SPLINTERS & FRAGMENTS

What makes a place a good place to play?

Parents, not children, select play places for preschool aged children. Psychologists, nutritionists, and public health practitioners got together in San Diego to assess what features two groups of parents preferred in selecting those play areas (*Archives of Pediatric and Adolescent Medicine* 1997; **151**: 414–7). Safety, both safety of equipment and safety from others, was top of the list, but amenities such as toilets, drinking water, night-time lighting, shade, and attractiveness were also important. What parents consider to be safe and how they assess that is another story. It's possible that parents believe that providing amenities demonstrates that care has also been taken with selection of equipment. Another study (*Lancet* 1997; **349**: 1874–6) compared surfaces in playgrounds in Cardiff and found that concrete is unsafe (no surprise there) but also that rubber surfaces are more protective against limb fractures than is wood bark. Bark is cheaper, but it does require a lot of maintenance, so it might be that rubber products are more cost effective in the long run. In the light of their findings, the authors are most concerned about the possible revision of European standards to increase fall heights from 2.5 to 3 metres. They believe that epidemiological, not physical, data should be used to inform that judgment.

Which dogs bite and should we legislate to ban them?

Two studies, one Australian, the other Canadian, confirm that some breeds are over-represented in the dog population as biters. These include German shepherds, pit bull terriers, dobermans and rottweilers—all the big dogs one would expect to be on such a list. In the Adelaide study (*Medical Journal of Australia* 1997; **167**: 129–32), five breeds (one third of the dog population) were responsible for three quarters of the attacks which required hospital treatment. In the Toronto study (*Canadian Veterinary Journal* 1996; **37**: 478–81) seven breeds comprising 13% of the registered dogs administered 27% of the bites. Dogs bite when they are provoked, not properly trained, controlled, or socialised. The Canadian study makes the case for owners to recognise that all dogs bite, that dogs need to be trained to accept children, that children need to be trained to respect dogs, and that children should never be left unsupervised with dogs. The Australian approach is much more 'passive'—restricting ownership of some breeds, leashing dogs in public places, and introducing compulsory insurance as part of dog registration.

Are you confused? Don't worry—so are the experts!

The North Carolina Injury Prevention Research Center surveyed a group of 23 US injury control experts for their opinions on priority topics for counselling parents of babies and toddlers and the strategies they would employ (*Pediatrics* 1997; **99**: 704–10). Some of the topic choices were curious, but as expected, occupant injuries topped the list. The strategies nominated in the first round were all

environmental strategies—car restraints, smoke alarms, lowered hot water temperatures, poison storage—but in the second round, after the researchers had added 12 educational messages, several rated these as 'high priority' despite no respondents having nominated them at all in the first round. Maybe we're all susceptible to a little peer pressure! Another study revealed that parents did not perceive health professionals as being helpful with issues such as safety, behavioural and family problems, believing they were better able to deal with problems after they happened (*American Journal of Public Health* 1996; **86**: 1809–12). A third study, using audiotapes of paediatric residents' interactions with parents, discovered that in the 47% of well-child visits where injury was mentioned at all, the residents spent an average of 1.08 minutes discussing it, with a mere 33 seconds devoted to each topic (*Archives of Pediatric and Adolescent Medicine* 1997; **151**: 146–51). We have a long way to go in our approach to parent education.

An RCT on a violence prevention curriculum

This Seattle study matched six pairs of schools and delivered 30 lessons from 'Second step: a violence prevention curriculum' to second and third graders in selected schools (*JAMA* 1997; **277**: 1605–11). Not only was there an increase in prosocial behaviour and a decrease in observed aggressive behaviour two weeks later, the effect persisted six months later. Since the levels of aggression actually increased in the control groups during the school year, the effect might have been even greater. Implementation throughout a school might achieve even more impressive results.

Males v females—who suffers more bicycling injuries?

The truth is that males are killed and injured more often while cycling, but is this related to their gender or to the fact that they ride more? This Johns Hopkins study (*Accident Analysis and Prevention* 1996; **28**: 537–40) used a decomposition method favoured by health economists to arrive at the conclusion that males' death rate is six times higher than that of females, but their rate of riding is also much higher and when that is taken into account, the risk is marginally lower than for females. A Chicago case-control study of children's cycling behaviour (*Archives of Pediatric and Adolescent Medicine* 1997; **151**: 485–9) discovered that the injured children were more likely to have been riding on the footpath (sidewalk) than the controls, and were also riding more slowly. Stunt riding, speed, and poor bicycle repair showed no differences between cases and controls. Given that so many of the injured children were riding slowly and on the footpath, inexperience could well have played a part.

Beware of rocking cradles

Ten of 15 babies who were found wedged face-down at one end of rocking cradles died. The cradles were tilted at more than 5° and the locking pin was not in place in 14 of the 15 cases. Babies moving in a cradle upset the balance, the cradle tilts, and the babies become wedged. Not only are they unable to move away from the side, they cannot move their heads against the angle of tilt and their faces become buried in the mattress surface (*Archives of Pediatric and Adolescent Medicine* 1997; **151**: 573–5).

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