then I have never been able to keep my balance, so I'll be walking to work on National Cycle To Work Day'. Another initiative, 'Don't Choke Britain 97' is viewed, among other things, as 'vital in changing people's attitudes across the country about realistic alternatives to the car'. A third, Walk to School Week, includes figures provided, I suspect, by Ian Roberts. These compare the rates of 8 year olds who walked to school without an adult in 1971 v the present ... 87% v 11%. 239

Finally, in passing, it is interesting that road casualty figures for the UK, comparing 1996 with 1995, show that child casualties rose by 2%.

We await further developments in the UK with great expectations. If these are fulfilled, they will provide grounds for trying to persuade our own leaders to follow the UK's example. Having a Minister of Public Health is a superb way of responding wisely to injury prevention challenges.

: * * * *

A tragedy for us all

The death of Diana, Princess of Wales, is a blow to all of us for many reasons. Above all there is the human tragedy, especially for her children. Her work to bring the world's attention to the obscenity of landmines as a tool of war was a great accomplishment. Few would deny that only someone with her profile could have achieved so much. The conference in Norway was on the verge of agreeing to this ban on the very day of her death.

As well as her loss to this cause — a cause that I assume all readers of this journal endorse — she was the former Patron of the Child Accident Prevention Trust. Although she recently left this role, her support was important in gaining for the Trust the recognition it so fully deserves. Finally, we cannot ignore the manner of her death: if anyone needed to be reminded of the horrors of speeding, drunk driving, or the failure to wear seatbelts, no matter what the compounding role of the press may or may not have been, this event should hammer these messages home. Just as we pray that all untimely deaths carry some good with them, so might we reasonably expect that the Princess of Wales' death will accelerate the agreement to ban landmines and to enforce stricter controls against drunk driving and speeding.

Our hearts go out to William and Harry, the Princess's children.

* * * * *

Reviewers in this volume

Again, I must offer my most sincere thanks to the anonymous reviewers listed below. Special thanks to everyone whose wisdom and helpful comments have made this journal so scientifically worthy and so readable. Without such referees, this journal could not have achieved such high standards. Their usually speedy, thoughtful, and often highly detailed comments, are deeply appreciated by the editors, and, I hope, by most authors. Each of those listed below have reviewed one or more manuscripts this past year; several, especially, members of the editorial board, have reviewed many. I am deeply grateful to all.

> I B PLESS Editor

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rate leaders and policy makers about the merits of a proposed policy. They can reach out to those whose lives have been tragically altered by injury, and help them channel their grief into strategic action. They can mentor young professionals who will work to prevent injuries well into the 21st century.

Injury control educators should not focus on the daunting task of trying to convince every individual to behave safely. In fact, they have a far broader charge. They must facilitate the implementation of policies that most effectively create a safer population.

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policy of graduated licensing, which has been in place in the province for two years.

New injury appointments at Centers for Disease Control

New appointments at the Centers for Disease Control National Center for Injury Prevention and Control, Atlanta, Georgia include the following. Chris Branche, PhD, has been appointed as Director, Division of Unintentional Injury Prevention. The Division focuses on injuries related to motor vehicle crashes and home and leisure activities. Dr Branche was the Team Leader within the Division for Home and Leisure Injury Prevention. Her background as an injury epidemiologist includes research on drowning, spinal cord injuries from water recreation, falls among the elderly, occupational injuries, and injuries among minorities. Former Acting Director, Dr David Sleet, has been appointed Associate Director for Science.

Rodney Hammond, PhD has been appointed as Director, Division of Violence Prevention. The division focuses on youth violence, suicide, and family and intimate violence. He was director of the Center for Child and Adolescent Violence Prevention in Dayton, Ohio and an Associate Professor of Psychology at Wright State University. Dr Hammond's academic work has focused on prevention of youth homicide and suicide, and community based violence prevention programs. Former Acting Director, Dr Jim Mercy, has been appointed Associate Director for Science.

Cigarette lighters recalled

Five US importers have recalled about 845 000 novelty and disposable cigarette

lighters, according to a CPSC press release. The lighters either do not have child resistant mechanisms to prevent young children from igniting them or have defective mechanisms in violation of the Consumer Product Safety Act. The press release notes that one importer of lighters of Chinese manufacture is recalling 790 000 units which retail at about 25 cents each.

