

Letters to the editor

Are cyclists protecting their heads?

Sir

Cycling is becoming an increasingly popular form of both sport and transport in the U.K. Unfortunately the number of injuries to cyclists is also increasing. There are approximately 300 deaths and over 5 000 serious injuries in Britain annually to riders (Bull, 1988): the majority of the fatalities are due to head injury. In a school survey it was found almost half of the 280 children interviewed had had a bicycle accident and of these 45% had suffered head injury (Ferris *et al.*, 1989). Bicycle safety helmets have been shown to reduce the severity of head injury sustained by pedal cyclists, including a decreased risk of fatal accident (Dorsch *et al.*, 1987).

I undertook a preliminary study recording the presence or absence of protective head gear in pedal cyclists within inner London over a 2-week period in October 1990. Observations were undertaken at varying times of day and days of the week. A total of 227 cyclists were observed during the survey period. In the over 40 age group 42 cyclists were observed and none were wearing head protection. In the younger age group 185 cyclists were observed and 37 (20%) of these were wearing head protection.

Twenty-one patients presenting at Kings College Hospital Accident and Emergency Department with injuries sustained whilst cycling without a helmet were interviewed. They were each asked a single open question as to why they did not wear a helmet. Four patients were over 40, two of these dismissed cycling helmets because of not wanting to wear a helmet and two said that it was not necessary because they were unlikely to have an accident. In the younger age group, 8 patients said they did not use a helmet because they were too expensive, 5 patients because they did not want to wear such a garment and 4 admitted that they should be wearing head protection.

This survey demonstrates that although cycle helmets are a proven form of head protection very few cyclists use them in Inner London. It is of note that no cyclists in the older age group wore a helmet. Six of the 21 patients showed resistance because of general attitude to wearing a helmet. This agrees with the study by Ferris *et al.* (1989) in children and could hopefull be improved by an increased awareness of the advantages of helmets and an increase in the designs available, to account for personal tastes and decrease adverse comments from peers. Many cyclists, including the majority of the older people, may prefer a less stylish more unobtrusive design. Over half the patients interviewed said that the main reason for not wearing a helmet was the expense: — an effective hard shell helmet costs between £25 and £50. The uptake in use of cycle helmets could be encouraged by the cycle industry including the price of cycle helmets in the cost of new bicycles or with the use of special reduction offers.

It has been shown that pedal cyclists are more likely to suffer head injury than motor cyclists and that those dying suffer more severe head injuries (Waters, 1986). Fatally injured motorcyclists usually had other major injuries because of the higher impact speed and the protection afforded by the compulsory helmet. The introduction of compulsory crash helmets for motorcyclists saw a reduction in severe head injuries. I would suggest as cycling is now increasing in popularity legislation should be introduced to make the wearing of cycle helmets to British standard specification BS6863:1987 mandatory on public roads. Until this is undertaken more publicity is required to emphasize the advantages of helmets and decrease the stigma of wearing them. The wearing of safety helmets needs to be viewed as a safety necessity rather than as part of the imagery of the racing and all-terrain bicycle fraternity. This survey demonstrates that current publicity has not achieved this aim.

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A fellowship a year abroad: the ‘pros’ and ‘cons’

Sir

Having completed a year’s Fellowship in Emergency Medicine in Canada from June 1989–June 1990, I considered it would be helpful to those contemplating a similar opportunity to explain my experiences.

It is important to glean as many factors as possible concerning the hospital of your choice, how the rota works, hours of duty and holidays, if any. Having been offered a Fellowship, the next step is to contact the Director of the Hospital to ensure that the terms of the position are fully understood and to request a memorandum outlining the opportunities and obligations required of the Fellow.

To go abroad is not as simple as it might first appear — there are numerous hurdles to be surmounted, eg: —