Splinters & Fragments

Health care workers in Capetown, South Africa, noticed a spate of eye injuries caused by spring-loaded toy air guns shooting plastic projectiles. They embarked on a campaign to draw attention to the risks which has been repeated each Christmas for several years. This study debated the injuries, the toys (which were designed to resemble real guns and contained warning text only in Chinese), and a follow up visit in which the injured children were observed handling the toy guns. The authors point out that these unregulated toys also posed asphyxiation risks, and had been used in attempted robberies. (Richards JC, Murray AND. Toy gun injuries—more than meets the eye. S Afr Med J 2003;93:187–90.)

A retrospective review of 10 years of burn cases in Nigeria found half the injuries occurring to children aged <10. Kerosene and petrol were responsible together for 57% of the burns, while hot water scalds created 40%. The overall mortality was 21.8% which is perhaps not bad, given that Nigeria has no specialized burn centers or sophisticated burn units. During the study period, a shortage of petroleum product led to hoarding petrol within the home and to amateur efforts to produce kerosene from diesel. Both of these unsafe practices led to burns injuries. (Olabanji JK, Oginni FO, Bankole JO, et al. A ten-year review of burn cases seen in a Nigerian teaching hospital. Journal of Burns and Surgical Wound Care 2003;2:1. Available at: http://www.journalofburns.com.)

Traffic injuries are predicted to become the third leading cause of death in the world by 2020, and in 2004, World Health Day will focus on the theme of road safety. A recent study of trauma deaths in Pakistan found 89% were due to traffic. Of these, almost all were head injuries, 63% of deaths occurred in people under age 40, and males accounted for 87% of the deceased. As the nation industrializes, mortality from traffic injuries is increasing. The authors express concern that these unsafe practices led to hoarding petrol within the home and to amateur efforts to produce kerosene from diesel. Both of these unsafe practices led to burns injuries. (Olabanji JK, Oginni FO, Bankole JO, et al. A ten-year review of burn cases seen in a Nigerian teaching hospital. Journal of Burns and Surgical Wound Care 2003;2:1. Available at: http://www.journalofburns.com.)

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A study among five medical centers in Taiwan of injured drivers examined the role of alcohol on injury severity and outcome. Three quarters of patients were motorcyclists. Although there was no significant correlation between blood alcohol concentration (BAC) and injury severity, intoxicated drivers had higher incidences of severe abdominal injury and increased morbidity after injury. Not surprisingly, intoxicated drivers had lower rates of use of helmets and safety belts. This study also found that medical staff were not able to accurately assess intoxication through clinical judgment alone, lending weight to the arguments for routine BAC collection. (Shih H-C, Hu S-C, Yang C-C, et al. Alcohol intoxication increases morbidity in drivers involved in motor vehicle accidents. Ann J Emerg Med 2003;21:91–4.)

An unrelated cohort study focused solely on motorcycle injuries among young adults in Taiwan. Students from three junior colleges were regularly assessed about their motorcycle crashes, whether or not they resulted in injuries. Among other findings, certain makes of motorcycle were found to be associated strongly with greater injury severity. The study design enabled the researchers to identify second and third crashes among the 1284 participants (280 and 127, respectively). Unlike the study in Ann J Emerg Med, only 3% of the crashes in this population were reported to involve alcohol consumption. (Lin M-R, Chang S-H, Huang W, et al. Factors associated with severity of motorcycle injuries among young adult riders. Ann Emerg Med 2003;41:783–91.)

A random digit dial phone survey asked adults in the US to name effective strategies for preventing motor vehicle crash, fall, drowning, fire, and poison deaths. Most people could name safety education as a strategy. Only 55% could suggest a countermeasure for falls as compared with 86% for drowning and motor vehicle deaths. Pool fencing rated the most poorly as an option to prevent drowning, despite the scientific evidence that supports this measure. Participants with lower levels of education were more likely to have no suggestions for preventing injury deaths. Although countermeasure suggestions varied by injury cause, overall people tended to focus on education rather than on environmental or product changes. This study suggests we have a long way to go in informing the public about the preventability of injuries and the best, most effective measures. (Girasek DC, Gielen AC. The effectiveness of injury prevention strategies: what does the public believe? Health Education & Behavior 2003;30:287–304.)

Following a serious bowel injury to a 6 year old from an uncovered swimming pool drain, a survey was conducted of tour operators to learn about their awareness of the risk of sudden injury. Only a third of the 24 companies that provided holiday packages with swimming pools knew about suction injuries. No company provided advice or information to their clients on the importance of covered drains, although more than a third of them routinely provided written safety information to their customers. The authors of this brief report recommend improved information, maintenance checks, accessible power cut-off and panic buttons, and call for the involvement of a relevant tour operators’ association in promoting swimming pool safety. (Davison A, Puntis SWL. Awareness of swimming pool suction injury among tour operators. Arch Dis Child 2003;88:584–6 and Macinohic IC; commentary.)

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