Doctors and nurses are trained not to run up the stairs when responding to a page in the hospital; arriving out of breath and with pulse racing does them, and the patients, little good. But ambulances do race, often both to and from the scene. Is this necessary? What risks does speed entail? An analysis of three cases of injuries to emergency medical services (EMS) workers and patients resulting from ambulance crashes points out that fewer than half of the EMS workers used restraints. Drivers and front-seat passengers also failed to use restraints in some cases. This article provides recommendations for restraint use, but does not address the causes of the crashes or how they might have been avoided. (Centers for Disease Control and Prevention. Ambulance crash-related injuries among emergency medical services workers—United States, 1991–2002. MMWR Morb Mortal Wkly Rep 2003;52:154–6.)

Reduced impact baseballs for use in youth sport have been around for a while. But many teams and leagues still resist using them, presumably because the adults in charge believe such use would place their players at a competitive disadvantage. Youth sport should be about kids playing at a competitive level—safety balls and faceguards help keep the injury risk low. A recent large study evaluated the use of these measures, finding that protective equipment does indeed decrease the risk of injuries. Unfortunately, as the level of competition increased, the use of protection decreased. In an interview, the lead author was quoted as saying “I think [parents] need to realize youth sport and elite sport are different things. Youth sport should be about kids having fun.” (Marshall SW, Mueller FO, Kirby DB et al. Evaluation of safety balls and faceguards for prevention of injuries in youth baseball. JAMA 2003;289:568–74.)

In many economically developing nations, burns are more common among women than men. A recent study in Iran examined burns among pregnant women, many of which resulted from flames involving kerosene. Although most of the burn cases were deemed unintentional, 14.6% were due to suicide attempts. The fatality rate among the self-inflicted burn victims was 80%. The authors point out that there are contributing factors in Iran to the high mortality rate among burn victims, including insufficient medical care, high rates of infection and resistance to antimicrobial agents, and an unavailability of certain medications to treat burn wounds and resultant infections. (Mehdizadeh A, Akbarian A, Samarch P, Alavian P et al. Epidemiology of burn injuries during pregnancy in Tehran, Iran. Annals of Burns and Fire Disasters 2002;15(4):163. Available at: www.medbc.com/annals/review/vol_15/num_4/ text/vol15n4p163.asp.)

Child labor continues to be a problem in developing and developed nations alike. A recent analysis by the US General Accounting Office found that the federal Department of Labor does not adequately enforce the child labor laws, in part due to insufficient staff and inadequate training. Although the agency conducts awareness campaigns to educate the public about child labor laws, its compliance efforts “suffer from limitations”. In addition, the estimated numbers of minors injured while working varied from 13 000 to 80 000, depending on which agency is doing the counting: Department of Labor or Centers for Disease Control and Prevention. (US General Accounting Office. Child labor in Iran can strengthen its efforts to protect children who work. GAO-02–880, 2002. Available at: www.gao.gov.)

Psychiatric problems are a known risk factor for suicide, but little research has been done on the ownership and use of firearms among a population with psychiatric illness. These authors surveyed combat veterans participating in programs for treatment of post-traumatic stress disorder (PTSD), schizophrenia, or substance abuse. PTSD patients owned more than four times as many firearms as the other patients and engaged in higher level of risky behaviors such as carrying a gun on their person, firing the gun at others, hiding weapons in their homes, and aiming the gun at family members. In addition, they were much more likely to have considered committing suicide with their guns, and (perhaps not surprisingly) to have had family members ask them to get rid of the weapon. (Freeman TW, Roca V, Kimbrell T. A survey of gun collection and use among PTSD patients. JAMA 2003;289:568–74.)

Why don’t abused women call the police? Conventional reasons have been skepticism that law enforcement will be helpful or effective, and a fear of retaliation at the hands of the abuser. A study using focus groups of 41 women identified additional barriers. One group of reasons had to do with personal and situational factors, such as a belief that “physical evidence” was needed, reluctance to reveal injured body parts, being physically prevented from making the call, and cultural attitudes and norms. Other barriers were past negative experiences with police responses. The final group of barriers were fears of repercussions, including violence, inadequate sentences, and removal of their children. Although violence prevention practitioners may not be able to remove all of these barriers, this study can help focus their efforts on those fears and beliefs that can be addressed successfully. (Wolf ME, Ly U, Hobart MA, et al. Barriers to seeking police help for intimate partner violence. Journal of Family Violence 2003;18:121–9.)

When the president of the American Academy of Pediatrics can’t understand child safety seat instructions, there must be a problem! Carden Johnston recently wrote a column on this very subject (take time to learn about car seat safety, AAP News, April 2003: 168) that referred pediatricians to useful online resources. As he said, “If we aren’t able to provide our patients with the best information, we become complicit in the fact that at least 80% of car seats are installed incorrectly.” He was commenting on a recent study about the difficulty of the instructions, which are written at too high a grade level for at least half of American adults. The authors tested the readability of various brochures and booklets that come with child safety seats and provided suggestions for alternative word choices. It is worth noting, as the authors did, that the National Highway Traffic Safety Administration may consider mandating minimum reading levels for seat labels and instructions. (Wegner MV, Girasek DC. How readable are child safety seat installation instructions? Pediatrics 2003;111:588–91.)

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