Evaluation of a bicycle skills training program for young children

Colleen Cooper

*Inj. Prev.* 1999;5;78-

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Compulsory child seats for cars in Japan?

The National Police Agency considered imposing a legal obligation on drivers to put their child passengers in child safety seats in November 1998. According to a survey by the agency between 1992 and 1997, the incidence of death among passengers under 6 years of age was about nine times higher when child seats were not being used. Likewise, the chances of serious injury were about three times higher among children who were not in child seats than those who were. The National Police Agency instructs drivers to place young passengers in child seats through its traffic safety lectures and textbooks at driving schools. However, only 8.3% of drivers surveyed by the Japan Automobile Federation in May 1998 said that they take such measures compared with 7.9% in 1996.

A recent survey by the National Police Agency showed high levels of support among the public for imposing a legal obligation for placing children in child seats. Over 70% of the 1700 respondents across the nation pointed to the necessity to put children in child seats while driving; and 35.4% of respondents supported legal obligations for the use of child seats. Over 57% said that the agency should promote such safety measures without making them mandatory.

News from Southern Africa

As in previous years, Child Injury Prevention Week (CHIP Week) in mid-August provided the Child Accident Prevention Foundation of Southern Africa (CAPFESA) with its annual opportunity to jockey for public attention, and to renew awareness of childhood injury. This short turn in the spotlight has become more and more of a challenge as the number of health related lobbys also demanding a piece of the action throughout the calendar year grows steadily, and the national Department of Health is always ready to oblige with a seven day slot—clearly oblivious to the fact that there are only 52 weeks in the year, and that the ability of the average citizen to absorb health propaganda has a certain saturation point. Last year we had to share the month of August with dental health (same week), cancer awareness, breast feeding, cerebral palsy, and National Women's Day. In order to make some sort of lasting impression, an energetic and imaginative campaign was clearly necessary. This was achieved through collaboration with the Paraffin Safety Association, and pre-publicity in the form of over 1000 safety resource kits and 23 000 educational leaflets and video cassettes which were distributed normally three months before the event. Reports containing details of activities conducted during CHIP Week can be obtained from Nelmare du Toit (CAPFESA, PO Box 791, Rondebosch 7701, South Africa).

The Weekend Argus of 14 November 1998 carried two reports on separate pages which on the surface would appear totally unrelated to the average reader. Page 2 carried the dramatic account of a closeknit group of neighbours in a poor suburb of Worcester (about 90 km inland of Cape Town) where two children had been killed by speeding or reckless motorists within the space of two weeks. In order to force a meeting to discuss possible safety measures with regional traffic officials, these plucky citizens barricaded their streets to traffic, and refused to budge until their concerns were recognised and dealt with. The second report appeared on page 4, and dealt the depressing news that rail services in the Western Cape will be drastically reduced—particularly on weekends—from the beginning of 1999. More commuters will therefore become dependent on private transport, traffic congestion will increase, and so will the hazards to pedestrians. So the two reports are intimately linked to one another. In contrast with first world trends where local authorities do their utmost to decrease or discourage reliance on private transport, we in Africa are moving in the opposite direction, and threatening to aggrivate an already unacceptable incidence of traffic related casualties. Back in Worcester, one might frown upon the quasi-anarchy of ordinary citizens barricading their streets in an apparent act of desperation, but from a formal safety perspective, they probably have the right idea. Their strategy is cheap, effective (from the young pedestrians' point of view, anyway), and self enforcing. It discounts shortages of money and manpower as well as the exponenntial increase in crime which such an ultimately invade all urban areas 5–10 years from now. The concept of community driven "Safe Streets" as a cost effective passive safety measure is one that I have held close to my heart ever since I encountered my first patient injured as a pedestrian—and also one which I have sporadically tried to sell to transport officials over the last decade—without success. I sincerely hope that the people of Avian Park in Worcester have more luck than I.

