relevant for the hospitals with very low volumes that are common in places like California but may not exist in other states or countries. Generalisations from meta-analyses that do not take into account the sources of the data may therefore be misleading.

HAROLD S LUFT
Professor of health economics
JENNIFER D PARKER
Pew postdoctoral fellow

Institute for Health Policy Studies,
University of California San Francisco,
San Francisco,
CA 94109,
USA

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Medical library innovates on the Internet

EDITOR,—Andrew Millman and colleagues' article about the Internet is a useful introduction for doctors who want to know more.¹ However, the Internet changes quickly, and it is perhaps worth mentioning that there are now several British resources that index web sites for medical practitioners—for example the south and west health care libraries initiative ([url:http://cochrane.epi.bris.ac.uk/rd/links](http://cochrane.epi.bris.ac.uk/rd/links)) and the OMNI (organising medical networked information) project ([url:http://www.nimr.mrc.ac.uk/OMNI](http://www.nimr.mrc.ac.uk/OMNI)), which is looking at providing access to high quality networked information resources.

In the medical library at Salford Royal Hospitals NHS Trust we have set up a series of home pages ([url:http://www.hop.man.ac.uk/lib/lib.html](http://www.hop.man.ac.uk/lib/lib.html)), which are intended to save the time of researchers and hospital doctors. We have provided a guide to sites, listed under specialty, so that users do not have to waste time feeling their way around the net (although they are, of course, at liberty to do so). We have selected some of the most important resources, bearing in mind both the needs and interests of our users and the content and accessibility of the resource. There are usually two or three resources per specialty, with more in areas in which we specialise—for example, orthopaedics. While the home pages are available for those on the university network to access from their desk or for individual users to access from home, they can also be accessed from the computer centre in the library, where the staff provide demonstrations of what is available. It is usually possible for a user with a knowledge of Windows to become familiar with the basics of Netscape within five minutes; they can then use our home page to select resources relevant to their interests.

Our home pages are available on the web for anyone to use, and we hope that they will become a useful gateway for those who do not have time to set up their own web pages. We have also provided a guide for those who do wish to set up their own pages ([url:http://www.hop.man.ac.uk/staff/chukins/setup.htm](http://www.hop.man.ac.uk/staff/chukins/setup.htm)).

Although the future of the Internet is still in many ways uncertain, more useful resources are becoming available. Librarians and information specialists are ideally placed to provide a guide to these for their users and to advise when it is best to consider using the Internet and when to use a traditional quality controlled database such as Medline.

CELIA HUKINS
Chief librarian
MALCOLM PITCHER
Programmer/analyst, university department
of orthopaedics

Salford Royal Hospital NHS Trust,
Hope Hospital,
Salford M6 8HD

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Nurse triage increases emergency department waiting times

EDITOR,—When considering guidelines for triage by nurses in accident and emergency departments Andrew B Bindman states that "it is less problematic if guidelines systematically recommend care in the accident and emergency department for some patients who could be treated in alternative settings than it is if they routinely recommend alternative care for patients who truly are emergencies."¹ This statement is not the truism it seems to be at first glance.

Our study of triage by nurses in an accident and emergency department showed that the process delayed those patients in most urgent need of attention.² In a formal system of triage the triage nurse must place each patient into a category. It will be relatively easy to categorise some patients as "in need of immediate treatment" and others as "not really in need of treatment at all," but the trouble lies with those who fall in between. When there is some doubt about whether to place a patient into an "accident and emergency" category or a "primary care" category, for instance, the natural tendency is to err on the side of safety and place the patient into the more urgent category. This is what Bindman suggests should happen. Not all patients, however, can go to the front of the queue. Should this happen too often the consequence is, in effect, another queue within the more urgent category. The result is that the waiting time for patients in the more urgent category increases—which is the opposite of the desired effect of shortening the waiting time for these patients at the expense of those with low priority. In fact, our study showed an increase in waiting time for patients in all categories when formal nurse triage was operating.

As health professionals we are trained to be rational. If evidence based medicine is ever to become widespread, however, we must be willing to question even the most obvious examples of common sense.

STEVE GEORGE
Senior lecturer in public health medicine

Institute of Public Health,
University of Southampton,
Southampton SO9 5NH

SUSAN READ
Senior lecturer in nursing research

Sheffield Centre for Health and
Related Research,
University of Sheffield,
Sheffield S10 2RX

BRIAN WILLIAMS
Professor of public health medicine

University of Sheffield

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Charity appeals for contributions

Money will go to doctors and their families

EDITOR,—The case committee of the Royal Medical Benevolent Fund meets every month to consider cases and to allocate funds to over 900 people, young and old. The proceedings are confidential, but they show the often desperate needs unexpected in members of a great profession and their families.

Christmas may be especially poignant for those suffering from poverty or bereavement. The Christmas appeal provides a gift for everyone and has always been generously supported. Because of readers' generosity last year, we were able to increase the individual gifts to children.

We receive many letters of thanks from those to whom a little can mean so much: a special meal or extra gifts. The needs increase each year, so I hope that this year the records of previous years can be equalled or, better still, exceeded. Contributions marked "Christmas appeal" may be sent to the secretary, Royal Medical Benevolent Fund, 24 King's Road, London SW19 8QN, or to the treasurer or medical representative of readers' local guild of the fund.

JOSEPHINE BARNES
President

Royal Medical Benevolent Fund,
London SW19 8QN

How the Royal Medical Benevolent Fund can help

EDITOR,—My 15 year old son recently sat eight GCSEs. There is nothing unusual in that: thousands of teenagers did the same thing. But there is something unusual about my son. Obviously bright and certainly not deaf, he did not talk until he was 4, and he received speech therapy until we moved to the Southern hemisphere in the interests of my husband's career as a doctor. Sadly, teachers there labelled him as "not very bright."

When our son was 9 my husband took him to be assessed by an educational psychologist. Apparently, he had an IQ of 156 but was severely dyslexic and would need special education and much emotional support. However, without explanation my husband came home from the assessment, packed his bags, and left. My son and I were abandoned without a home or financial support. I had no job, and the prospects of my earning my own living (I was 48) were minimal. I was in a foreign country and had no family to fall back on.

Three years later I returned to Britain, but things got worse. My husband promised that if I stayed in Britain so that our son could attend a specialised school here, he would pay the school fees, buy a house for us, and ship our furniture over. Because my husband still lives overseas, however, I have been unable to enforce our legal agreement, and he has done none of the things he promised to make it possible for our son to receive the special education he needs.

Consequently, my son and I were stranded in Britain, registered as homeless, with no income and with all our belongings overseas. My son was asked to leave his school because it became obvious that his father had no intention of paying the fees. The lad was 12. He could not read. He was suicidal and tried to jump in front of a car. It all seemed so desperately bleak.

Suddenly two good fairies, in the shape of the Royal Medical Benevolent Fund and the Royal Medical Foundation of Epsom, stepped in to help. They give us such things as holidays, help with buying a car, Christmas and Easter gifts, television licence, etc. The Royal Medical Foundation of Epsom pays my son's school fees. It has made a vast difference to our lives and the losses we have suffered.

It may seem strange that the families of men in the "caring profession" can need the help that I have received. Sadly, this is the case. I cannot imagine what would have happened to my child and me had we not been helped so generously.

I will never be able to thank the nameless people who subscribe to these two funds, and I hope that they will read this letter and realise how grateful I am, and how the future looks a lot less bleak for one young teenager and his mother.

ANONYMOUS