extent, the book provides several solid suggestions for reducing injury generally. For example, painting the tops of Indian taxis yellow was an affordable and successful step that cut nighttime motor vehicle accidents.

Several elements of the book are unusual. For example, it includes a surprisingly solid section entitled 'Conducting Epidemiologic Research in Injury Control'. Another welcome chapter is 'Translating Concern into Action'. Finally, the appendices are of special interest. One provides selected references, another lists injury control organizations and agencies, a third describes computerized information systems, and a fourth presents nine learning exercises.

From the point of view of readers on *Injury Prevention* one weakness is the fact that the emphasis on children is limited. A section entitled 'Developmental, Behavioral, and Socio-economic Aspects' includes a few pages devoted to child development and injuries, and elsewhere, there is a short presentation on child labour. On the other hand, many of the key messages are 'ageless'.

Although we are disappointed more is not said about children and adolescents, as an introduction—one that uses an orientation consistent with the beliefs of many readers of this journal—*Injury Control* is a welcome addition to our library and especially those working in low income countries.

Because we truly believe this, we are surprised at how this book has been marketed. There is no evidence that WHO has assisted in its distribution and the publisher has not promoted this book well. Have any readers seen it announced or received flyers about it? No copy was sent to *Injury Prevention* for review despite the fact that it is customary for publishers to do so.

These points aside, this is an important addition to our understanding. No injury prevention program should be without a copy. In a world where injury prevention is still on the periphery of public health, *Injury Control: A Global View* is a welcome addition. And for those who intend to work in an international program, it is essential reading

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Injury Research and Prevention: A Text. Edited by Joan Ozanne-Smith and Fiona Williams. (Pp 271; A\$27.50.) Monash University Accident Research Centre, Clayton Road, Clayton, Victoria 3168, Australia, 1995. ISBN 0-7326-0066-9.

Injury has long been recognised as important and preventable in Australia, with the initial focus on the road environment and occupational health. Public health interest in the problem has grown since the mid 1980s when the Commonwealth Government's 'Better Health Commission' identified injury as a key target. Thus a considerable body of expertise has been developed in Australia in collecting injury data and applying it in a range of injury initiatives. This expertise has been harnessed in the production of *Injury Research and Prevention: A Text*. This provides a state of the art overview of the field of injury prevention for both practitioners and academics and draws together contributions from 20 authors from a range of disciplines in Australia.

Monash University's Accident Research Centre has developed short courses on injury prevention and research and this publication was produced as the proceedings of the second course held in 1994. The four main sections of the book cover (1) research methods, principles of injury prevention and data sources, (2) specific injury problems and their prevention, (3) countermeasures and implementation strategies, and (4) evaluation.

One chapter by Joan Ozanne-Smith is entitled 'Child Injury Prevention' but many of the other chapters relate to children and adolescents, for example, the development of preventive strategies relating to bunk beds. The book provides useful basic information for the newcomer to epidemiological research on concepts such as causality, exposure to risk, confounding, and different study designs and methods of evaluation. It provides up-to-date information on the epidemiology of specific injury types and more discursive chapters on community based studies, institutionalisation of prevention and policy

change. Perhaps such a broad remit means that some chapters work better than others. The section on evaluation, for example, described the principles of evaluation well but could have benefited from more specific examples. Nevertheless there is much to be gleaned from the text, both in its contents and in the approach it adopts. Although of more practical relevance to practitioners and academics in Australia, it also provides a useful model for other countries interested in developing a greater pool of expertise in the field of injury prevention.

