Before taking the plunge into unfamiliar waters, I would be interested to hear of the experiences of colleagues in experimenting with such an approach to injury prevention education. If you have tried teaching medical students about injury prevention in a clinical setting, what did you do and how well do you think you succeeded?

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News from India
Course on road safety
An international short course on the prevention and control of traffic accidents and injuries was organised by the Transportation Research and Injury Prevention Programme of the Indian Institute of Technology, Delhi. The course was organised in collaboration with INRETS of France and sponsored by the World Health Organisation and the Association of Indian Automobile Manufacturers. The course was attended by 22 participants from 11 countries and was accompanied by three parallel workshops. The workshop on mobility and safety for bicyclists and pedestrians was one of the preconference workshops held in Asia in preparation for Velo Mondiale 2000 to be held in Amsterdam in June 2000. The objective of the workshop was to focus on issues concerning mobility and safety for bicyclists and pedestrians in the Asian region. One of the major issues identified was that road and infrastructure designs for safety and convenience are not always available for the traffic mix present in Asian countries. Most of the designs developed in highly industrialised countries do not account for the presence of a high proportion of motorised two wheelers and the other non-motorised vehicles like hand carts and cycle rickshaws that are present on streets of many Asian and African cities. International cooperation for developing such designs would help in developing appropriate guidelines.

The second workshop on pre-hospital care of trauma victims focused on the latest international research findings in design of effective emergency care systems for trauma. The major concern expressed by the participants was that there is a tendency to promote high cost emergency care systems, which are not very effective even in high income countries. There is an urgent need to develop the minimum specifications for trauma care systems that are supported by the latest scientific data so that professionals in low income countries are not led to believe that only high technologies and expensive drug systems are necessary for effective emergency care systems.

The third workshop was on motor vehicles and road safety. Participants from low income countries were concerned that bus and truck designs that would be safer for vulnerable road users are not available today. It appears that international vehicle manufacturers are also not planning to do work on such issues. This in spite of the fact that buses and trucks are involved in a significant proportion in crashes with vulnerable road users in low income countries.

The overall impression of participants and the faculty involved with the workshops and the course seems to be that much more work needs to be done to evolve road safety policies and designs that suit low income countries where crash patterns are very different from those in high income countries.

Children’s safety and the journey to school
In many countries of the region a large number of children travel to school by bus. Every time a child is killed or seriously injured in a bus crash it becomes a major cause of concern and also the media plays up these events. Hardly any studies exist in the region that document the epidemiology of injuries sustained by children in the journey to school. It is possible that most of the deaths and injuries are among children who walk to school, but in the absence of such data those getting hurt in bus accidents get much more attention than the others. In such a situation the parents, the press, and the civic authorities focus on issues like overcrowding of buses and other vehicles as the main problem, though there are no studies showing that buses and other vehicles carrying a larger number of children have more accidents than those which carry fewer children. The issue becomes more complicated because if they carry fewer children in each bus and other vehicles then the cost of the journey becomes higher and some parents may opt to have their children walk to school or transport them on two wheelers. In such a situation the total number of injuries and deaths may be increase rather than decrease. It would be very useful if professionals around the world could send us their experience in similar situations.

5th World Conference on Injury Prevention and Control, 5–8 March 2000
We are glad to inform all of you that the organisation of the 5th World Conference on Injury Prevention and Control is progressing as scheduled. Eighteen well known professionals from around the world have already agreed to give plenary and state of the art lectures. Over 200 professionals have already indicated their commitment to attend this conference. Eleven satellite meetings/workshops have been confirmed of which nine will be held before the conference and two after the conference. The organisers would like the participation of the widest representation of professionals in planning this conference. We already have about 100...
professionals as members of the various committees. We would like to invite suggestions for making the conference more interesting from anyone who is planning to be in Delhi in March 2000. The second announcement and call for papers has been mailed out (web site: www.ciionline.org/fiwoco).

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Child deaths in prams in Australasia

Australasia has had a small but distressing number of cases of child death associated with prams that are raising questions about design and resulting in changes in manufacture and standards.

The first and most important point to note is that child death associated with prams is relatively rare. The most common form of injury is a fall, usually associated with not using the safety harness (or less frequently, problems with the way the harness is used); loss of control on steps or escalators; tip-overs caused by overloading with shopping; collapse of the product because of poor locking; tip-overs caused by inadequate brakes or brake failure; and inadequate supervision.

With simple precautions prams and strollers are, generally speaking, robust and safe products. In a number of cases babies died in prams when it appeared they were able to move backwards exposing some design features that placed them at risk. In some cases the baby moved into a pocket of material, in the latest case the movement caused the pram to tip over, trapping the baby.

The latter case occurred in Melbourne in October 1997 and involved a 7 month old baby on a visit to her grandmother’s home. The baby was fed and put down in a pramette in a quiet room. After two hours the mother passed the door and saw that the pram had tipped over on its end, only the baby’s legs could be seen and she could not be revived. A coroner found that the harness in the pram was not used and that a flap at the head of the pramette was probably undone or loose enabling the baby to move far enough to tip the pram over. The pram was bought new two and half years before (for an older child) and conformed to the Australian Standard, with a harness and an instruction booklet warning that the harness should be used, that the harness should be firmly fitted, and that children should not be left unattended.