Contributors to these News and Notes:

Anara Guard, Barry Pless, Susan Gallagher, Rosie Mercer, Esha Bhatia, Jeff Coben, Amy Zierler and David Sleet. Contributions have been edited by Michael Hayes. Items for the next issue should be sent to Michael Hayes at the Child Accident Prevention Trust, 18-20 Farringdon Lane, London EC1R 3AU, UK, fax: +44 171 608 3828, e-mail: mh@capt.demon.co.uk. by 1 March 1998.

International Society for Child and Adolescent Injury Prevention

We invite you to join the International Society for Child and Adolescent Injury Prevention (ISCAIP). ISCAIP was created in 1993 for injury professionals around the world. The goal of ISCAIP is to reduce the number and severity of injuries to children and adolescents through international collaboration.

Membership fee

The annual membership fee for ISCAIP, including a subscription to *Injury Prevention*, is: \pounds 85 (US\$ 155) for individuals

 \pounds 125 (US\$ 230) for non-profit or charity institutions

 $\pounds 250$ (US\$ 435) for corporate institutions

If you would like to receive a brochure describing ISCAIP in greater detail, please write to the address below.

How to join

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Amount to be charged Signature of cardholder

*When paying by credit card, the account will be charged in pounds sterling and converted accordingly (We much prefer this method of payment).

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other states that were excluded. The use of police reports to ascertain cases has the limitation that in order to become a case, a police report must have been generated. There appears to sometimes be failure of the involved parties to notify the police. Perception by the public of such incidents as injury events, as opposed to reportable motor vehicle collisions, is probably a major contributor to this phenomenon. Pedestrian incidents involving children 4 years old and younger may be underreported.¹⁵ This may also be due to a severity bias in that, if the pedestrian is minimally injured or uninjured, the parties involved may be less likely to contact the police; especially, as the child is usually scared and upset after such an incident and does not know that contacting the police is an option. The final limitation is that cases were identified from 1993-5, whereas controls were randomly selected from the DMV database in 1996. The assumption is that the drivers in the 1996 database are a representative sample of drivers and that they are homogeneous with the drivers from 1993-5. The premise is made that the driver characteristics are similar throughout 1993-6, and that reporting of cases to the police did not change during the study period. As with all case-control studies relying on existing records, it is unknown whether or not these limitations impact the results.

Further research trying to delineate information regarding unlicensed drivers and drivers involved in hit-and-run incidents is important to attempt intervention. Ascertaining specific types of violations and considering driver experience as a potential variable or risk factor would be beneficial. Also important is to determine possible methods of enforcement once risk factors have been identified.

The authors wish to thank the following for their help and contributions in this study: Ray Peck and Mike Gebers from the California Department of Motor Vehicles; Peter Corpuz and Linda Thompson of the Long Beach Department of Public Works; John Kile and Medical Records staff at St Mary Medical Center; and Patty Conn at Long Beach Memorial Hospital. This work was supported by the Southern California Injury revention Research Center, a CDC funded national research center (grant #CCR903622).

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Skate boy is hurt 'hitching a lift' on bus

A boy out roller blading was seriously injured while copying a scene from the film Back to the Future. Anthony Ball, 13, who grabbed hold of the back of a bus to hitch a lift up a hill, lost his grip and careered into the path of an oncoming van. He was the latest victim of the craze of bus surfing, inspired by a scene in Back to the Future in which Michael J Fox holds onto a vehicle while skate boarding. Anthony received injuries to his head, pelvis, and ribs in the weekend accident near his home in Quinton, Birmingham. Police said it happened as the bus rounded a bend, swinging Anthony outwards. As he lay critically ill in hospital, the Royal Society for the Prevention of Accidents pleaded for parents to warn children against the dangerous craze (Daily Mail (London), July 1997).

Sporting injury?

A cheeky couple had to be prised apart by dentists in Copenhagen after the braces on their teeth became locked together during a visit to the cinema! It took over two hours before the experts could release the pair from their embarrassing em-brace (sic). They probably won't kiss and tell! (Sunday Times (London), August 1997).