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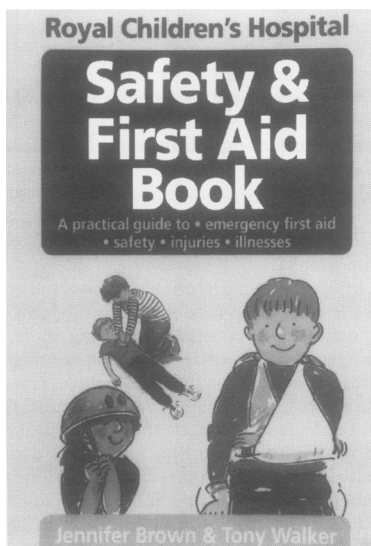
This book is based on the proceedings of a short course on injury research and prevention conducted in Melbourne, Australia in July, 1994. The content draws heavily on Australian data and examples, since these were the most relevant to the intended audience.

The 21 different chapters are written by 20 different authors, all from Australia. The book is divided into four sections: research methodology and principles of injury prevention; specific injury problems and their prevention; countermeasures and implementation strategies; and evaluation. The quality of individual chapters varies widely with considerable overlap in some areas. The first section includes a good overview of the role of statistics and modern epidemiology in injury research, and an excellent review of Australian injury data. Especially interesting is the historical trend data, including two excellent examples of the effectiveness of product changes or regulation in reducing suicides from gas and barbiturate poisoning.

The second section on specific injury problems has an excellent chapter that summarizes the Australian experience in reducing motor vehicle injuries. It documents a number of success stories, including studies on seatbelt effectiveness, bicycle helmets, random breath tests, and speed cameras. Over the past 23 years, Victoria (and Australia) went from one of the countries with the highest motor vehicle fatality rates to one of the lowest. This chapter alone would make the book worthwhile reading for an international audience. Other chapters cover the following injury areas: rural, intentional sports, occupational, children, falls in the elderly, and consumer safety.

The third section reviews a number of specific countermeasures and implementation strategies, such as community injury prevention and the role of state health departments. The chapter on the role of law and injury prevention is interesting reading, both because of its discussion of the value of the coroner system to identify problems and advocate change, and to contrast it with the approaches taken in the US. The final section provides a short and diverse review of issues relating to evaluation of injury programs.

The book is written at a basic level targeted to those taking the Australian course, new injury practitioners. One of the limitations of the book for a wider audience than Australia is that because of its effort to use Australian examples and be an Australian text, there is little attempt to integrate the authors work with the wider body of injury literature from other countries. For example, the excellent reference text by Waller (Lexington Books, 1985) is not even mentioned. However, the Australian text could be a useful model for



Available from the Royal Children's Hospital Safety Centre, Flemington Road, Parkville, Victoria 3052, Australia; price \$A16.95. For a review of this book see the June issue, p149.

others interested in producing their own country specific textbook.

The book will also be of particular interest to those interested in learning from experiences in other countries, since it provides a wealth of examples of successful injury prevention initiatives in Australia.

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Accidents: Prevention is Feasible. By Jannis S Papadopoulos. (Pp 360; dr 10 000+ postage.) Supreme Confederation of Large Families of Ellas ASPE, 1996. ISBN 960-85722-0. (Obtainable from: Supreme Confederation of Large Families of Ellas, 22 Eleftherias Square, TK 105 53, Athens, Greece.)

If a picture speaks a thousand words, this is one of the most informative books on the consequences of generally preventable injuries. The strongest asset of the book, which is essentially an atlas of well chosen pictures of accident conducive situations with explanatory text, is that it is readable and understandable. Only the theme of the book prevents one from using the term 'enjoyable'.

This is not a text of scholarly analysis, provides few methodological perspectives, and it has a rather limited set of references or suggestions for further reading. These weaknesses, however, do not reduce the value of the book. It provides valuable illustrations equally useful for academics as for program directors and lay persons. They depict striking examples of what should have been avoided to prevent injuries.

The text is in Greek and English and although the pictures are drawn from Greek settings, their message is universal.

