The future for the development of injury control as a discipline is in our hands.

PAM ALBANY
Conference Director, Injury Control Programs, Grace Vaughan House, 227 Shubie Tce, Shannon Park, PO Box 8172
Port Stanley St, WA 6649, Australia

1 Forjuosh S. Injury control in developing nations: what can we learn from industrialized coun-

2 Zwi AB. Injury control in developing countries: context more than content is crucial [Disused].

Fractures caused by bicycling
EDITOR.—Following the recent National Bike Week, we would like to report some current findings of an ongoing study of causes of fractures in 0–16 year olds in Swansea, Neath, and Port Talbot. This is not intended to make a case against cycling for young people, but rather to point to the need for proper equipment and, most particularly, correct use in bicycle accidents.

For every person in the 0–16 age range receiving a new diagnosis of fracture of any bone during attendance at either of two accident and emergency departments information was sought regarding the location of the accident, activity at the time, and mechanism of the injury resulting in the fracture.

In the seven days Thursday 3 May to Wednesday 9 June, 61 new fractures were identified. Thirty-nine (64%) and 22 of the total (36%) were known to be due to bicycle accidents. Only one of these involved a car, which was stationary at the time. The injuries were fractures of the wrist, five; radius: one; elbow, two; hand, two; clavicle, one; mandible, one; nose, one; and parietal and frontal bones, one. Four children required admission to hospital.

Seven of these accidents occurred on the road, two on the pavement, one on rough ground, one on public grassland, one on a garden, and one location was unknown. These findings concur with those of Acton et al in Queensland, who found similar numbers of children injured in on-road and off-road sites, the common reason for injury being ‘faulty riding’

Bicycle accidents are by far the largest cause of fractures in this age group in the week described. These fractures are the tip of an iceberg of accidental injury to children, and it is clear that a high percentage of these injuries are eminently preventable. Let us advocate the use of the bicycle — but make sure that we take our advocacy role further in seeking safe cycle routes, excellent cycling education, and support for cycling safety equipment.

ANN DELAHUNT
Public Health Medical, Injuy Harengany, Health
41 High Street, Ssawnes SAI LL, UK

PAM NASH
Accident and Emergency Department, Neath General Hospital, Neath SA11 1BY
MICHAEL MCCABE
HOWARD ALLEN
Accident and Emergency Department, Morrison Hospital, Swansea SA6 6NL, UK


Bicycle helmet use
EDITOR.—The important findings reported by Sack et al (1998) are strengthened by some of our own. We validated cyclists self-reported helmet use by comparing questionnaire responses to documentation of helmet use in emergency department records and found a 96%, positive and 96%, negative predictive value. This study seems that self-reports, at least of helmet use, are valid.

We also studied the relationship between helmet ownership, use, and age based on data from a recent school-based, self-control study of injured bicyclists treated in the emergency department or hospitalized at one of seven hospitals in the Seattle (USA) area between March 1992 and August 1993. The regional trauma center and medical examiner's office from two counties were included to ensure that serious injuries and deaths were included.

Riders were asked if they owned a bicycle helmet at the time of the crash (not necessarily involving a car collision) and if so, if they were wearing it when they crashed. Parents filled out a mailed questionnaire for children under 14 and subjects who did not respond by mail were interviewed by telephone. The response rate was 88% and showed that 76% of subjects owned helmets and 50–7%, reported wearing them at the time of the crash. Helmet use was recorded in the medical record for 52–5% of the subjects treated.

As shown in the table below the ratio of use to ownership varied by age; the highest ratios were found in adult riders, the lowest in teenagers. If we assume that many of the adults are parents, this may help explain the unusually high rates of use found for children. These figures may also be high as a result of a 10 year multifaceted community wide campaign to increase helmet use in the Seattle area.

