These results were presented as a poster at the BAEM Conference in Durham in March 1996.

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Rollerblade injuries in children

EDITOR,—I read with interest the paper by McGrath and Beattie on rollerblade injuries in children. While their paper supports many of the findings in other published reports on this subject, I would like to make several points.

Firstly, the reported operation rate is much lower than those reported by Banas et al and Spicero et al of 30% and 33% respectively, although neither of these studies was confined to children.

Secondly, they suggest the need to wear protective gear but do not tell us what percentage of their patients were wearing some form of protection at the time of injury. While wrist guards probably do help to prevent abrasions and hypereosion injuries, they may not be effective in preventing injuries caused by axial loading.

Thirdly, although the upper limb is the most common site of injury, serious injuries do occur in the lower limb, including fractures of the femur, tibia, and ankle.

Finally, it should be remembered that rollerblade injuries are not the preserve of children; Spicero’s study and that of Banas both included patients aged 48 years. In a personal study from Mayday Hospital, Croydon, one patient who sustained a fractured tibia was aged 53 years of age.

As the authors suggest, we are likely to see an increasing number of rollerblading injuries in the coming years as the sport becomes more popular. The only way to keep this number to a minimum is by encouraging the wearing of protective gear, and by the teaching of rollerblade skills.

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The majority of SHOs starting in accident and emergency medicine have little or no experience of common eye problems. As stated by the author in the preface, this book is a practical guide and not a textbook, and has been written primarily for A&E department medical and nursing staff with no prior knowledge of the subject.

Initial sections cover essential eye anatomy, the measurement of visual acuity, examination of the eye, and a useful section on the mysteries of the contact lens. The main part of the text presents readable but concise information on the management of common eye problems. Each condition is laid out in a logical manner and accompanied by photographs and illustrations of excellent quality. The star rating system for outlining the need and urgency of referral for each condition is very effective and is augmented by the use of red boxes highlighting conditions requiring immediate attention. The sections on the final few pages step by step instructions on performing practical treatment techniques such as washing out the eye or removing a foreign body. The whole text is admirably clear and free of jargon, but there is a glossary of ophthalmological terms at the end of the book which provides a common language when communicating with ophthalmological colleagues.

The author has achieved her aim with a superb practical guide which will be of value to all primary care practitioners, whether in the emergency department or in primary health care. The book is didactic, which I think is an asset and not a fault in such a guide, but the practitioner needs to bear in mind that local protocols may vary from this text. Little background information is given and an additional textbook may be required to satisfy the inquiring mind. This is an excellent book and I have no doubt that it will be much in demand.

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