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META

Medical Editors Trial Amnesty (META)

Reports of properly conducted randomised controlled trials are the foundation of safe and effective health care. However, a substantial proportion of all controlled trials never contribute to this knowledge base because they are not submitted for publication.^{1,2} This fact has a number of important implications for patient care. First, under-reporting of trials reduces the power of systematic reviews to detect moderate but clinically important treatment effects. As a result, patients may be denied effective forms of health care. Second, since trials that show more promising treatment effects are more likely to be submitted for publication, research syntheses based on published studies can give misleading conclusions about treatment effectiveness, thus exposing patients to useless or even harmful therapies.³ Finally, patients may be asked to participate in new research studies designed to address questions that have, in truth, already been answered.⁴

Trials go unreported for a myriad of reasons: the most common is that investigators think the results are 'not interesting' and it is well documented that trials with non-significant results are substantially less likely to be submitted for publication.¹ Sometimes participant recruitment takes longer than anticipated at the expense of time and resources set aside for report writing; investigators may change jobs with the result that important work remains unfinished; or an investigator may discover a recently published trial on the same topic and conclude that their own results are now redundant. Editors must also take some of the responsibility. There is a limit to the number of reports we can publish and sometimes we are forced to decline publication. Many investigators regret not having published their trial results, and almost all investigators when contacted about unreported data are delighted to provide it.

Because of the important consequences of unreported trials, the editors of nearly 100 international medical journals have joined together to call an unreported trial amnesty. Although amnesty means giving pardon, we hope that investigators will see this as an opportunity—namely to make the results of previously unreported trials publicly accessible, thus having the potential to contribute to the scientific foundation of health care. We urge all investigators with unreported trial data to register their trial or trials by filling in and returning an unreported trial registration form. We would like to register any unreported controlled trial, including trials that have only been published as an abstract. Registration can be undertaken by anyone

able to provide the registration information, even if they are unable to provide the actual trial data. We expect a degree of duplicate registration. Registration information can be posted or faxed to the editorial offices of this journal. Alternatively, registration information can be sent by e-mail (meta@ucl.ac.uk). The information will be made available by listing the trial details on a web site, and in other ways as appropriate. If specific trial data are required, for example by those conducting systematic reviews, then the reviewer will be able to seek this information directly from the trialist. Some of the trials may be suitable for full publication, and the journal will be happy to consider these.

Medical editors are acutely aware of the trials and tribulations of research reporting. But on this occasion, because of the serious implications of unreported research, we are endeavouring to cleave the trials from the tribulations. We cannot confidently estimate the total number of unreported trials, but we are confident of a good response.

I B PLESS
Editor

- 1 Dickersin K, Min YI. NIH clinical trials and publication bias. *On-line J Curr Clin Trials* [serial on-line] 1993; April 28: Doc No 50.
- 2 Easterbrook PJ, Berlin JA, Gopalan R, Matthews DR. Publication bias in clinical research. *Lancet* 1991; 337: 867-72.
- 3 Egger M, Davey Smith G. Misleading meta-analysis. *BMJ* 1995; 310: 752-4.
- 4 Savulescu J, Chalmers I, Blunt J. Are research ethics committees behaving unethically? Some suggestions for improving performance and accountability. *BMJ* 1996; 313: 1390-3.

Unreported trial registration form

Register any controlled trial which has not been published in full, including trials that have only been published as an abstract. Registration can be undertaken by anyone able to provide the registration information, even if they are unable to provide the actual trial data. Please complete one form for each trial being registered.

Contact details

Surname: _____ Forename(s): _____
 Postal address: _____ Phone (with regional codes): _____
 _____ Fax (with regional codes): _____
 _____ E-mail: _____

Trial details

Approximate number of participants in the trial:

Type of participants (for example people with head injury, women at risk of breast cancer):

Type of intervention (for example steroids versus placebo, annual mammography versus standard practice):

versus

Please post or fax completed registration forms to:

Medical Editors Trial Amnesty
 Injury Prevention, BMA House
 Tavistock Square
 London WC1H 9JR, UK
 Fax: +44 171 383 6668

Alternatively, the above information can be sent by e-mail to: meta@ucl.ac.uk