DIANIE THOMPSON
FREDDY P RIVARA
ROBERT THOMPSON
Harborview Injury Prevention and Research Center, and Group Health Cooperative of Puget Sound, Seattle, USA

(Funded by the Snell Memorial Foundation: (Correspondence to Dr Rivara at Harborview Injury Prevention and Research Center, Box 359960, 325 Ninth Avenue, Seattle, WA 98104-2499, USA)

Helmet ownership and use by age group at time of crash (n = 3390)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Own helmet</th>
<th>Wore helmet</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>190 75-4</td>
<td>120 47-6</td>
</tr>
<tr>
<td>5–12</td>
<td>938 77-1</td>
<td>544 44-7</td>
</tr>
<tr>
<td>13–19</td>
<td>365 67-0</td>
<td>175 32-1</td>
</tr>
<tr>
<td>≥20–39</td>
<td>781 79-0</td>
<td>407 50-3</td>
</tr>
<tr>
<td>≥40</td>
<td>300 86-2</td>
<td>272 78-2</td>
</tr>
</tbody>
</table>

All ages 2574 70-6 1718 50-7

Health advice to travellers
EDITOR.—An item often neglected in health advice given to travellers is the potential for injury. This seems quite extraordinary when one of the greatest threats, often the greatest threat, to the life and health of travellers, is injury. This applies particularly to younger travellers.

This neglect has been recognised in a distance learning Diploma in Travel Medicine course which is being run by the Department of Public Health and Department of Infection and Tropical Medicine at the University of Glasgow.

One of the problems of contributing to such a course is the paucity of published research in the literature. We are more likely to have anecdotes and everyone has personal experience of the problems but it is actually quite difficult to put together a structured series of lecture notes from which future diplomats may realistically advise their peers.

There is no one book that has comprehensively dealt from any readers who have particular experience in this field and who might have material that I can use in my contribution to this course. Any material used will be acknowledged in the lecture notes issued to the diploma students.

GORDON AVERY
Public Health Medicine, Ischpl Mounted Health, 41 High Street, Swansea SAI 1LT, UK

BOOK REVIEW


In 1994, Bernardo Rodriguez Jr, an 8 year old, told his four stories to the chief architect of his apartment building at 140th Street near Cypress Avenue in the Mott Haven Section of the South Bronx, New York. His body was discovered when blood was observed dripping from the ceiling of the elevator

Was the death of this child the result of an unintentional injury? Was this death preventable? Is assessing blame in such a case possible or useful? Children in this unit of the Diego-Beekman Building played in the hallways because the neighborhood around their project was terrorized by drug dealers. Clearly, the boy was engaged in risky behavior; is the 8 year old to blame? Bernardo was being supervised that day by his grandmother, who was in the apartment; his mother was in jail. Do these women bear the guilt of the death? Families had often thought that the elevator was frequently broken and that the door did not close properly. Should the city be held responsible? New York City had drastically reduced its public building inspection services as a cost saving measure. In fact, the city ‘blamed’ the family. Is the problem inherent in our societal ‘system’, rife as it is with economic injustice, racism, and prejudice?

The story of the death of Bernardo Rodriguez is part of the rich texture of Amazing Grace by Jonathan Kozol. The book provides a window into a world that few of us professionals have witnessed first hand. Coming up from the subway at the Brook Avenue station, with Kozol, we meet the children, their mothers and other relatives — mostly female — and their religious leaders, and a series of other characters that inhabit one of the most distressed and disadvantaged landscapes in America. We are moved by the power of the narrative to bring human lives to life. We feel the pain and weep at the dignity and grace of these children and their families. Kozol doesn’t make it easy for us. There is no list of problems nor facile solutions. This book is frustrating because there is no conclusion, no recipe for action. Those of us in the health
Bicycle helmet use.

D. Thompson, F. P. Rivara and R. Thompson

Inj Prev 1996 2: 304
doi: 10.1136/ip.2.4.304-a

Updated information and services can be found at:
http://injuryprevention.bmj.com/content/2/4/304.2.citation

These include:
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/