substance abuse, definitely (65.3%). Factors thought to be associated with verbal violence were as follows: waiting time, definitely (88.4%); time of day, maybe (52%); staffing level, maybe (52%); department under pressure, definitely (80.7%); medication, maybe (57.4%); and substance abuse, definitely (71%).

Fifty per cent stated violence often occurred in relation to property. A total of 15.5% thought the police backup was adequate and 12.5% felt they helped the situation. Fifty-six per cent had the opportunity to discuss incidents but only 9% had a support group. A total of 39.2% had received training in physical violence and 30% in verbal violence. In most cases this training was in physical violence and 30% were trained to deal with verbal violence. In most cases this was a day course or a lecture. Sixty-three per cent of the respondents worked outside London.

Our response rate was 58%. Some of the non-responders may not have encountered violence as a problem and it is possible therefore that the results obtained overstate the problem. However, there remains cause for concern as the majority did respond. A further, more comprehensive study is currently being conducted by the authors. Our results concur with other studies that serious physical violence is rare in hospital (Fottrell, 1980; Convey, 1986). Staffing levels and stress in the department may effect violence. An association has been shown between violence and agency staff levels in psychiatric hospitals (Fineberg et al., 1988). Infantino & Mustingo (1985) found training in aggression control techniques decreased the number of staff assaulted. A standardized method of recording verbal violence needs to be developed (Fottrell 1980; Palmistierna & Wistedt, 1987). Videotape recordings could be helpful in identifying visible cues prior to assault. These issues need urgent consideration to improve safety at work and enhance training and hopefully morale.

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REFERENCES


Accident — an anachronism?

Sir
I applaud the vision of the newly formed International Federation for Emergency Medicine for the inclusion in its Charter of Prevention as one of its purposes.
In this context, the continued use of the word 'accident' causes me concern. Sir Francis Bacon wrote 'For men converse by means of language, but words are imposed according to the understanding of the crowd; and there arises from a bad and inapt formation of words a wonderful obstruction to the mind'.

So I believe it is with the inapt word 'accident'. To 'the crowd' the word implies some sort of act of God — that it couldn't be helped. Most dictionaries define it as 'an event occurring by chance', or similarly, and therefore by implication not avoidable. If we are to make progress in the prevention of injuries, be they on the transportation, industrial, domestic or recreational fronts we need to use the language of injuries, not of accidents.

Most injuries sustained in the course of transportation occur in crashes. We respond to train crashes and 'plane crashes with inquiries to determine how they were caused and how a repetition could be avoided. We know very well that most road crashes are not accidental — excessive alcohol, excessive speed, going through red lights and controlled intersections, not indicating, and other road code infringements make up the causes of most.

Patients present with injuries. Only a small proportion could not have been prevented. In the interests of promoting an awareness of this amongst the public, it is time we abandoned the word 'accident'.

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Effects of the Gulf War on accident & emergency attendances

Sir

We recently undertook a retrospective survey to assess the nature of attendances to our Accident & Emergency Department during the period of the Gulf War (17 January to 28 February 1991).

The number of total new patient attendances (over the age of 16) during this period was similar to the number presenting over the same time period in the 2 preceding years (Table 1). Attendances in three specific categories were extracted from within this total: alcohol excess; poisoning/drug overdose; and acute psychiatric problems. In the period encompassing the Gulf War, a marked increase was noted in all three categories of psychopathology. Table 1 documents the 71% increase in attendances for alcohol excess, the 20% increase in poisoning/overdose attendances, and the 27% increase in presentations with acute psychiatric illnesses over the mean of the previous two years.

For the Gulf War, hospital services were alerted and organized to accommodate expected war casualties. No consideration was apparently given to any possible effect the war might have had on the quality or quantity of hospital attendance from the remaining population. The general public were encouraged to use their general practitioners whenever possible and not to utilize hospital services, thus