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Editorial Board Member: brief biography

JOCELYN PEDDER



Jocelyn Pedder is the President of RONA Kinetics and Associates Ltd, an independent safety research group in Vancouver, Canada. Born in New Zealand, her interest in injury prevention research was initiated as a researcher at the School of Medicine at the University of Auckland when she conducted a study of single vehicle crashes. In 1975 she moved to England to work at the Accident Research Unit

of the University of Birmingham. For the next eight years she was involved in the study of real crashes and resulting injuries. Some of this work formed the basis of her doctorate dissertation on the characteristics of motorcycle crashes and the potential for injury prevention.

In 1983 Dr Pedder moved to Canada to join Biokinetics and Associates Ltd, a bioengineering consulting firm in Ottawa. Her work at Biokinetics included the design and development of personal protective equipment and safety specifications. She moved to Vancouver in 1992 to establish RONA Kinetics where her work in the field of safety research continues. Dr Pedder has many published research papers in the field of road trauma and safety, notably on kinematics and injury control in motor vehicle crashes as well as impacts involving pedestrians and bicyclists.

Dr Pedder is actively involved in efforts to advance the state of knowledge on the biomechanics of injury and injury prevention through studies of real crashes. She participates in a number of related national and international technical committees and is a member of the Society of Automotive Engineers. She is currently on the board of directors of the Association for the Advancement of Automotive Medicine. Dr Pedder is also involved in local efforts to reduce road trauma and the incidence of motor vehicle crashes through the implementation of existing research findings and appropriate legislation.

different characteristics should calculate population specific cost outcome ratios in addition to a total ratio. In addition, the analysis could depend on the scale of the intervention. For example, a small program that saves one life could have a higher cost effectiveness ratio than a large program that saves many. In developing a comprehensive safety approach, it is also critical to understand how interventions interact. For example, the effectiveness of a sobriety checkpoint program will be reduced if vigorous enforcement of laws against sales to minors reduces the number of drunk drivers on the road

When evaluating alternatives in a resource constrained world, the highest benefit cost ratio is not necessarily the best choice. An alternative may yield larger total benefits but at a slightly higher cost per unit of safety. When evaluating related alternatives, the incremental, rather than total cost and benefit, should be evaluated. The benefits of provisional licensing of youth with a curfew at 10 pm may exceed its costs, but the benefits of a 10 pm curfew relative to a 12 pm curfew are smaller than the incremented costs.11

Conclusion

Cost outcome analysis is often used to justify a particular program to government decision makers, or to managed care providers. Perhaps more important is its value in guiding choices among alternative interventions in a resource constrained world. To compare programs or base decisions on cost outcome analysis for a particular program, cost outcome analyses need to maintain a high level of quality.¹⁶⁷¹⁰ The inclusion of a common perspective, such as the societal perspective, and common cost categories in all analyses, facilitates comparison between interventions.

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Burns due to head lice treatment

Dr el Habashy, a senior house officer in the burns unit at Selly Oak Hospital, Birmingham, reported that a 7 year old girl came to the unit with burns to her face covering 3% of her total body surface area. She had been treated with malathion (Prioderm) for her hair lice. The fumes from the lotion made her panic, and as she ran past the lit gas cooker at a distance of 1 m a trail of fire followed her and caused severe burns. Prioderm contains isopropyl alcohol and should be applied in a well ventilated room well away from any naked flames (BMJ 19 July 1997, p 198).

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Driver, 10, kills mother in Kansas

A women who allowed her 10 year old son to back the family car down the driveway stumbled while directing the boy and was fatally run down when he stepped on the gas pedal instead of the brake. The 28 year old accident victim died at the scene. The boy was unhurt. Witnesses said the woman's son and a friend wanted to play basketball in the driveway, but the car was in the way. The boy at first resisted his mother's wish that he move the car, but then agreed to try. While the mother stood behind the car, helping guide the manoeuvre, she stumbled after walking backwards. The boy then apparently panicked with his foot on the gas and backed over his mother.

Editor's note: Anara Guard, who contributed this item, commented that this horror story struck her for a number of reasons: the age of the mother when she had him (did she ever have any parenting education?), the fact that the boy was loathe to attempt this driving stunt in the first place, and the fact that the report claims that she 'allowed' him to drive when it actually sounds like she persuaded him to do so!

content of the epidemiology and prevention sections.

