LETTERS TO THE EDITOR

Head injuries in helmeted child bicyclists

EDITOR,—It is pleasing to see facial injury in bicycle riders being given the attention it warrants¹; there has been so little investigation of this since Thompson *et al* in 1990² and the Brisbane bicycle study.³ In the latter, 813 children are reported to have suffered 315 injuries to the face; we found that injury to the lower face predominated in those who were wearing a cycle helmet.

As a maxillofacial surgeon I endorse the authors' suggestion of combining a facial protector with the bicycle helmet, and even question why helmet design should be any different from that required by motor cyclists? It is now time to investigate further which parts of the face are being injured in bicycle accidents, to relate these to head injury, and then design a more appropriate helmet.

I congratulate the editor and editorial board on a magnificent first edition of *Injury Prevention* and trust that you are 'badgering and bullying' the surgical and emergency care fraternity to submit papers to the journal!

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- 1 Grimard G, Nolan T, Carlin JB. Head injuries in helmeted child bicyclists. *Injury Prevention* 1995; 1: 21-5.
- 2 Thompson DC, Thompson RS, Rivara FP, Wolf ME. A case control study of the effectiveness of bicycle safety helmets in preventing facial injury. *Am J Public Health* 1990; 80: 1471-4.
- 3 Acton CHC, Thomas S, Nixon JW, Clark R, Pitt WR, Battistutta D. Children and bicycles. What is really happening? Studies of fatal and non-fatal bicycle injury. *Injury Prevention* 1995; 1: 86-91.

Congratulations

EDITOR,—I must offer my heartiest congratulations to you and Richard Smith for your editorial in the *BMJ* on preventing childhood injuries.¹ I am delighted that the BMJ Publishing Group is producing a journal on injury prevention; there has long been a need for an international journal on this topic.

I have written a book called *Motor Driving and Road Safety in India*, published by Asian Publishers NAI SARAK, Delhi, in which I have devoted several chapters to the safety of children on roads. It is regrettable that not enough responsibility is taken by the public, politicians, and even academics and paediatricians to try and stop the rising child mortality on the roads from cars; this is now the number one killer of children in both developed and developing nations.

I wish the new journal every success in the future.

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- 1 Smith R, Pless IB. Preventing injuries in childhood. *BMJ* 1994; 308: 1312-3.

EDITOR,—My congratulations to you and the journal *Injury Prevention*—I hope it will be a success and help to stop avoidable injuries.

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BOOK REVIEW

Saving Children; A Guide to Injury Prevention. Modena Hoover Wilson, Susan P Baker, Stephen P Teret, Susan Shock, and James Garbarino. (Pp 247; £32.95 clothback.) Oxford University Press, 1991. ISBN 0-19-506115-2.

Saving Children; A Guide to Injury Prevention has three great virtues: first, the book is written for identified and important constituencies—those decision makers who will be able to prevent injuries—including teachers, health care providers, public agency managers, legislators and regulators, law enforcement professionals, community volunteers, designers, architects, builders and engineers, businessmen, and media personalities. Second, the authors' approach to injury prevention is grounded in a developmental framework that examines both risks and interventions along an age spectrum—infancy through early adolescence. Third, the book is organized by specific injury problems and by target audience so that it can be accessed in a logical manner.

Modena Wilson and colleagues, with support from the Carnegie Corporation of New York, provide a major service for the field of injury prevention by guiding these constituencies to effective methods to protect children. The book is organized in an unusual style with chapters that cover an array of important injury types and incorporate a vast spectrum of potential interventions for reducing the impact of injuries. The book also identifies those interventions with the greatest likelihood of success in order to promote approaches that will reduce the incidence, prevalence, and consequences of injuries.

While in no way detracting from a fine effort, a few deficiencies are worth mentioning. First, it is unfortunate that the authors did not go further in the developmental cycle to include adolescence. Adolescent injuries are also grounded in particular developmental characteristics and are more understandable from such a framework. Second, the approach is overly mechanistic. When the authors identify a powerful technology for injury prevention, they are far more persuasive. For example, the discussion of bicycle related injury—where the authors promote the use of protective helmets—is much more effective than that of pedestrian injuries. Their discussion of fires focuses on smoke detectors and hot water heaters more effectively than it addressed food related scalds. Third, in places, the lists of hazards and potential advice get too long to hold the concentration of the audience—for example in the section on suffocation and choking. Finally, the authors sometimes fail to focus the attention of their potential audience of decision makers. For example, social service

agencies can't identify every minor choking hazard in the home or day care environment—they must have a way of focusing on the forest rather than each tree. Similarly, the authors could do more to identify the principles by which the media could modify the climate of public opinion to demand a safer environment for children.

There is little doubt that *Saving Children* will benefit groups interested in addressing the injury problem by bringing the expert knowledge of the authors and the lessons of the literature to bear on those who seek to do good. To have its impact, however, this book must be read by the constituencies for whom it has been written, rather than by those of us who are already indoctrinated into the childhood injury prevention field. Is the book reaching this audience, though? It is unfortunate that the title is somewhat obscure and doesn't identify the target audience.

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CALENDAR AND NOTICES

Previous events

In March 1995 the American Association for Automotive Medicine (AAAM) sponsored a Special Topic Symposium in Washington, 'Children in Traffic: Exploring their Special Needs as Occupants, Pedestrians, and Bicyclists'. The speakers included Phyllis Agran MD, MPH, Murray Mackay PhD, DSc, Sue Partyka MS, J Alex Haller MD, Ted Miller PhD, Barry Pless MD, and R Schieber, MD, MPH. Particularly noteworthy were the disturbing findings presented about the level of use of proper restraints by school age children. Present technology appears insufficient for children of differing size and shapes.

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The American Academy of Pediatrics Section on Injury and Poison Prevention presented an educational program at the 1995 spring session held in Philadelphia, 11 April 1995.

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A Safe Community Seminar was held in India last August and included drivers and conductors of bus transport, insurance companies, school teachers, and students. (From the WHO Collaborating Centre on Community Safety Promotion, Karolinska Institute, Sundbyberg, Sweden.)

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The Ambulatory Pediatric Association Injury Control Special Interest Group met on 4 May 1994 and elected Len Banco, Director of the Connecticut Childhood Injury Prevention Center, Hartford, Connecticut as its Chairperson. The meeting also provided updates on funding for injury control research and reports from related organizations (including ISCAIP).

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The National SAFE KIDS Campaign in the US promoted a Family Safety Check during its Safe Kids week (May 6-13) this year. The 10 items in the check include tips on traffic safety, drowning prevention, fire/burn prevention, firearms safety, falls prevention, poisoning prevention, and emergency response. The campaign has also launched a new bike safety program CYCLE SMART which