

## Summary of the six cases of eye injuries caused by elasticated straps

Case No	Age (years)	Sex	Circumstances in which injury occurred	Clinical findings	Management	Visual acuity (months after injury)
1	11	M	Fastening strap on trailer tent	Hyphaema	Bed rest	6/6 (1)
2	41	M	Strapping load across lorry	Corneal perforation	Suturing of cornea	6/18 (3)
3	39	M	Pulling strap on windsurfer	Iris tear, hyphaema, vitreous haemorrhage, secondary glaucoma	Bed rest, ocular hypotensives	6/18 (3)
4	63	M	Fastening strap over car roof rack	Hyphaema, post-traumatic cataract	Bed rest, delayed surgery for cataract and implantation of intraocular lens	6/9 (3 months after surgery)
5	50	M	Fastening strap over car roof rack	Iris tear, retinal detachment	Vitreotomy and injection of silicone oil	6/60 (8)
6	31	M	Fastening strap over car roof rack	Hyphaema, retinal tear	Bed rest, cryotherapy to retinal tear	6/9 (1)

leads would prevent accidental release. Only one hook would need to be so modified provided instructions were given to secure the gated hook first. Manufacturers should be encouraged to enclose safety warnings with elasticated straps, and the public needs to know about their potential risk.

We thank the consultant staff of this hospital for permission to report on these patients.

- 1 Duke-Elder S, MacFaul PA. In: Duke-Elder S, ed. *System of ophthalmology*. Vol 14. London: Henry Kimpton, 1972:63-307.
- 2 Jensen H. Expandable tie down straps for luggage racks dangerous for the eyes. *Nord Med* 1983;98:296-7.

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## Travellers and preventive health care: what are health authorities doing?

Travellers are considerably disadvantaged in both health and health care.<sup>1-3</sup> Although there are 50 000-80 000 travellers in England, many health districts have yet to recognise their health needs. A survey was undertaken to examine whether health districts are addressing these needs.

### Methods, and results

A questionnaire was sent to directors of community nursing services requesting information about prevention policies in the district and details of known travellers. Altogether 168 (88%) of the 191 districts in England responded. Of the 158 districts with a policy on prevention or health promotion, only five had policy statements that mentioned travellers. One district had a health promotion officer specifically for travellers.

Liaison between district health authorities and other agencies planning services for travellers was sporadic. Of 118 districts replying to this section of the questionnaire, 18 liaised regularly, 20 never did, and seven held meetings on an ad hoc basis. Most interpreted planning services as any form of discussion about services for some of the travellers in their district. Ninety districts had staff with designated responsibility towards travellers, who included clinical medical officers, health visitors, midwives and district nurses, specialists in community medicine, general practitioners, and a health promotion officer. The responsibility varied from working only with travellers to being nominally responsible for their preventive health care but having no direct contact. Although in 81 districts health visitors had special responsibility for travellers, only 22 districts offered them training about travellers.

Several studies of travellers' health have identified specific problems such as antenatal care, immunisation, and family planning. Only 11 districts said that they had any kind of outreach or special maternity facilities for travellers. For immunisation, family planning, and cervical cytology, 100-110 districts expected travellers to attend ordinary clinics. Little information was available to indicate how successful or acceptable this is: only 16 of 142 districts could measure uptake of preventive services by travellers' children from routine statistics, and only five of 154 districts could measure uptake of family planning services. Six districts routinely offered services on the campsites. Though only 12 districts gave

travellers details of their medical records, 64 gave all parents a record of their child's immunisations.

### Comment

Travellers are rarely recognised as having special needs. Many problems exist in delivering preventive services, and some districts know little about travellers in their area. General rather than specific preventive measures are necessary. Too often health services decide on a specific target, such as improving uptake of immunisation without reference to the travellers' priorities: the travellers might prefer a clean water supply or a secure campsite, both of which are essential for health and require liaison with other agencies.

Liaison is also important in ensuring that health professionals are aware of travellers in the district. Travellers are most likely to make contact with services through community nurses and health visitors, hospitals, and general practitioners. In only a few districts are social and education services and environmental health departments seen as providers of information to health professionals.

Several reports have recommended that health authorities should recognise the health problems of travellers and have outlined possible solutions.<sup>1-4</sup> This study confirms the need for those recommendations to be implemented; they are not necessarily expensive but require recognition of travellers and their health needs. A way forward would be for some districts to develop demonstration health promotion projects, with the health and local authorities working with travellers to address their perceived health needs. The Department of Health and Social Security has never produced guidance on the health problems of travellers. Such guidance could provide the stimulus for long overdue action.

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- 1 Pahl J, Vaile M. *Health and health care among travellers*. Canterbury: Health Services Research Unit, University of Kent, 1986.
- 2 Linthwaite P. *The health of traveller mothers and children in East Anglia*. London: Save the Children Fund, 1983.
- 3 Walker PC. The health of travellers. *Br Med J* 1986;293:1322.
- 4 Streetly A. Health care for travellers: one year's experience. *Br Med J* 1987;294:492-4.

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### Corrections

#### Cardiac transplantation in severely ill patients requiring intensive support in hospital

An error occurred in this paper by Dr David Mulcahy and others (19 March, p 817). In the second paragraph of the abstract the term renal transplantation was incorrect; the sentence should read, "Provided that surgery can be performed before renal failure has progressed such that renal dialysis is necessary. . . ."

#### Pure trigeminal motor neuropathy

An editorial error occurred in the footnote of this short report by Dr Lie-Gan Chia (27 February, p 609). The address should have read Taiwan 40705, Republic of China, not People's Republic of China.