The internet pedestrian issues chatlist, PEDNET, continues to have discussions of interest to Injury Prevention readers. Reflecting the international character of the internet, comparisons between countries are frequent. Charles Komanoff (kea@igc.org) noted that despite Tokyo, London, and Paris having populations within 10% of those of New York City, Tokyo and Paris have half as many pedestrians as New York, and London has two thirds as many. Komanoff noted that New York may be pedestrian friendly by dint of land use, but it isn't in terms of endangerment created by aggressive drivers, vehicular oriented design and traffic laws, and law enforcement.

Pedestrian advocates spent much 'bandwidth' in the last quarter discussing the role of traffic law. One thread focused on the differences between how countries define 'walking across a street'. European participants were surprised to learn that in many parts of the US, a person may cross major streets only at intersections. Whether pedestrians should be allowed to cross mid-block has also been discussed in the medical literature.1) Robert Bump (robbum@sun.albany.ny.us) pointed out that, theoretically, a mid-block crossing should be less likely to result in a conflict with a motor vehicle. He noted that at intersections, pedestrians are potentially endangered by motorists turning left and right, in addition to cross traffic. North American pedestrians face an additional danger from right-turn-on-red laws. In contrast, a mid-block crossing has just one potential conflict from each direction of traffic. Bump also compared the restrictions on movements of pedestrians with restrictions on movements of motor vehicles. Motorists do the equivalent of mid-block crossings when they enter or exit driveways. Bump questioned the wisdom of allowing these maneuvers by cars while outlawing their equivalent by pedestrians.

Support for the notion that mid-block crossing could be safer comes from statistics showing pedestrians in Europe are 70% less likely to be injured in streets with a raised center median. Indeed, every step toward two separate traffic streams makes it safer for pedestrians. (Because turning vehicles endanger bicyclists and motorists, the latter would also benefit.) A raised median is safer than a painted median—a painted median is safer than a continuous two way left turn lane—a two way left turn lane is safer than a painted line. But, too often, traffic engineers compromise pedestrian safety to maximize traffic flow, and are reluctant to devote more road space to separation.

The controversy over whether motorists only expect to see pedestrians at intersections and whether mid-block crossings would, therefore, more likely result in collisions. This question is a variation on a long running (and unusual) one about injury behavior: do painted crosswalks create a false sense of security? More generally, the question being debated was whether safer pedestrian environments lead to more risk taking by pedestrians. (Editor's note: a future issue will include an Opinion/Disent on 'risk homoeostasis'.) Or do they lead to more cautious behavior by motorists?

Legally, motorists must yield to pedestrians in crosswalks. The 'false sense of security' argument shifts that burden to the pedestrian. Observation of actual behavior shows that, at least with children, motorists already leave most of the responsibility for avoiding collisions to the pedestrian, even if the pedestrian is a child.2) Drivers fail to anticipate possible conflicts by slowing or increasing the distance between themselves and children waiting to cross the road. However effective such a shift in responsibility would be with agile adults, removing painted crosswalks would be at the expense of children and the disabled.

In another thread the politics of pedestrian safety were aired on PEDNET. In the US, a Senate hearing on transportation safety took place without pedestrians (or bicyclists) being mentioned. This official slighthing of one sixth of the fatalities angered PEDNET participants.

Much of the Senate discussion centered on 'road rage'. Advocates for more roads used the opportunity to lobby for their cause, saying that unexpected travel delays cause this anger. The American Trucking Association and American Automobile Association argue that money should not be set aside for safety improvements, and that all road projects are safety projects. This view was countered by Representative Earl Blumenauer (Democrat, Oregon), who compared easing road rage by building more roads with dealing with spousal abuse by giving a wife beater more room to swing. PEDNET participants were surprised (and disappointed) to learn that the National Highway Traffic Safety Administration's administrator testified in favor of the 'bigger road' school of safety. Unfortunately, in the eyes of many, bigger, faster, wider roads are safer. In reality, such roads are the nemesis of all pedestrians, regardless of age, but especially for children.

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BOOK REVIEW


Unusually for a book entitled Management of Injuries in Children, this book does pay considerable attention to the epidemiology and prevention of injury. It cites both the launch of the International Society for Child and Adolescent Injury Prevention and the Journal Injury Prevention in its preface. Written by two specialists from Belfast and Melbourne, it is aimed at 'all those who come into contact with injured children', particularly accident and emergency and paediatric health care workers.

I have approached this review from the perspective of someone working in injury prevention research from a social science background. The book provides much useful information on different types of injury, such as open and closed fractures, on the Glasgow Coma Scale and on when and where to look for injuries. The inclusion of injury types, for example typical cigarette burns on babies' legs or a baby's foot immersed in scalding water. These immediately provide a vivid illustration of the problem of injury. Diagrams are included, however, as a consequence of the large number of statistics and graphs in the book, the diagrams are not always useful. For example, the diagram illustrating the distribution of injuries by site shows that in the UK (no age is defined) whereas on page 347 a figure of 900 deaths is quoted (for 70–14 years). Both are considerably higher than the actual figures today.

Another concern is that the information on prevention is also somewhat dated. More recent publications on reviews of the literature in this field are not cited, nor are some of the key texts (for example Wilson 'Saving Children' or original injury prevention and interventional interventions (for example the Statewide Childhood Injury Prevention Programme or the Falköping Programme). An important area where accident and emergency specialists can contribute significantly to prevention is in the collection of good data on the nature and circumstances of injury. Surveillance is mentioned briefly but its importance is not stressed. A good bibliography is provided, but it is a pity that references are not given for the text. In summary, this is a useful, clear, wide ranging text on the management of injuries in children, but I have some concerns about the