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

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- 1 Forjuoh S. Injury control in developing nations: what can we learn from industrialized countries [Opinion]? *Injury Prevention* 1996, 2: 90-1.
- 2 Zwi AB. Injury control in developing countries: context more than content is crucial [Dissent]. *Injury Prevention* 1996, 2: 91-2.

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, education in the safe use of the bicycle.

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 30 May to Wednesday 5 June, 61 new fractures were identified. The cause was known in 57 (93%) and 14 of the total (23%) 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 private driveway, one in 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 commonest reason for injury being 'faulty riding'.¹

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.

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- 1 Acton CHC, Thomas S, Nixon J, Clark R, Pitt WR, Battistutta D. Children and bicycles: what is really happening? Studies of fatal and non-fatal injury. *Injury Prevention* 1995, 1: 86-91.

Bicycle helmet use

EDITOR.—The important findings reported by Sacks *et al* (p258) 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 for self reported use. Thus, it seems evident 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 recently completed case-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 1994. 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.

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

Age (years)	Owned helmet		Wore helmet	
	No in group	%	No in group	%
<6	190	75.4	120	47.6
6-12	938	77.1	544	44.7
13-19	365	67.0	175	32.1
20-39	781	75.9	607	59.0
≥40	300	86.2	272	78.2
All ages	2574	76.0	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. There are many 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 diplomates may realistically advise their patients and clients on what is important and what is trivial. Another problem is the wide variation of experience in different countries, some being far more hazardous than others.

In order to enhance my contribution to this diploma course, I would be interested to hear from any readers who have particular experience in this field and who might have material that I can use in my contribution to the course. Any material used will be acknowledged in the lecture notes issued to the diploma students.

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BOOK REVIEW

Amazing Grace: The Lives of Children and the Conscience of a Nation. Jonathan Kozol. (Pp. 249; \$23.00.) Crown Publishers, 1995. ISBN 0-517-79999-5. (Crown Publishers Inc is located at 201 East 50th St, New York, NY10022, USA.)

In 1994, Bernardo Rodriguez Jr, an 8 year old, fell four stories to his death in the elevator shaft 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 this death? Families had complained often 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 — 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

sciences — the healing professions — want to act, to save lives, but what can we do?

There is no mention of childhood injury prevention in *Amazing Grace*. Perhaps Kozol hasn't heard about the important work that we do in our field to save children from the risks of injury and violence. But in this complex and detailed narrative, there are fundamental epidemiological observations about the underlying causes of injury and violence. Rather than presenting the usual array of variables and odds ratios that fill papers in *Injury Prevention*, Kozol confronts us with the complexities of the human condition. What can this book teach us? I believe there are three important messages.

First, *Amazing Grace* demonstrates the importance of developing analytical techniques to assess the complexities of both the proximal and distal causes of serious outcomes like injury and violence. It is no longer acceptable to describe only the immediate proximal risk factors for injury — the motor vehicle or flammable liquid. We need to understand these variables in the more complex contexts of the social environment — the poverty, racism, and discrimination of America. Our studies can't be effective in leading to community prevention unless they take into account these greater societal forces. We need to create a 'social epidemiology' of injury and violence.

Second, *Amazing Grace* demonstrates the power of narrative. We must learn to tell and use powerful stories that bring together the 'roshomon' elements of every injury situation. To be effective as advocates for children we must use these narratives to show how the lives of children intersect with their complex social environments to create risk.

Third, this book is unabashedly about children, rather than about a specific vehicle of harm. If we want to save the lives of children by preventing injury and violence, then we must learn to weave together our scientific study of the mechanisms of injury with a broader concern for the future of children. Kozol wants us to wrestle with injustice and to raise the conscience of America.

Throughout *Amazing Grace*, Kozol observes the failures of national, state, and local governments to take responsibility for the consequences of policy for the most disadvantaged children. His poignant observations bring to mind a comment made by the late Prime Minister of Israel, Yitzhak Rabin, upon acceptance of the Nobel Peace Prize, Oslo, December 10, 1994.

'A child is born in an utterly undemocratic way. He cannot choose his father and mother. He cannot pick his sex or color, his religion, nationality or homeland. Whether he is born in a manor or manger, whether he comes, close-fisted, into the world, his fate — to a large extent — is decided by his nation's leaders. It is they who will decide whether he lives in comfort or in despair, in security or in fear. His fate is given to us to resolve — to the governments of the countries, democratic or otherwise ...'.

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CALENDAR AND NOTICES

International Traffic Safety Week Course and Conference (IRCOBI/IEI) was held in Dublin, Ireland, 9–11 September 1996. The program was devoted to the biomechanics of

impact as well as injury mechanisms, biomechanics, and vehicle worthiness.

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Mobility and Safety — International and Interdisciplinary Solutions; Vienna, 12–14 May 1997. (*Further details:* Mobility and Safety, c/o ICOS Congress, Organisation Service GmbH, Johannesgasse 14, A-1010 Vienna, Austria.)

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4th World Conference on Injury Prevention and Control, Amsterdam, 17–20 May 1998. (*Further details:* Box 1558, 6501 BN Nijmegen, The Netherlands; fax +31 24360 1159.)

★

5th International Conference on Product Safety Research, Barcelona 15–16 April, 1997. (*Further details:* ECOSA Secretariat, PO Box 75169, NL-1070 AD Amsterdam; fax +31 20511 4511.)

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Second European Forum on Quality Improvement in Health Care will be held in Paris, France on 24–26 April 1996. (*Further details:* BMA Conference Unit, PO Box 295, London WC1H 9TE; tel: +44 (0) 171 383 6478; fax: +44 (0) 171 383 6869.)

MORE WEB SITES

Insurance Institute for Highway Safety
<http://www.hwysafety.org>

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To subscribe to trauma-list mailing list: send an email message to: majordomo@ftech.co.uk and write 'subscribe trauma-list' as the first line in the body of the message.

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InterNet Health Resources
<http://www.arcade.uiowa.edu/hardin-www/md.html> (for text based users)
<http://lynx.fhcr.org/~cbynum/proflinx.html> (for Netscape 2.0 users)

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MedWeb:Public Health
<http://www.cc.emory.edu/WHSC/medweb.ph.html>

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The Global Health Network
<http://www.pitt.edu/HOME/GHNet/GHNet.html>

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The World-Wide Web Virtual Library: Epidemiology
<http://www.epibiostat.ucsf.edu/epidem/epidem.html>

JOURNAL CITATIONS

Editor's note: these citations have been culled from the following databases: Medline, Current Contents, Psych Abstracts, and Social Science Citation Index, Cinahl. Your comments are welcome, as well as suggestions about other pertinent databases.

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