SPLINTERS & FRAGMENTS

A recent study used ethnographic interviewing techniques to explore reasons for the high rates of unintentional poisonings among young children of Mexican-born mothers. Door-to-door canvassing in five cities south of Los Angeles, California resulted in interviews with 50 mothers of children <5 years old. Contributing factors to a high exposure to potential poisons included: extensive use of products such as rubbing alcohol that were not in child resistant packaging; limited familiarity with toxic household chemicals; inability to read warning labels in English; favorable attitudes toward iron as a healthful product; and items stored in accessible locations. The authors encourage expanded poison control center outreach efforts to Hispanic families (Mull DS, Agran PF, Winn DG, *et al*. Household poisoning exposure among children of Mexican-born mothers: an ethnographic study. *West J Med* 1999;171:16–19).

*Many reports of sports injuries have not focused on urban youth. A population based study published this year describes sports injuries among 10–19 year olds in an urban setting. The report focuses on baseball, soccer, skating, football, basketball, and bicycling. Among the findings of interest: 51% of the hospitalizations involved other persons; there were numerous assault injuries inflicted during sports activities; equipment and environmental factors were related to 16% of the sports injuries; and chart documentation of the use of protective gear was low. Many of the injury descriptions suggest that the playing conditions were poor and the authors call for increased attention to the environment in which these injuries occur (Cheng TL, Fields CB, Brenner RA, *et al*, and the District of Columbia Child/Adolescent Injury Research Network. Sports injuries: an important cause of morbidity in urban youth (Pediatrics 2000;105(3):e32. Available at <http://www.pediatrics.org/cgi/content/full/105/3/e32>).*

Non-motorized transport injuries are a major issue in developing nations. This paper examines the characteristics of these injuries in India and explores appropriate countermeasures. These include engineering design changes and concessions for pedestrians and non-motorized vehicles in the forms of footpaths and lanes, pedestrian bridges, underpasses, road crossings as well as efforts to educate road users and make them more visible. Many of the contributing factors discussed will be familiar to readers in developed nations, such as speed, the involvement of heavy vehicles, and traffic congestion. The authors also point out that non-motorized transport users have no priority within India's national plans and agencies (Mittal N, Sarin SM. Safety issues in non-motorized transport in India. *J Traffic Med* 1999;27:37–48).

The American Academy of Pediatrics (AAP) has issued several new policy statements recently that relate to injury prevention, including one that calls for checking in ice hockey players younger than 16 to be limited. Several notorious and well publicized assaults in professional ice hockey in North America have brought a renewed interest in placing limits on the amount of

physical aggression expressed during this sport. A second policy statement notes that as the speed and mobility of personal watercraft have increased, so have injuries and death among users of these pleasure craft. The AAP calls for a ban on operation of personal watercraft by anyone younger than 16 and for universal use of personal flotation devices (Committee on Sports Medicine and Fitness, American Academy of Pediatrics. Safety in youth ice hockey: the effects of body checking. Pediatrics 2000;105:657–8. Committee on Injury and Poison Prevention, American Academy of Pediatrics. Personal watercraft use by children and adolescents. Pediatrics 2000;105:452–3).

Public service announcements (PSAs) are frequently suggested as avenues to promote injury and violence prevention, particularly to adolescents. But are these brief messages either effective or well received? Researchers from the Mount Sinai School of Medicine showed eight PSAs to two distinct groups of teens: a prosocial group, identified by community leaders, and youth incarcerated for committing violent crimes. Despite their differences, the groups agreed in their responses to the PSAs: they dislike the use of celebrity spokespeople and prefer realistic settings and characters, they are confused by abstractions and focus heavily on the visuals, and they dismiss messages that were directed at audiences either younger or older than themselves. These findings should be of interest to anyone planning to produce new PSAs in an effort to reach young people (Borzekowski DLG, Poussaint AF. Common themes from the extremes: using two methodologies to examine adolescents' perceptions of antiviolence public service announcements. *J Adolesc Health* 2000;26:164–75).

The American College of Surgeons has published the text of their annual Scudder Oration on Trauma. The speaker describes the lack of support for trauma and injury prevention by a single, national collaborative advocacy agency. A survey of 400 people in the US found only 17% had heard of the American Trauma Society as compared with 95% who were familiar with the American Cancer Society. Only 3% regarded trauma as a major public health problem, despite the fact that 61% had personal experience with trauma. Interviews with 20 leading organizations and agencies found that support for a new organization is lukewarm, but interest in collaboration is high. The author then calls for the Committee on Trauma of the College of Surgeons to assume the leadership role in a new practical, voluntary collaborative effort. What do his colleagues and counterparts in the field of injury prevention think? (Carrico CJ. In search of a voice. Bulletin of the American College of Surgeons 1999;84:14–18, 41).

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