would acknowledge it is difficult to assess objectively a child with a bruise who is on the register. Innocent accidents befall those on the register as well as those who are not. The corollary, the false negative, that because the child is not on the register excludes the injury from being non-accidental is well recognised. What other tests in clinical practice are so emotive? Being on the Child Protection Register in Cleveland has different connotations to being on the Child Protection Register in Dorset. Would the same be said of an abnormal full blood count?

As a test it is also time consuming and unwieldy and is analogous to former red telephone boxes—large, clumsy, and frequently broken! It would be a more useful resource if it was presented as a relational database—an upgradeable CD-ROM for example, or even online. A national database without regional boundaries. A database which not only displayed those currently registered but those who have been on the register in the past two or so years would be useful; with surnames of both parents in cases of divorce/separation.

Having detailed its weaknesses can we drop this test from practice? Probably not, as the Child Protection Register is so well known that if a child with non-accidental injury was discharged from an A&E department without referral to the register the media would have a field day.

Use of the register would flounder at the first hurdle were it to be subjected to "best evidence topic" appraisal, yet it is quoted in the most recent *Textbook of Emergency Medicine*.

Finally, but the most important question: does the presence on or absence from the register affect practice? An experienced A&E department clinician is likely to be referring a child on criteria other than his or her status on the register. Research is needed to establish the Ottawa ankle rules of non-accidental injury—a validated scoring system that predicts/excludes non-accidental injury, which can be used both by A&E clinicians and paediatricians—who don't see 50 innocent injuries daily.

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Relatives in the resuscitation room

EDITOR,—I read with great interest the paper by Barratt and Wallis, which adds much to the debate regarding the merits of witnessed resuscitation.¹ As with all interesting papers it raises as many questions as it seeks to answer. In the first instance, it is uncertain from the paper if the facilities currently recommended for witnessed resuscitation were available to the surveyed relatives, as per the guidelines from the Resuscitation Council.² Many, obviously including the Resuscitation Council working party, feel this may alter uptake or desire for uptake of the offer to witness.

Secondly, no demographic data are available regarding the non-responders, especially concerning type and location of cardiac arrest. Previous surveys of this type had higher response rates,³ and the reasons for declining to answer what could be a potentially emotive questionnaire would be most interesting.

Thirdly, only one relative from each resuscitation was invited to reply. Previous studies have allowed more than one relative to witness,³ and indeed surveyed more than one relative.⁴

Barratt and Wallis' paper furthers the case for witnessed resuscitation, challenging previous often entrenched viewpoints.⁴ This must be commended as witnessed resuscitation is, in reality, common sense. Nearly half of the respondents in this study, as is most likely in real life, had already been with their relative during the earliest and often most traumatic moments of resuscitation. Barratt and Wallis give us much valuable information but as yet we still do not have the all important answer to one of the most important questions in this area: Why does a relative wish to be a witness to their loved one's resuscitation?

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- 1 Barratt F, Wallis DN. Relatives in the resuscitation room: their point of view. *J Accid Emerg Med* 1998;15:109–11.
- 2 A report from a project team of the Resuscitation Council. *Should relatives witness resuscitation?* London: Resuscitation Council (UK), 1996.
- 3 Doyle C, Post H, Burney R, et al. Family participation during resuscitation: an option. *Ann Emerg Med* 1987;16:673–5.
- 4 Hampe S. Needs of the grieving spouse in the hospital setting. *Nurs Res* 1975;2:113–9.

1999 Global theme issue

Every year the *Journal of the American Medical Association* coordinates a theme issue involving medical journals internationally across the range of specialties.

The theme for November 1999 will be "Impact of New Technologies in Medicine".

The *Journal of Accident and Emergency Medicine* welcomes submissions of review articles and original papers for publication on this topic. Papers should reach the editorial office by 30 June 1999.

Medicine (Rosen), *Diagnostic Radiology* (Rosen), *Clinical Dermatology* (Habif), *Emergency Medicine Review* (Thomas), *Annals of Emergency Medicine* (1994), and *Yearbook of Emergency Medicine* (1990–94). The paediatric volume includes: *Pediatric Emergency Medicine* (Barkin), *Pediatric Dermatology* (Weston), *Pediatric Emergency Medicine Review* as well as *Annals of Emergency Medicine* (1994) and *Yearbook of Emergency Medicine* (1990–94).

The computer system requirements are a 386 PC (or a Macintosh) with 4 MB of RAM and both CDs were very easy to load and use. A short manual is included and after 10 minutes I was able to use various advanced searching modes and it proved surprisingly easy to locate information on various topics. The text was easy to follow and most illustrations including x rays were well reproduced on the screen, however some of the dermatology pictures were lacking in clarity. A major drawback was that in many chapters permission had not been obtained to reproduce the original book illustrations; more than half of the x rays from a book chapter on cervical spine injuries were simply absent, but there was no indication of this in the accompanying manual or promotional material. Also, some of the books contained on the CDs are now available in later editions in book form.

The inclusion of the *Annals of Emergency Medicine* and the *Yearbook of Emergency Medicine* is definitely a bonus in being able to search rapidly for the latest research in emergency medicine but more comprehensive dermatology atlases in both volumes would be useful as well as an advanced book on electrocardiograms. The self assessment reviews included are useful for educating junior staff and both the adult and the paediatric emergency medicine texts are leaders in their fields.

So many illustrations are missing that I cannot yet recommend these CDs but if this problem could be overcome (and the latest editions of the relevant texts included) then I would regard them as absolutely essential for all A&E departments and certainly useful for higher trainees and consultants to have their own copies.

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CD-ROM REVIEW

Mosby's Emergency Medicine CD-ROMs, volume 1 (adult) and volume 2 (child). Single user £250+VAT per volume (both volumes for £304+VAT). Mosby Yearbook Inc and Folio Corporation, 1995. (Available from Healthworks Ltd, 30–38 Dock Street, Leeds LS10 1JF, UK; e-mail: sales@d-access.demon.co.uk).

Immediate access to a range of reference textbooks is essential in any accident and emergency (A&E) department but so often the most useful books tend to be unavailable having been "borrowed". These two CD-ROMS contain a remarkable collection of some of the best emergency medicine texts and papers and may well provide an answer to this problem especially now more sophisticated technology is available in many A&E departments. The adult volume contains the entire text and illustrations from the Mosby titles: *Emergency*

Spring Meeting of the British Paediatric Accident and Emergency Group

13 April 1999, University of York

This is a one day meeting in conjunction with the Paediatric Intensive Care Group and is held within the third Spring Meeting of the Royal College of Paediatrics and Child Health (RCPCH), 13–16 April.

Attendance at the meeting by non-RCPCH members is encouraged.

Details are available from the RCPCH, 50 Hallam Street, London W1N 6DE or from Dr B Phillips, Accident and Emergency Department, Royal Liverpool Children's Hospital NHS Trust, Alder Hey, Eaton Road, Liverpool L12 2AP.