

admitted to being overweight at the time of the survey, and 70 had smoked cigarettes most of their adult lives. There was a 2:1 ratio of sedentary to non-sedentary workers. The incidence and episodes of all ischaemic heart disease and myocardial infarction in the cyclists is compared with equivalent age groups in the National Morbidity Survey (NMS) (1971) (see table). The drawback of comparing NMS figures, which are based on cases reported to GPs, with the questionnaire is that the latter has no details of dead FCOT members before death and the population structure is different. Only a general impression therefore is claimed from these figures. Comparison with a similar group or club of "survivors" would have been more desirable.

### Comment

A decrease in the incidence of myocardial infarction and ischaemic heart disease is evident in all cyclists, but the ten-fold decrease in the incidence of all ischaemic heart disease in the over-75 group is apparent. Only three of the 23 deaths had been from heart disease, which is lower than expected. The average age of death was 79 years, high, as expected, in this club whose age of entry is 50 years minimum.

I thank the FCOT for their exceptional co-operation in this study and their secretary, Mr Derek Roberts, for great interest and support. Also I thank Dr P D Clark of the RCGP Research Unit for valuable help in compiling results and statistics.

<sup>1</sup> Shapira, S, *et al*, *Journal of Chronic Diseases*, 1965, **18**, 527.

<sup>2</sup> Stamler, J, *et al*, *Journal of Chronic Diseases*, 1960, **11**, 405.

(Accepted 12 October 1977)

### Datchworth, Herts

H K ROBERTSON, MB, DTM&H, general practitioner

## Skateboard injuries: preliminary report

From the end of June 1977 we recorded attendances for skateboard injuries at the accident and emergency department, noting details on a special form. We saw two cases at the end of July and then 52 in the next seven weeks.

### Present series

Of the 54 children with skateboard injuries, nine were girls. The youngest child was 7, seven were 9, 41 were 10-13, and five were 14 and 15. Twenty-eight children were injured when skateboarding on the road, 16 on footpaths, six in the garden, two on grass slopes, one in a playground, and one in a backyard. In 32 cases the child owned the skateboard. About one board in three was home-made. One boy had had only 15 minutes' experience before he was pushed off; another fell off six hours after acquiring the

skateboard. Nine children were injured within a week of acquiring the skateboard.

Causes of the accidents were: fourteen children fell off for no apparent reason; six fell when cornering; one fell when swerving to miss a friend; one fell after a collision; and one fell when the skateboard was travelling (according to him) "at 40 miles an hour down a steep hill." Three fell when jumping off; one was pushed off; nine fell when the skateboard hit a stone or other loose obstacle; six fell when the skateboard hit a bump in the road or a manhole cover; and in two cases a stone became wedged in a wheel. One child trapped a finger when pushing the skateboard by hand, and one avulsed a fingernail when sitting on the skateboard and a wheel ran over his hand. One fell off while sitting and another when doing a handstand. Three fell when the skateboard slipped on gravel or wet leaves and one when the axle bent at speed.

Few of the injuries were serious, and only two children required admission—one with concussion and one with a displaced fracture of the lower leg. Injuries received were: bruises, abrasions, and lacerations (20 cases); sprained wrist (6); avulsed fingernail (1); injury to neck (1); concussion (1); and fractures (25). Fractures included: thumb (2 cases); radius (10; 6 greenstick); radius and ulna (1); scaphoid (6); phalanx (1); metacarpal (1); clavicle (2); tibia and fibula (1); and metatarsal (1).

Thirty-seven children underwent x-ray examination.

### Comment

Skateboard injuries will probably become more common as the sport gains in popularity. If our total of 52 accidents in seven weeks reflects the incidence of accidents throughout the year in this city, we should see 386 cases in 12 months. In Hawaii<sup>1</sup> there were 16 admissions to one hospital in three months, including seven for concussion, one for a fractured skull, five for other fractures, one for retroperitoneal haemorrhage, and one for a ruptured spleen. Seventeen admissions to a Los Angeles hospital<sup>2</sup> over three years included one for a ruptured kidney and one for a skull fracture with cerebral contusion causing hemiplegia and aphasia.

We do not see how the accident rate in Britain can be reduced, although the provision of designated skateboarding areas would remove the hazard to pedestrians and traffic when children use skateboards on roads and footpaths. Helmets and protective pads on elbows and knees do not reduce injuries, especially to the forearms, which are the most common site of damage.

Our study is continuing.

<sup>1</sup> Atienza, F, and Sia, C, *Pediatrics*, 1976, **57**, 793.

<sup>2</sup> Jacobs, R A, and Keller, E L, *Pediatrics*, 1977, **59**, 939.

(Accepted 23 November 1977)

### Paediatric Accident and Emergency Department, Children's Hospital, Sheffield S10 2TH

CYNTHIA ILLINGWORTH, FRCP, consultant

ANN JAY, MB, DCH, registrar

ROSEMARY PARKIN, MB, CHB, registrar

MARY COLLICK, MB, CHB, senior house officer

DILYS NOBLE, MB, DCH, senior house officer

VALERIE ROBSON, MB, CHB, senior house officer

ALICIA ILSLEY, MB, CHB, senior house officer