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Editor's note: Sadly, this is the final contribution that David Bass will be making as a regional editor. He has decided that the time has come to step down and devote his finite energy to other causes after many years as a staunch advocate of children's safety. His thoughtful, graphic pieces that have appeared regularly will be greatly missed. The cause of child injury prevention can ill afford to lose the David Basses of this world. I hope his absence from the field will not be permanent.

Injury Prevention Association established in September 1998

After a year of preparation, the Injury Prevention Association of the Republic of China was established in Taipei in September 1998. The goals of the association are: (1) education about injury prevention and the promotion of injury prevention programs; (2) urging the government to give injury prevention a high priority; (3) establishment of injury related data sets and surveillance systems to enable more thorough research and evaluations about injury; and (4) cooperation with international injury prevention groups. Research about injury prevention and the promotion of injury prevention programs in Taiwan are still in their infancy. We hope

Reports from Taiwan

Payments for inpatients due to injuries ranked first in national health insurance

Taiwan is a small island of 36 000 km² with a total population of 21 million. On 1 March 1995, the Taiwan government inaugurated a universal compulsory national health insurance (NHI) scheme. According to the annual report of the Bureau of NHI, the NHI paid 80 billion US dollars in 1997; 68% of these payments were for ambulatory care and 32% for inpatient care. There were 376 000 ambulatory care claims due to injuries and the payments for these claims totalled about 8 million US dollars. The payments for inpatient care due to injuries ranked first among all diagnoses (table 1). Almost half (89 299/192 421) of the injury claims were related to traffic crashes and the payments for these injuries totalled 2493 million US dollars. Because of the high financial cost of injuries in Taiwan and the obvious toll of these injuries on the economy and personal wellbeing, promotion of injury prevention interventions is urgently needed.

Motorcyclist helmet law enforced in June 1997

In 1997, the number of registered motorcyclists in Taiwan was around 10.4 million, which accounts for 66% of all registered motor vehicles. Almost one half of the motor vehicle traffic related deaths were motorcycle related. The motorcyclist helmet law was passed by the Legislative Yuan in the end of 1996 and was enforced in June 1997. Over a year has passed since enforcement began and there has been great variation in political will to enforce the law among different county governments. The helmet use rate varied dramatically among different counties. A preliminary evaluation revealed that the number of severe head injury cases did decrease during the past year in Taipei City, for which helmet use rate was almost 100%. A more thorough and systematic study is needed to evaluate the effect of the law.

Table 1

<table>
<thead>
<tr>
<th>Main diagnoses (ICD9-CM)*</th>
<th>Claims (%)</th>
<th>Payments† (%)</th>
</tr>
</thead>
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<tr>
<td>Injuries (E800-E999)</td>
<td>192 421 (8.2)</td>
<td>5 915 (7.8)</td>
</tr>
<tr>
<td>Normal deliveries (B500-659)</td>
<td>251 103 (10.7)</td>
<td>4 727 (6.2)</td>
</tr>
<tr>
<td>Cerebrovascular diseases (E340-438)</td>
<td>72 045 (3.1)</td>
<td>3 541 (4.7)</td>
</tr>
<tr>
<td>Digestive diseases (E570-579)</td>
<td>87 120 (3.7)</td>
<td>3 117 (4.1)</td>
</tr>
<tr>
<td>Others</td>
<td>1 741 157 (74.3)</td>
<td>86 370 (77.1)</td>
</tr>
<tr>
<td>Total</td>
<td>2 343 846 (100.0)</td>
<td>75 670 (100.0)</td>
</tr>
</tbody>
</table>

*International Classification of Diseases, ninth revision.
†Million US dollars.
that the members of the ISCAIP will assist
the association in its goal of injury preven-
tion.

