PEDNET

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 pedestrian fatalities 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 road design and traffic laws, and lax 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 (robbump@tu.albany.ny.us) pointed out that, theorectically, 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 fairness 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 are 90% 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 motorcyclists, the latter would also benefit.) A raised median is safer than a painted median—a painted median is safer than a continous 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.

Controversy emerged 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 unresolved) controversy about pedestrian safety—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 pedestrian? (*Editor's note:* a future issue will include an Opinion/Dissent 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 slighting 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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1 Teanby DN, Gorman DF, Boot DA. Pedestrian accidents on Merseyside: the case for criminalization of jaywalking. *Injury* 1993; **24:** 10–2.

2 Howarth I. Interactions between drivers and pedestrians: some new approaches to pedestrian safety. In: Evans L, Schwing RC, eds. *Human behaviour and traffic safety.* New York: Plenum Press, 1985: 171–8.

BOOK REVIEW

Management of Injuries in Children. By John Glasgow and H Kerr Graham. (Pp 423; £34.95 paperback.) BMJ Publishing Group, 1997. ISBN 0-7279-0925-8.

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 score and its adaptation to a children's coma score, on burn depth and body surface area covered. What particularly impressed me about this publication is the quality of the illustrations. Photographs have been chosen with care to illustrate different injury types, for example typical cigarette burns on babies' legs or a baby's foot immersed in scalding water. These immediately provide a very vivid illustration of the problem of injury. Diagrams are similarly clear and complement the text well: examples include how a child can receive multiple injuries by rushing out in front of traffic or directions on the suturing of facial lacerations.

There are 15 chapters in the book which deal with the identification and immediate management of head injuries, bruising and abrasions, burns and scalds, lacerations, fracture, bone injuries, and injuries to the spine and pelvis. As well as the chapters on epidemiology and prevention, there are also chapters on physical abuse and writing medical records on injured children. Thus, it is broadly based and includes a useful section on the importance of communication with parents and families. The text is clearly written and well set out and good use is made of summary boxes to extract the key features from the text.

Although welcoming the inclusion of two chapters on the epidemiology of injury and the prevention of injury, my main criticism of the book relates to these sections. For a book published in 1997, the data quoted is somewhat out of date. On page 4 for example, 1990 road traffic accident statistics are provided, whereas far more recent figures are available from the Department of Transport. In other cases, figures are quoted, but we are not told the dates or sources of information: an example is provided of this from one of the authors' paediatric teaching hospitals of the new attendances at the accident and emergency department but we are not informed when this study took place. There are also inconsistencies in numbers quoted: page 7, a figure of 1200 accidental deaths is given for children in the UK (no age is defined) whereas on page 347 a figure of 900 deaths is quoted (for ?0–14 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 publications on preventive 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 circumstance 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 in 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

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content of the epidemiology and prevention sections.

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CALENDAR

SafeComm-7

The Seventh International Conference on Safe Communities: Challenges for Sustaining Safety in Large Urban Environments, 13–15 May 1998, Rotterdam, The Netherlands. *Further details:* Consumer Safety Institute, PO Box 75169, NL-1070 AD Amsterdam, The Netherlands (fax: +31 20 699 2831).

Measuring the Burden of Injuries

This conference, which is being held in conjunction with the Fourth World Conference on Injury Prevention and Control, will take place in Noordwijkerhout, The Netherlands, on 13–15 May 1998. It is being organised by the European Consumer Safety Association and the Consumer Safety Institute. *Further details:* Joke Broekhuizen, ECOSA Secretariat, PO Box 75169, NL-1070 AD Amsterdam, The Netherlands (tel: +31 20 511 4552; fax: +31 20 511 4510).

ESV Windsor 98

The 16th International Technical Conference on the Enhanced Safety of Vehicles will be held in Windsor, Canada on 1–4 June 1998. *Further details:* ESV '98 Conference, c/o Director, Motor Vehicles Standards and Research, Road Safety and Motor Vehicle Regulation, Transport Canada, Ottawa, Canada K1A 0N5. The conference web site is www.tc.gc.ca/esv98.htm.

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ISCAIP will hold the 3rd ISCAIP Meeting on Child and Adolescent Injury Prevention on 21 May 1998 in Amsterdam. If interested in receiving the conference agenda and application form please fax +44 171 608 3674 or e-mail 100545. 3625@compuserve.com.

Electronic publication

This issue is the last to be produced by our typesetters, Elite Typesetting Techniques, in Eastleigh, Hampshire, UK and we would like to thank them for all their work over the past three years. From the next issue in March 1998 the journal will be produced by our 'in house' electronic production department, Palm Springs. All papers accepted for publication will require a disk and authors are asked to provide one for the *final revised version* of their paper; authors should *not* send a disk with their original submission. We can deal with most disks but it is important that they are labelled with the paper number, first author, whether PC (preferred format) or Mac, details of the word processing program, and filenames. These brief guidelines will be found in the instructions to authors published in each issue; more detailed guidelines will be sent to authors on acceptance of their paper.

Light weight

Chattering about her day at school, a 5 year old mentioned the local nurse had paid a visit to weigh the class. 'So how much do you weigh?' asked Mum. 'I don't know', replied the little lass. 'She only weighed my feet!' (from the *Glasgow Sunday Post* 25 May 1997; with thanks to Hugh Jackson).

Should methionine be added to every paracetamol tablet?

Under the umbrella 'Controversies in management', the *BMJ* (2 August 1997, 301–4) carried two contributions arguing for and against the addition of the antidote methionine to paracetamol tablets, the drug most commonly used in overdoses in Britain and America. The 'anti' paper, by Dr A L Jones, deputy director of the Scottish Poisons Information Bureau, and others, raises the question of whether the vast number of responsible users should have no choice but to take the antidote. The only combined preparation available in the UK costs four to six times more than proprietary paracetamol. Dr Edward Krenzelok, director of Pittsburgh Poison Center, proposes that the argument for its addition may be strongest in developing countries where there may be insufficient money to meet overdose treatment costs. He discusses the use of *N*-acetylcysteine as a cheaper and more readily available alternative in developed countries.

Magnetic attraction

A Leeds doctor, writing in the *BMJ*'s Minerva column (2 August 1997, p 320), reported the case of a 13 year old boy who presented with a foreign body in his nose. The boy had been playing with some small magnets and had got one stuck in a nostril. On examination no foreign body could be seen, but a radiograph showed that two magnets were positioned on either side of the posterior nasal septum. They were held firmly in place by the magnetic forces. The left magnet was removed with a steel probe, to which it became attached, and the right one then fell out when the boy blew his nose gently.

Burns due to head lice treatment

Dr el Habashy, a senior house officer in the burns unit at Selly Oak Hospital, Birmingham, reported that a 7 year old girl came to the unit with burns to her face covering 3% of her total body surface area. She had been treated with malathion (Prioderm) for her hair lice. The fumes from the lotion made her panic, and as she ran past the lit gas cooker at a distance of 1 m a trail of fire followed her and caused severe burns. Prioderm contains isopropyl alcohol and should be applied in a well ventilated room well away from any naked flames (*BMJ* 19 July 1997, p 198).

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