ELIZABETH TOWNER Community Child Health, Department of Child Health, University of Newcastle upon Tyne, UK

CALENDAR

SafeComm-7

The Seventh International Conference on Safe Communities: Challenges for Sustaining Safety in Large Urban Environments, 13–15 May 1998, Rotterdam, The Netherlands. *Further details:* Consumer Safety Institute, PO Box 75169, NL-1070 AD Amsterdam, The Netherlands (fax: +31 20 699 2831).

Measuring the Burden of Injuries

This conference, which is being held in conjunction with the Fourth World Conference on Injury Prevention and Control, will take place in Noordwijkerhout, The Netherlands, on 13-15 May 1998. It is being organised by the European Consumer Safety Association and the Consumer Safety Institute. *Further details*: Joke Broekhuizen, ECO-SA Secretariat, PO Box 75169, NL-1070 AD Amsterdam, The Netherlands (tel: +31 20 511 4552; fax: +31 20 511 4510).

ESV Windsor 98

The 16th International Technical Conference on the Enhanced Safety of Vehicles will be held in Windsor, Canada on 1-4 June 1998. *Further details*: ESV '98 Conference, c/o Director, Motor Vehicles Standards and Research, Road Safety and Motor Vehicle Regulation, Transport Canada, Ottawa, Canada K1A 0N5. The conference web site is www.tc.gc.ca/esv98.htm.

*

ISCAIP will hold the 3rd ISCAIP Meeting on Child and Adolescent Injury Prevention on 21 May 1998 in Amsterdam. If interested in receiving the conference agenda and application form please fax +44 171 608 3674 or e-mail 100545. 3625@compuserve.com.

Electronic publication

This issue is the last to be produced by our typesetters, Elite Typesetting Techniques, in Eastleigh, Hampshire, UK and we would like to thank them for all their work over the past three years. From the next issue in March 1998 the journal will be produced by our 'in house' electronic production department, Palm Springs. All papers accepted for publication will require a disk and authors are asked to provide one for the final revised version of their paper; authors should not send a disk with their original submission. We can deal with most disks but it is important that they are labelled with the paper number, first author, whether PC (preferred format) or Mac, details of the word processing program, and filenames. These brief guidelines will be found in the instructions to authors published in each issue; more detailed guidelines will be sent to authors on acceptance of their paper.

Light weight

Chattering about her day at school, a 5 year old mentioned the local nurse had paid a visit to weigh the class. 'So how much do you weigh?' asked Mum. 'I don't know', replied the little lass. 'She only weighed my feet!' (from the *Glasgow Sunday Post* 25 May 1997; with thanks to Hugh Jackson).

Should methionine be added to every paracetamol tablet?

Under the umbrella 'Controversies in management', the BMJ (2 August 1997, 301-4) carried two contributions arguing for and against the addition of the antidote methionine to paracetamol tablets, the drug most commonly used in overdoses in Britain and America. The 'anti' paper, by Dr A L Jones, deputy director of the Scottish Poisons Information Bureau, and others, raises the question of whether the vast number of responsible users should have no choice but to take the antidote. The only combined preparation available in the UK costs four to six times more than proprietary paracetamol. Dr Edward Krenzelok, director of Pittsburgh Poison Center, proposes that the argument for its addition may be strongest in developing countries where there may be insufficient money to meet overdose treatment costs. He discusses the use of N-acetylcysteine as a cheaper and more readily available alternative in developed countries.

Magnetic attraction

A Leeds doctor, writing in the $BM\mathcal{F}$ s Minerva column (2 August 1997, p 320), reported the case of a 13 year old boy who presented with a foreign body in his nose. The boy had been playing with some small magnets and had got one stuck in a nostril. On examination no foreign body could be seen, but a radiograph showed that two magnets were positioned on either side of the posterior nasal septum. They were held firmly in place by the magnetic forces. The left magnet was removed with a steel probe, to which it became attached, and the right one then fell out when the boy blew his nose gently.

Burns due to head lice treatment

Dr el Habashy, a senior house officer in the burns unit at Selly Oak Hospital, Birmingham, reported that a 7 year old girl came to the unit with burns to her face covering 3% of her total body surface area. She had been treated with malathion (Prioderm) for her hair lice. The fumes from the lotion made her panic, and as she ran past the lit gas cooker at a distance of 1 m a trail of fire followed her and caused severe burns. Prioderm contains isopropyl alcohol and should be applied in a well ventilated room well away from any naked flames (*BMJ* 19 July 1997, p 198).

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