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Youth boxing ban in some Australian jurisdictions

Youth boxing, and to a lesser extent boxing in general, became the subject of renewed con-
troversy in late 1998 after a Queensland box-
ing competition involving young girls. The NSW Minister for Sport failed in her
attempted to convince the Council of Sport
Ministers for an Australia-wide ban on boxing for children under 14 years. Health
and safety groups, including the Federal
Health Minister, have long advocated a ban
on boxing. The failure of sports ministers to
act drew strong condemnation from groups
such as the Australian Medical Association
(web site domino.ama.com.au, 20 November
1998). NSW subsequently acted to ban all
boxing for children under 14 years of age.
Media reports indicate a ban is likely in
Queensland.

Professor John Pearn, a Brisbane paediat-
rician, called for an absolute ban on underage
boxing in an August 1998 article in the Jour-
nal of Paediatrics and Child Health. In the press
coverage of the issue he suggested that
placing the head entirely out of bounds would
make the sport more challenging but safer
for participants. Noting past controversy about
other rule changes he said that in 1938 when
the rules were changed everyone said it was the end of boxing—who will go if you can’t
watch someone being hit in the tectuses—but
boxing survived (The Weekend Australian,
public health advocate from Sydney Univer-
sity, has a slightly more tongue in cheek
response, suggesting we make the head out of
bounds but allow blows below the belt on the
grounds it will increase the public spectacle and
reduce the reproductive ability of boxers.

Recommendations of the Australian Na-
tional Health and Medical Research Council
Report on Boxing Injuries that professional
boxing be prohibited and that amateur
boxing be permitted only under stricter condi-
on participation of children and young people
in boxing (RES703) available (www.aap.org/
policy).

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UK government reviews traffic speed

The County Surveyors’ Society (CSS) may
not sound the kind of organisation likely to
lead the war against death and injury on
the roads. Yet it was at a seminar hosted by
the CSS in Birmingham that the UK government
announced a major policy initiative that
could lead to a breakthrough in efforts to
enhance road safety in that country.

The Department of the Environment,
Transport and the Regions is, it seems,
undertaking a wide ranging review of national
speed policy. In launching the review, Trans-
port Minister Lord Whitty said that cutting
car speeds “would save lives, cut acci-
dents, lower vehicle emissions and lead to
more efficient use of roads”.

These words were music to the ears of
safety advocates. That sounded like an unambiguous commitment to cut speeds. But
politics is never that simple.

Whitty continued, “The effects of speed
are highly complex and felt beyond the vital
area of road safety. To create a comprehensive
and successful speed policy we need to see
how it affects the economy, how much it will
reduce vehicle emissions and improve peo-
ple’s quality of life. Only by taking account of
all these elements will effective speed man-
agement help develop a successful integrated
transport system”.

So the government’s enthusiasm for road
safety is apparently tempered by all manner
of other considerations that will exert an
influence on the outcome of the review. Because the subject is “highly complex”, the necessary radical policy shift
to reduce traffic speed is a depressingly remote
prospect. Antispeed lobbyists—including the
injury prevention community in the UK—
cannot afford to be complacent.

The review will be completed towards the
end of 1999. Send your views as soon as you can
on the potentially lifesaving benefits to
both pedestrians (especially children and the
elderly) and drivers of reducing traffic speed
to the Transport Minister, Eland House,
Bressenden Place, London SW1E 5DU, UK.

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LETTERS TO THE EDITOR

Kids in the back seat: Brazil’s strides in enforcing its new traffic law

EDITOR,—Primary care pediatricians like my-
self, who are often asked to lecture on child
deped safety promotion to both
peers and lay people, naturally have their
attention drawn to studies like the one so
meticulously devised and carried out by
Braver et al for the solid information they
provide.1 This article provides very useful
data demonstrating, among other issues of
interest, the lower risk of children in the rear
seat sustaining injuries, whether or not the car
is equipped with a passenger-side airbag,
even though a greater risk reduction could be
demonstrated for vehicles having such a
device. This particularly concerns us, safety
promoters of the so-called less industrialized
countries, who will not see either legal
requirement for, or generalized adoption of,
dual airbags in our vehicles for the foresee-
able future. Thus, as aptly stated in a recent
Mohan editorial,2 although the international
exchange of scientific principles and experi-
ences is essential, we must count on a long
period of trying to convince people to put
kids in the back seat through measures in our
own countries.

