

Comment

The 40% of patients taking up smoking again after their laryngectomy is somewhat less than the proportion found to be smoking after surgery for lung cancer.² This may reflect the comparatively good prognosis after laryngectomy, which the smokers would not want to jeopardise, possibly not being aware that smoking could be less hazardous than it was before the operation. That many of those who tried smoking after their laryngectomy subsequently gave up because of lack of satisfaction is consistent with the view that nicotine intake is important for many smokers. Also a high proportion of the continuing smokers (10/25; 40%) smoked pipes or cigars, which unlike cigarettes permit moderate nicotine intake by buccal absorption. On the other hand, 14 of 32 patients (44%) who tried smoking cigarettes after laryngectomy continued to do so despite apparently being unable to inhale the smoke. Although there are reports of laryngectomees finding ways of inhaling cigarette smoke without putting the cigarette to their stoma, it seems likely that at least a substantial minority of smokers will persist in the habit, albeit at a reduced level, without achieving their accustomed nicotine intake.

We thank the members and officers of the laryngectomee clubs who participated in this survey, the speech therapists at the laryngectomee clinics, and Lesley Abrams, of the National Association of Laryngectomee Clubs. Particular thanks are due to Alison Perry for help in getting the study off the ground.

1 United States Surgeon-General. *The health consequences of smoking: cancer. A report of the Surgeon-General*. Washington, DC: US Government Printing Office, 1982. (DHEW publication No 79-50066.)

2 Davison G, Duffy M. Smoking habits of long-term survivors of surgery for lung cancer. *Thorax* 1982;37:331-3.

3 West R, Russell MAH. Nicotine pharmacology and smoking dependence. In: Iverson S, ed. *Psychopharmacology: recent advances and future prospects*. Oxford: Oxford University Press, 1985.

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Death and injury to children in cars in Britain

In Britain accidents are the commonest cause of death in children after the first year of life. Over 40% of these deaths are due to road traffic accidents. Each year about 70-80 children are killed and 9000 injured (1300 seriously) while travelling in cars.¹ The deaths represent about 7% of all accidental deaths to children in Britain. The injuries, though representing only a small proportion of the total number of injuries, tend to be more serious than those sustained in most other types of accident during childhood.

Methods and results

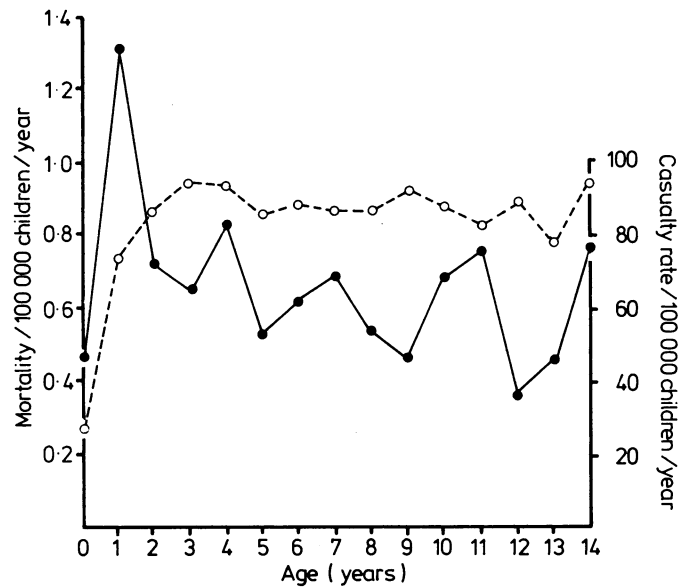
The number of children killed or injured as a result of road traffic accidents in Britain was collected for the five year period 1978-82 from official records from the Department of Transport.¹ Mortality and casualty rates for car occupants were calculated using population data from the Office of Population Censuses and Surveys.

The years 1978-82 were chosen as they were before the introduction of legislation, on 31 January 1983, that made compulsory the use of seat belts by occupants of the front seats of cars and vans.

The mortality of children aged 0-14 travelling in cars fluctuated around a mean of about 0.6/100 000 children. The highest mortality was in children aged 1-2 and the lowest in those aged 12-13 and up to 1 year. The overall mean mortality was 0.65/100 000 children/year (figure).

The casualty rate was more evenly distributed at about 86/100 000 children aged 5-14. The rate was lowest up to the age of 1 and steadily increased to a peak at 3-5 years. The overall mean casualty rate was 84.2/100 000 children/year.

Mortality and casualty rates of children travelling in cars steadily rose in Britain until the early 1970s. They then fell steadily, partly because of increased use of restraints for children. In the early 1980s the rates started to rise again, but the trend was reversed in 1983 after legislation on the use of seat belts.



Mortality (●—●) and casualty rates (○—○) for children, aged 0-14, in cars in Britain during 1978-82. Overall mean mortality = 0.65/100 000 children/year; overall mean casualty rate = 84.2/100 000 children/year.

Immediately before and after this legislation the percentage of people with safety devices for children in cars remained at just over 25%.² This contrasted with over 95% of adults using seat belts in the front seats after legislation. Legislation ensured that all children in front seats were wearing seat belts, but it also resulted in some children moving to an unrestrained position in the back seats. The net result was a 14% decrease in fatal and serious injuries to children travelling in cars during the first year after legislation.

Comment

In a typical British health district (population 250 000) one child will be killed every two to three years as a car occupant. In the same locality about 10-15 children will be admitted to hospital and 30-50 will attend the accident and emergency department as a result of injuries sustained as car occupants. These figures suggest that all children travelling in cars should use a restraint appropriate for their age at all times. The safety devices available are so effective that they provide a good chance of survival even in a serious collision. Ideally, children should be banned from the front seats of cars. If, however, there is no room left in the back seats or no restraint is available it is safer for a child to sit in the front seat and use an approved restraint than in the back with no restraint.

In Australia, New Zealand, and America general practitioners, paediatricians, and children's nurses encourage the use of restraints for children.³⁻⁵ In several places they have set up schemes to hire such restraints. Many British doctors and nurses have direct and influential access to young couples and families, and the case for greater participation in this important aspect of child safety is a strong one.

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1 Department of Transport. *Road accidents Great Britain*. London: HMSO. (Published annually.)

2 Lowne R, Roberts A, Roy P, Hill K, Jones H. The effects of the UK seat belt legislation on restraint usage by children. In: *Advances in belt restraint systems: design, performance and usage*. Warrendale: Society of Automotive Engineers, 1984. (No 840526.)

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4 Geddes DC, Appleton IC. Use of restraint systems by preschool children in cars. *Arch Dis Child* 1982;57:549-50.

5 Christophersen ER, Sullivan MA. Increasing the protection of newborn infants in cars. *Pediatrics* 1982;70:21-5.

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