The coroner found that the baby would not have died if the harness had been used and the flap at the back of the pramette had been done up. Among other things the coroner recommended that: all manufacturers, importers, and retailers be advised of the details of this case and the findings; the Australian Standard be made mandatory; and that the stability tests in the standard be reviewed.

LETTER TO THE EDITOR

From theory to practice

ERROR.—The methodologic article by Runyan, adding a third element to the Haddon matrix, which was published recently, deserves some comments. This article, in essence, adds something to what most beginners of injury control consider the theory behind injury intervention. More of such practical applications of established concepts and theories about injury intervention are needed to guide young researchers in injury control. Applying the third dimension elicited by Runyan means, for example, that in an injury control class exercise on the application of the Haddon matrix, emphasis should be placed on interventions that are known to be effective, affordable (less costly), and feasible for a particular injury problem. Likewise, adaptation of an injury intervention in a setting other than that for which the intervention was largely developed need not be based solely on the Haddon matrix, but has to take cognizance of the cultural sensitivities of the particular intervention in the new setting, along with its relative rating or importance in terms of efficacy, affordability, feasibility, and sustainability—all elements of this third dimension.

Runyan deserves to be congratulated for her deep thoughts on hands-on practical issues for injury control.

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BOOK REVIEWS


Injury Prevention: An International Perspective sets out to provide, “a resource for injury prevention that will be helpful around the world”. Although citing many examples from industrialised and high income countries, the book places much greater emphasis on the special needs of low income countries and remote and indigenous populations. The authors have the credentials and experience to allow them to accomplish such a task. Peter Barss, the first author, has worked in remote communities in eastern Canada and the other three authors have worked in a variety of low and high income countries.

The adoption of an international perspective to injury prevention and control is to be warmly welcomed. Injury is a highly significant global problem and in recent years, as infectious diseases have become better controlled, the importance of injuries as a cause of death has grown in lower income countries and indigenous communities within “developed” countries. The problem of rapid modernisation can only exacerbate the problem of injuries in the future. The problem of injuries is even more striking in indigenous communities in high income countries than in lower income countries: the stress of loss of traditional life styles, physical hazards such as the introduction of new equipment, and aggressive marketing of alcohol have had a cumulative effect. Indeed for the indigenous population of Canada, injuries are the leading cause of death in all age groups from 1 to 64 years.

The book divides into three groups of chapters. The first group considers the scale of the problem of injury, the epidemiological basis for prevention, basic information on mortality, morbidity, prevention costs, and the determinants of injury. The second documents different injury types. More emphasis has been given to traffic injuries, but it also looks at drownings, falls, burn poisoning, occupational injuries, and intentional injuries. The final section looks at injury treatment and rehabilitation, the development of prevention programmes and a conclusion, pulling together the different strands. The book spans all age groups and seven specific categories of childhood injuries are included.

The major strengths of Injury Prevention: An International Perspective are in the wealth of examples covered from a range of contrasting environments that are often neglected in high income countries. We learn, for example, that the most common non-crash bicycling injury in parts of India is the penetration of the right toe by an unguarded cycle chain.

In China, public policy has prioritised the use of bicycles and motorcycle use has been restricted by high registration fees. However there is little discussion about the process of changing public policies in different contexts. There are a number of useful illustrations of how simple epidemiological data can be used for planning local injury prevention particularly where data collection is rudimentary. Barss’ work in Papua New Guinea demonstrated how useful information for prevention could be gleaned about severe fall injuries from trees. To learn more about injury deaths in remote rural areas, staff of health centres were asked to question long term residents about the deaths from injuries that had occurred in recent years. Using such enhanced data collection methods, the types of trees and activities implicated for serious falls and the populations at most risk could be identified. This information was then disseminated widely by radio broadcasts and talks by village health educators. Perhaps such use of local data and networks could be explored within local contexts in higher income countries.

My main criticism is that Injury Prevention: An International Perspective contains a role of underlying factors that shape the pat-
The chapters of this volume are organized into three sections: (1) a profile of deaths and hospitalizations, based on the data from the Regional reports, Letter, Book reviews, Calendar

15–17 September 1999, Helsinki, Finland. Safety ‘99—European Symposium on Safety in Modern Society. Further information: Ms Kristiina Kulha, Topeliuksenkatu 41 A, FIN-00250 Helsinki, Finland (e-mail: kristiina.kulha@occuphealth.fi).


4–5 October 1999 (new dates), Austria, Vienna. The Eighth International Safe Communities Conference—Safe Comm8, Networking for Safe Communities: The First European Region Safe Communities Conference. Further information: Manuela Kis (e-mail: manuela.kis@kfv.or.at).

7–9 October 1999 (new dates), Prague, Czech Republic. Seminar: A Manual for Cost Calculation in Safety Promotion—Theory and Practice. Further information: Michal Grivna (e-mail: michalgrivna@hotmail.com) or Bengt Springfeldt (e-mail: bengt.springfeldt@phs.ki.se).
From theory to practice

Samuel N Forjuoh

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Updated information and services can be found at:
http://injuryprevention.bmj.com/content/5/2/158.2

**References**

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http://injuryprevention.bmj.com/content/5/2/158.2#BIBL

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