However, what prompted this letter was the
fact that Braver et al cite only European,
North American, and Australian data on
banning children from front seats. However
none of the places mentioned require comp-
ulsory rear seat positioning for every child,
irrespective of their being restrained, perhaps
the only exception being the state of Louisi-
an. As in other international comparisons
that have appeared in Injury Prevention,3 there
is an utter lack of South American data, which
is nevertheless quite understandable, given
the scarcity of our statistics. Injury Pre-
vention has already mentioned the new
Brazilian traffic code,4 a stringent national
law that went into effect at the beginning of
1998, and which has led to a noticeable decline in traffic deaths and injuries in the
country’s major cities. According to the new
code, the use of a safety seat belt is mandatory
for all occupants, in any sitting position,
traveling in any type of vehicle. Children aged
10 and younger are required to travel in the
back seat and use a safety belt or equivalent
restraining device, unless the vehicle has only
a front seat, or the number of occupants under
10 exceeds the seating capacity of the rear
seat, in which situation the tallest child
should occupy the front seat and use the
proper safety belt. The code also states
that none of the above exceptions apply to
school buses or any kind of paid child trans-
portation vehicle.

Brazil’s new traffic code is seemingly more
advanced and stringent than most similar
laws, and great efforts are being made in
order to adequately enforce it. A very large
and continuous campaign has reached every
corner of the country, with a great deal of
popular support. Government authorities
have issued regulations that transfer the
responsibility of direct law enforcement to
the municipality level, so as to narrow the
focus of control and promote better commu-
nity involvement in the process. We need to see
in what way and to what extent the law is
enforced in bringing down our gloomy figures
of traffic injuries and casualties? According to
Fred Riviara in a recent ISCAIP report, “get-
ting a law passed is easy, the difficulty lies in
generating the will towards and the means
in a way that achieves the desired outcome.”5
For now, we can just thank Injury Prevention
for the chance to reach through the language bar-
rier and show some of Brazil’s strides towards a safer world.

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1. Braver ER, Whitfield R, Ferguson SA. Seating
positions and children’s risk of dying in motor
2. Mohan D. Injuries in less industrialised
countries: what do we know? Inj Prev 1997;3:
241–2.
international study of the exposure of children
1998;4:5.
Seating positions and children’s risk of dying in motor vehicle crashes

EDITOR,—In an excellent report on the increased risk of injury to child front seat passengers in the event of a motor vehicle crash, authors Braver et al state "only Luxembourg bans infants in rear facing seats from front seats of vehicles with passenger airbags". They continue "Australia requires top tether straps for restraints designed for infants weighing less than 9 kg, which in effect is a requirement for infants to be seated in the rear".

What the authors did not state, and may not have known, is that Australia requires top tether straps for both infant (under 9 kg) and toddler (9–18 kg) restraints. Harnesses, designed for use with or without booster seats for children weighing up to 32 kg, also use a strap fixed to an anchorage point in the back seat. The latter two are forward facing. Although the law does not specify that child passengers cannot ride in the front seat, the anchoring mechanism, fitted in the rear compartment, makes the practice fairly universal, at least for young children. The anchor point is fitted into the vehicle at time of manufacture and every restraint is sold with an anchor bolt ready to fit into place after purchase. Some children do travel in front seats, against recommended practice. Perhaps the time has come for Australia to strengthen its already comprehensive child restraint laws in the light of this very useful research.

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Evaluation of a bicycle skills training program for young children

EDITOR,—I have some comments with regard to the article by Macarthur et al on evaluating a bicycle skills training program.

