



Evaluation of a bicycle skills training program for young children

Colleen Cooper

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REGIONAL REPORTS

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.

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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 (CAPFSA) 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 lobbies 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 nationally three months before the event. Reports containing details of activities con-

ducted during CHIP Week can be obtained from Nelmarie du Toit (CAPFSA, 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 aggravate 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 exponential increase in traffic flow such as will 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 Bases of this world. I hope his absence from the field will not be permanent.

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 motorcycles 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.

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

Table 1 Taiwan NHI payments for inpatients in 1997

| Main diagnoses (ICD9-CM)* | Claims (%) | Payments† (%) |
|-------------------------------------|-------------------|----------------|
| Injuries (E800-E999) | 192 421 (8.2) | 5 915 (7.8) |
| Normal deliveries (E650-659) | 251 103 (10.7) | 4 727 (6.2) |
| Cerebrovascular diseases (E430-438) | 72 045 (3.1) | 3 541 (4.7) |
| Digestive diseases (E570-579) | 87 120 (3.7) | 3 117 (4.1) |
| Others | 1 741 157 (74.3) | 58 370 (77.1) |
| Total | 2 343 846 (100.0) | 75 670 (100.0) |

*International Classification of Diseases, ninth revision.

†Million US dollars.

that the members of the ISCAIP will assist the association in its goal of injury prevention.

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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 controversy in late 1998 after a Queensland boxing competition involving young girls. The NSW Minister for Sport failed in her attempt 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 paediatrician, called for an absolute ban on underage boxing in an August 1998 article in the *Journal 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 testicles—but boxing survived (*The Weekend Australian*, 28–29 Nov 1998, p41). Simon Chapman, a public health advocate from Sydney University, 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 National Health and Medical Research Council *Report on Boxing Injuries* that professional boxing be prohibited and that amateur boxing be permitted only under strict conditions are available on the web (www.health.gov.au/nhmrc). The American Academy of Pediatrics has its 1997 policy on participation of children and young people in boxing (RE9703) 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, Transport Minister Lord Whitty said that cutting vehicle speeds "would save lives, cut accidents, 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 people's quality of life. Only by taking account of all these elements will effective speed management 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 unpredictable 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 myself, who are often asked to lecture on child and adolescent auto 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 foreseeable future. Thus, as aptly stated in a recent

Mohan editorial,² although the international exchange of scientific principles and experiences 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 compulsory rear seat positioning for every child, irrespective of their being restrained, perhaps the only exception being the state of Louisiana. 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 Prevention* 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 children 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 transportation 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 community involvement in the process. Will we succeed in bringing down our gloomy figures of traffic injuries and casualties? According to Fred Rivara in a recent ISCAIP report, "getting a law passed is easy, the difficulty lies in getting it implemented 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 barrier 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 vehicle crashes. *Inj Prev* 1998;4:181–7.
- 2 Mohan D. Injuries in less industrialized countries: what do we know? *Inj Prev* 1997;3:241–2.
- 3 Roberts I, Carlin J, Bennett C, *et al*. An international study of the exposure of children to traffic. *Inj Prev* 1997;3:89–93.
- 4 Jacobsen P. Pednet. *Inj Prev* 1998;4:163.
- 5 Rivara F. Injury prevention in practice. *Inj Prev* 1998;4:4–5.

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 restraints from front seats of vehicles with passenger airbags".¹ 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. H-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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¹ Braver ER, Whitfield R, Ferguson SA. Seating positions and children's risk of dying in motor vehicle crashes. *Inj Prev* 1998;4:181–7.

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.¹

The CAN-BIKE Festival is the best introduction to bicycle safety that exists. Participants in the festivals are exposed to the issues for safe cycling, namely appropriate equipment and on-bike skill development. The intent is to encourage participants to go on to further training through the CAN-BIKE I course. No one would expect 90 minutes of instruction, in absence of any reinforcing messages, to turn a young rider into a "safe" rider.

Our society does not yet recognise the need for bicycle skills training. Many parents believe that once their children can balance on a bike they are ready to go. Contrast this with swimming lessons. Parents recognise that when it comes to water safety their children need lessons every year and that messages given in training are reinforced outside of lesson time.

The children in the study received their instruction in school and so their parents may or may not have been exposed to the lessons taught. Many parents are not aware of safe cycling practices and so cannot reinforce what their children have been taught.

The festival is an improvement over the traditional "bike rodeo" that tends to focus more on fun as opposed to skill development. The skills presented in the festival can only be

mastered if they are practised on a regular basis and built on over time.

I would argue that the CAN-BIKE Festival is a bottom-up approach. This is something a community can take on as its own. Anyone can become an instructor and share their knowledge and skills with others.

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¹ Macarthur C, Parkin PC, Sidky M, *et al*. Evaluation of a bicycle skills training program for young children: a randomized controlled trial. *Inj Prev* 1998;4:116–21.

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 the journal,¹ my colleagues 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 hope this clears up any confusion with these post-test items.

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¹ Liller KD, Craig J, Crane N, *et al*. Evaluation of a poison prevention lesson for kindergarten and third grade students. *Inj Prev* 1998;4:218–21.

CALENDAR

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 regimens, 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: ecosa@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 Rim Safe Community Conference (tel: +64 9 570 5801, fax: +64 9 570 5809, e-mail: reneeppatterson@comleisman.co.nz).

9–12 May 1999, Halifax, Nova Scotia, Canada. Canadian Multidisciplinary Road Safety Conference XI. *Further information:* Vehicle Safety Research Team, Dalhousie University, 5257 Morris Street, Halifax, NS B3J 2X4, Canada.

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: judyilup@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).

16–20 May 1999, Baltimore, Maryland, USA. National Fire Protection Association Annual Meeting. *Further information:* National Fire Protection Association, 1 Batterymarch Park, PO Box 9101, Quincy, MA 02269, USA (tel: +1 617 770 3000, fax: +1 617 770 0700).

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 Zhilu, Daping, Chongqing 400042, China.

24–28 May 1999, Arlington, Virginia, USA. American Trauma Society Annual Conference. *Further information:* American Trauma Society, 8903 Presidential Pky, Suite 512, Upper Marlboro, MD 20772, USA (tel: +1 301 420 4189, +1 800 556 7890 (toll free), fax: +1 301 420 0617).

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: skiph@sk.sympatico.ca).

6–11 June 1999, Baltimore, Maryland, USA. Johns Hopkins Summer Institute: Principles and Practices of Injury Prevention. *Further information:* Johns Hopkins University, Center for Injury Research and Policy, 624 North Broadway, 5th Floor, Baltimore, MD 21205, USA (tel: +1 410 955 2636, fax: +1 410 614 2797).

7–9 June 1999, Brussels, Belgium. Second European Road Research Conference. *Further information:* e-mail: road-res-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 relation-

ships 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/Playground Safety](http://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 to 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@imeche.org.uk).