

The future for the development of injury control as a discipline is in our hands.

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- 1 Forjuoh S. Injury control in developing nations: what can we learn from industrialized countries [Opinion]? *Injury Prevention* 1996, 2: 90-1.
- 2 Zwi AB. Injury control in developing countries: context more than content is crucial [Dissent]. *Injury Prevention* 1996, 2: 91-2.

### Fractures caused by bicycling

EDITOR.—Following the recent National Bike Week, we would like to report some current findings of an ongoing study of causes of fractures in 0-16 year olds in Swansea, Neath, and Port Talbot. This is not intended to make a case against cycling for young people, but rather to point to the need for proper equipment and, most particularly, education in the safe use of the bicycle.

For every person in the 0-16 age range receiving a new diagnosis of fracture of any bone during attendance at either of two accident and emergency departments information was sought regarding the location of the accident, activity at the time, and mechanism of the injury resulting in the fracture.

In the seven days Thursday 30 May to Wednesday 5 June, 61 new fractures were identified. The cause was known in 57 (93%) and 14 of the total (23%) were known to be due to bicycle accidents. Only one of these involved a car, which was stationary at the time. The injuries were fractures of the wrist, five; radius, one; elbow, two; hand, two; clavicle, one; mandible, one; nose, one; and parietal and frontal bones, one. Four children required admission to hospital.

Seven of these accidents occurred on the road, two on the pavement, one on rough ground, one on public grassland, one on a private driveway, one in a garden, and one location was unknown. These findings concur with those of Acton *et al* in Queensland, who found similar numbers of children injured in on-road and off-road sites, the commonest reason for injury being 'faulty riding'.<sup>1</sup>

Bicycle accidents are by far the largest cause of fractures in this age group in the week described. These fractures are the tip of an iceberg of accidental injury to children, and it is clear that a high percentage of these injuries are eminently preventable. Let us advocate the use of the bicycle — but make sure that we take our advocacy role further in seeking safe cycle routes, excellent cycling education, and support for cycling safety equipment.

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- 1 Acton CHC, Thomas S, Nixon J, Clark R, Pitt WR, Battistutta D. Children and bicycles: what is really happening? Studies of fatal and non-fatal injury. *Injury Prevention* 1995, 1: 86-91.

### Bicycle helmet use

EDITOR.—The important findings reported by Sacks *et al* (p258) are strengthened by some of our own. We validated cyclists self

reported helmet use by comparing questionnaire responses to documentation of helmet use in emergency department records and found a 96% positive and 96% negative predictive value for self reported use. Thus, it seems evident that self reports, at least of helmet use, are valid.

We also studied the relationship between helmet ownership, use, and age based on data from a recently completed case-control study of injured bicyclists treated in the emergency department or hospitalized at one of seven hospitals in the Seattle (USA) area between March 1992 and August 1994. The regional trauma center and medical examiner's office from two counties were included to ensure that serious injuries and deaths were included.

Riders were asked if they owned a bicycle helmet at the time of the crash (not necessarily involving a car collision) and if so, if they were wearing it when they crashed. Parents filled out a mailed questionnaire for children under 14 and subjects who did not respond by mail were interviewed by telephone. The response rate was 88% and showed that 76% of subjects owned helmets and 50.7% reported wearing them at the time of the crash. Helmet use was recorded in the medical record for 52.5% of the subjects treated.

As shown in the table below the ratio of use to ownership varied by age; the highest ratios were found in adult riders, the lowest in teenagers. If we assume that many of the adults are parents, this may help explain the unusually high rates of use found for children. These figures may also be high as a result of a 10 year multifaceted community wide campaign to increase helmet use in the Seattle area.

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Helmet ownership and use by age group at time of crash (n = 3390)

Age (years)	Owned helmet		Wore helmet	
	No in group	%	No in group	%
<6	190	75.4	120	47.6
6-12	938	77.1	544	44.7
13-19	365	67.0	175	32.1
20-39	781	75.9	607	59.0
≥40	300	86.2	272	78.2
All ages	2574	76.0	1718	50.7

### Health advice to travellers

EDITOR.—An item often neglected in health advice given to travellers is the potential for injury. This seems quite extraordinary when one of the greatest threats, often the greatest threat, to the life and health of travellers, is injury. This applies particularly to younger travellers.

This neglect has been recognised in a distance learning Diploma in Travel Medicine course which is being run by the Department of Public Health and Department of Infection and Tropical Medicine at the University of Glasgow.

One of the problems of contributing to such a course is the paucity of published research in the literature. There are many anecdotes and everyone has personal

experience of the problems but it is actually quite difficult to put together a structured series of lecture notes from which future diplomates may realistically advise their patients and clients on what is important and what is trivial. Another problem is the wide variation of experience in different countries, some being far more hazardous than others.

In order to enhance my contribution to this diploma course, I would be interested to hear from any readers who have particular experience in this field and who might have material that I can use in my contribution to the course. Any material used will be acknowledged in the lecture notes issued to the diploma students.

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## BOOK REVIEW

**Amazing Grace: The Lives of Children and the Conscience of a Nation.** Jonathan Kozol. (Pp. 249; \$23.00.) Crown Publishers, 1995. ISBN 0-517-79999-5. (Crown Publishers Inc is located at 201 East 50th St, New York, NY10022, USA.)

In 1994, Bernardo Rodriguez Jr, an 8 year old, fell four stories to his death in the elevator shaft of his apartment building at 140th Street near Cypress Avenue in the Mott Haven Section of the South Bronx, New York. His body was discovered when blood was observed dripping from the ceiling of the elevator.

Was the death of this child the result of an unintentional injury? Was this death preventable? Is assessing blame in such a case possible or useful? Children in this unit of the Diego-Beekman Building played in the hallways because the neighborhood around their project was terrorized by drug dealers. Clearly, the boy was engaged in risky behavior; is the 8 year old to blame? Bernardo was being supervised that day by his grandmother, who was in the apartment; his mother was in jail. Do these women bear the guilt of this death? Families had complained often that the elevator was frequently broken and that the door did not close properly. Should the city be held responsible? New York City had drastically reduced its public building inspection services as a cost saving measure. In fact, the city 'blamed' the family. Is the problem inherent in our societal 'system', rife as it is with economic injustice, racism, and prejudice?

The story of the death of Bernardo Rodriguez is part of the rich texture of *Amazing Grace* by Jonathan Kozol. The book provides a window into a world that few of us professionals have witnessed first hand. Coming up from the subway at the Brook Avenue station, with Kozol, we meet the children, their mothers and other relatives — mostly female — their religious leaders, and a series of other characters that inhabit one of the most distressed and disadvantaged landscapes in America. We are moved by the power of the narrative to bring human lives to life. We feel the pain and weep at the dignity and grace of these children and their families. Kozol doesn't make it easy for us. There is no list of problems nor facile solutions. This book is frustrating because there is no conclusion, no recipe for action. Those of us in the health