The CAN-BIKE Festival is the best introduction to bicycle safety that exists. Participants in the festivals are exposed to the issues and problems in key injury areas—violence, sports, cycling practices and so cannot reinforce messages given in training. Further training through the CAN-BIKE I intervention, enforcement, environmental change, education, and public information. Further information: Dr Wim Rogmans, ECOSA, PO Box 517169, 1070 AD Amsterdam, The Netherlands (fax: +31 20 511 4510, e-mail: ecosas@consafe.nl).

11–13 April 1999, Hoani Waititi Marae, Waitakere, New Zealand. Creating Safer Communities....What Works? In connection with New Zealand Injury Prevention Network Day, 14 April. Further information: Renée Patterson, First Pacific Risk Reduction Conference (tel: +64 9 570 5801, fax: +64 9 570 5809, e-mail: reenepatterson@comleisman.co.nz).


10–12 May 1999, Brisbane, Australia. Third National Conference on Injury Prevention and Control. The theme will be The Challenge of Integration, with particular focus on relationships between and within research and practice, the continuum of primary, secondary and tertiary prevention, the many sectors involved in the prevention process, and safety promotion and injury control. Further information: Judy Lupton, INTERMEDIA, Convention and Event Management Pty Ltd, 11/97 Castlemaine Street, PO Box 1280, Milton 4064, Australia (e-mail: judylup@im.com.au).

11–14 May 1999, Los Angeles, California, USA. UCLA Conference on Public Health and Disaster Relief. Further information: UCLA School of Public Health, Box 951772, Los Angeles, CA 90095, USA (tel: +1 310 794 6646, fax: +1 310 794 1805).


24–27 May 1999, Chongqing, China. 16th World Congress of the International Association of Accident and Traffic Medicine. Further information: Research Institute of Surgery, 10 Changjiang Zhiliu, Daping, Chongquin 400042, China.


26–29 May 1999, Saskatoon, Canada. The First Canadian Conference on Shaken Baby Syndrome. A national collaborative initiative hosted by the Saskatchewan Institute on Prevention of Handicaps. “Awareness, prevention and response—an integrated approach” is the theme of the conference. Further information: SIPH, 1319 Colony Street, Saskatoon, SK S7N 2Z1, Canada (fax: +1 306 655 2511, e-mail: skph@sksympatico.ca).

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Evaluation of a poison prevention lesson for kindergarten and third grade students

EDITOR,—In order to avoid any misunderstanding in the above paper, published last September in Injury Prevention, and I would like to clarify items 14–16 in table 2. This table provides information pertaining to the percentage of third grade students with correct post-test responses. The wording of each of these questions begins with Do you know.....? It might appear to the reader that the students could simply respond with a yes or no answer to the question. However the students had to name different forms of poisons (14), name the ways that poisons can get into the body (15), and tell how to make their homes safer for little brothers, sisters, and friends (16). In other words a yes/no answer was not acceptable. We would like to clear up any confusion with these post-test items.

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CALANDER

29–30 March 1999, Edinburgh, UK. Safe Solutions: Pathways for the Future. Second European Convention in Safety Promotion and Injury Prevention. This ECOSA convention is designed to maximise the sharing of information and experiences, including evaluating national/local programmes and approaches, legislative and enforcement regimes, the roles of standards and regulations, education and information initiatives. Synergy between disciplines and sectors is at the heart of the convention format—to maximise interchange of ideas and experiences: link scientific theory with practice, relate experiences in key injury areas—violence, sports, work, traffic, products, interpret professional approaches—behavioural and social sciences, engineering, ergonomics, social statistics, public health, analyse instruments of prevention—monitoring programmes, legal intervention, enforcement, environmental change, education, and public information. Further information: Dr Wim Rogmans, ECOSA, PO Box 517169, 1070 AD Amsterdam, The Netherlands (fax: +31 20 511 4510, e-mail: ecosas@consafe.nl).

