Clinical Topics

Drain-cover injuries in children

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Summary

This report highlights unnecessary injuries to the hands, forearms, and feet of small children, caused by falling drain-cover gratings, colloquially known as "shores." It is suggested that a simple locking device, similar to that employed on manhole covers, would eliminate this type of injury.

Introduction

During one four-week period in the summer of 1975 six children, whose case histories are summarised in the table, were seen for injuries received while retrieving objects, mostly marbles, from roadside drains.

Summary of injuries received and condition on review

Patient	Age (years)	Sex	Injuries sustained	Condition on review
1	8	M	Severe soft tissue damage right foot and hallux, no fractures. Hospitalised 8 days.	Normal
2	5	M	Compound fracture base of distal phalanx left hallux (see fig 2).	Normal
3	3	M	Severe soft tissue damage. Comminuted fracture proximal phalanx right hallux.	Normal
4	4	F	Compound fracture distal phalanx right hallux.	Normal
5	5	F	Greenstick fracture lower third left radius and ulna.	Normal
6	5	F	Severe soft tissue damage right hand. Compound fractures mid-shaft of proximal phalanx index and middle finger, and fracture of distal shaft proximal phalanx ring finger. (see fig 3). Hospitalised 11 days.	Functionally normal. Radiologically, remodelling not yet complete.

Cause and nature of injuries

Roadside drain-cover gratings ("shores"), (fig 1), are made of heavy metal and weigh about 12 kg. They are hinged at one side, easily opened, and even easier to close. Small children playing by the roadside often lose objects, marbles and money in particular, through the bars of the drain cover. They naturally attempt to retrieve their property by lifting the cover. Dropping the cover back in place while the child's hand or foot is in the

FIG 1—Drain cover grating ("shore"), weight about 12 kg.

FIG 2—Radiograph, fracture base of distal phalanx left hallux, gross soft tissue swelling present.

FIG 3—Radiograph, displaced fractures, shafts of proximal phalanx index, middle, and ring fingers.

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way results in severe crushing injury causing extensive soft tissue damage, and on occasions, fractures of the bones of the hands, forearms, or feet (figs 2 and 3).

I saw these six children who needed admission to hospital, their injuries ranging from soft tissue damage alone to multiple displaced open fractures of the phalanges. They have been followed up clinically and radiologically for six months and all have regained full function in the injured part.

Comment

Six such cases in one month is not an alarming number, but

perhaps this is only a small percentage of the total being treated by family doctors and other accident departments. It would not be difficult or expensive to fit a locking device similar to that on manhole covers and hence eliminate this unnecessary injury to small children.

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Contemporary Themes

Helping pensioners to keep warm

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During the winter of 1972 I collaborated with doctors and others in the first national study of hypothermia. With the help of a team of nurses, the Opinion Research Centre interviewed for us over 1000 elderly people in their homes and measured their body temperatures and the temperatures inside and outside the house. We showed¹ that about 10% of those interviewed were at risk of developing hypothermia because of their low body temperatures and that many more were in unpleasantly cold conditions. Indeed, 55% were in living rooms with temperatures at or below 60.8°F (16°C)—the minimum laid down for working environments in the Offices, Shops and Railway Premises Act 1963. A disturbingly large number of old people with low body temperatures were living on supplementary benefit, and three-quarters of the supplementary pensioners in our sample were unaware that they could get extra financial help towards their heating costs. Our practical conclusions included recommendations for action to be taken by the Supplementary Benefits Commission. Since then the cost of fuel has risen dramatically, there has been growing public concern about these problems, and in 1975 I became Chairman of the Supplementary Benefits Commission. With another cold winter upon us, this may be a good time to report on the action which the Commission has taken.

Extra payments for heating

Since it was set up in 1966 the Commission has used its discretionary powers to give some extra help with heating costs to pensioners with exceptional needs. It has done this by paying weekly heating additions on top of the basic rates of benefit.

These additions are payable when, for example, mobility is restricted by age or infirmity or a person has a chronic condition such as rheumatism or severe anaemia or a serious illness requiring extra heating or a constant room temperature. They can also be paid if a person's accommodation is damp or difficult to heat and to help with the costs of central heating. The amounts vary according to a claimant's personal and home circumstances, but they are usually paid at rates of 70p, £1.40, or £2.10 a week. Very exceptionally more than £2.10 a week may be paid.

When the need for extra warmth can be met by, for example, extra blankets, materials for draught-proofing, or the repair or replacement of an ineffective heater, the Commission will consider making a single lump-sum payment if a claimant has little capital. In practice, that means we may be able to help if the pensioner has special need for these things and would have less than £200 left after paying for them from his own savings. If his savings are larger than that we are unlikely to provide lump-sum payments of this kind. In exceptional cases we may also be able to help supplementary pensioners pay fuel bills which they cannot meet, but normally we can do no more than make regular weekly deductions from their benefit to help them budget for what might otherwise prove an intolerably large quarterly payment. All these arrangements also apply to younger, non-pensioners claiming supplementary benefit. We can usually offer no help to people who are not entitled to claim supplementary benefit because they are in full-time work or their incomes are too high.

Recent improvements

What more have we been able to do during the past year or two? The scope of the arrangements for giving additional weekly help for heating used to be limited. For example, under 200 000 heating additions—two-thirds of them at the lowest rate—were being paid to the 1.8 million supplementary pensioners in December 1971. Since then the Commission has stretched the use of its discretionary powers to the limit to make it easier for staff to help those in need. Although fuel prices have risen

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