



Beijing university awarded *CMAJ* subscription



Dr. Kirby Simpson

In this photo, a family physician makes her rounds in Beijing. She may benefit from the efforts of Vancouver family physician Kirby Simpson, the second winner in *CMAJ*'s subscription contest (see 160:13). In 1997, he spent a month of his residency in China at the Capital University of Medical Sciences, and it will now receive free 3-year subscriptions to *CMAJ* and *CJS*. It has the only medical school in Beijing, and perhaps China, with a training program in family medicine. The fledgling program, which will serve as a template for other medical schools, is severely underfunded and has little access to Western texts and journals. "Before leaving, I was asked to donate the textbooks that I had brought to Beijing," recalls Simpson. He thinks the Canadian journals will help Chinese trainees "because both repeatedly emphasize the principles of family medicine and would fill an educational void at the university, which does not receive any Western journals."

Winter can be fun until the injuries start

If you're thinking of downhill skiing on a Saturday afternoon in February, think again. That's when the most skiing accidents occur, a Health Canada database suggests.

Certain types of injuries (see pages 353-4) and deaths are more prevalent in the winter. During last month's blizzard in Ontario, for instance, at least 11 people died after shovelling snow.

Unfortunately, data on types of injury being sustained are scarce. "Nobody knows if the risk of injury is higher in the winter," says Dr. Robert Conn, founder and president of SMARTRISK, a national, nonprofit organization dedicated to injury prevention. The group, in cooperation with Parks Canada and ski and avalanche associations, will start studying snow-related injuries this year.

Meanwhile, the best available data are from Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP) at Health Canada. CHIRPP is a computerized information system that collects and analyses

data on injuries to patients, mostly children, seen in emergency rooms at 10 pediatric and 6 general hospitals. (This means that the injuries of older teens, adults and rural residents are under-represented). The information is not population based.

Sledding injuries in the winter of 1994-95 were most common among males (58%) aged 5 to 14 (65%), according to CHIRPP. Most of the injuries involved abrasion, bruising or inflammation (36%), followed closely by fractures and dislocations (29%). About 40% of injured patients were using a "GT type" sled — these have 1 ski in the front and 2 at the back, with a raised seat — and 37% were on toboggans.

Snowboarding injuries reported during the winters of 1994-95 and 1995-96 involved males 81% of the time, and 88% of them were aged between 10 and 19. Half of the injuries were fractures. Snowmobiling injuries were most common among men (74% of the total reported) aged 20 to 29 (25%). Since data collection began in 1990, 5 deaths have resulted

from snowmobile injuries. The latter data obviously point to a reporting shortfall, since Ontario alone had more than 30 snowmobile-related deaths in 1998. The most frequent snowmobile injuries reported were abrasions, bruises or inflammation (37%), followed by fractures (23%).

Sixty percent of skating injuries among children in 1993 involved females, and the vast majority (84%) were aged between 5 and 14. The injuries almost always involved a moving skater hitting something (83%). Many injured patients (47%) were admitted to hospital, 46% for fractures or head injuries.

On another front, the Canada Safety Council notes that ice hockey accounts for 34% of all eye injuries in Canada. The Canadian Hockey Association and Canadian Hockey League both require players to wear certified helmets and face masks, but these rules do not apply to half of all players. NHL players set a "terrible example," says Emil Therrien, president of the Canada Safety Council. — *Barbara Sibbald*