Further information:

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<th>Location</th>
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<td>UCLA Conference on Public Health and Disaster Relief</td>
<td>11-14 May 1999</td>
<td>Los Angeles, CA 90095, USA</td>
</tr>
<tr>
<td>American Trauma Society Annual Conference</td>
<td>24-28 May 1999</td>
<td>Arlington, VA 20772, USA</td>
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<tr>
<td>First Canadian Conference on Shaken Baby Syndrome</td>
<td>26-29 May 1999</td>
<td>Saskatoon, SK S7N 2Z1, Canada</td>
</tr>
</tbody>
</table>

Further information:

- UCLA Conference on Public Health and Disaster Relief: e-mail: judylup@im.com.au.
- American Trauma Society Annual Conference: e-mail: skph@sksympatico.ca.

7–9 June 1999, Brussels, Belgium. Second European Road Research Conference. Further information: e-mail: road-research-conf@dg7.cec.be.

18–21 August 1999, State College, Pennsylvania, USA. Playground Safety 1999. The goal of the Second International Conference on Playground Safety is to convene leading scholars, planners, managers, government and industry decision makers, specialists, and advocates of playground safety from around the world. The conference objectives are to identify, integrate, and explore potential resolutions of issues related to children’s play and playground safety in the public sector, school settings, preschool/childcare facilities, commercial enterprises, and at self contained play centers. Conference objectives also include reviewing the status of present national and multinational playground safety standards and building international relationships for networking, for information sharing, and developing compatible change strategies for the future. Further information: Suzanne St Pierre, Conference Secretariat, Conferences and Institutes, Pennsylvania State University, Penn State Conference Center Hotel, University Park, PA 16802-7002, USA (tel: +1 814 863 5100, fax: +1 814 863 5190, e-mail: ConferenceInfo1@cde.psu.edu, web site: www.outreach.psu.edu/C&I/PlaygroundSafety).

26–28 August 1999, Reykjavik, Iceland. Third Nordic Safe Community Conference: How Can We Improve Equity in Safety? Further information: Mrs Herdis Storgaard (fax: +354 562 7027, e-mail: herdis@svfi.is).

15–17 September 1999, Helsinki, Finland. Safety ’99. European Conference on Safety in Modern Society. Organised by the Ministry of Social Affairs and Health, Safety Technology Authority, National Consumer Administration and the Finnish Institute of Occupational Health. The purpose of the conference is to gather together experts to discuss the safety cultures and other current topics related to modern societies. On the basis of the discussions and conclusions drawn, recommendations on the most important safety issues will be given to the European Commission. For this purpose, various approaches will be brought into the discussion and comparisons of their applicability in the EU countries will be made. The scope of the meeting is broad, covering numerous environments from work to home and leisure time, from production to consumer aspects. Further information: Kristiina Kulha, Safety ’99, Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, FIN-00250 Helsinki, Finland (fax: +358 9 241 3804, e-mail: Kristiina.Kulha@occuphealth.fi, web site: www.occuphealth.fi/eng/project/safety99).

5–8 March 2000, New Delhi, India. Fifth World Conference on Injury Prevention and Control. The themes are sharing experiences and blending perspectives. Abstracts by 30 June 1999. Further information: Ms Arati Walia, Confer D-1, Kalindi Colony, New Delhi, 110 065, India (fax: +91 11 684 8343, e-mail: awconfer@del2.vsnl.net.in).

31 May to 2 June 2000, London, UK. Vehicle Safety 2000. A synopsis of papers should arrive no later than 1 April 1999. Further information: Brian Robinson, Institute of Mechanical Engineers, 1 Birdcage Walk, London SW1H 9JJ, UK (tel +44 (0) 171 304 6881, fax: +44 (0) 171 304 6864, e-mail: b_robinson@imech.e.org.uk).