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11: BRITISH MEDICAL JOURNAL
[CLINICAL RESEARCH 19.]

MEDICAL JOURNAL

SATURDAY 14 MAY 1988

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- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Cyclists and helmets

SIR,—Each year 2000 pedestrians and cyclists are killed on British roads and many more injured. Dr John Bull (23 April, p 1144) recommends that cyclists should wear armour to protect them from motor vehicles. The same proposal has also been made in a *Lancet* editorial.¹

A third of cyclists killed on the roads are children. Many of the pedestrians killed are either children or elderly people. Deaths on the road are far more likely for children from disadvantaged homes. In contrast, deaths of car drivers and passengers show no social class gradient. Why should the victims of our society and our transport system have to protect themselves?

The best protection would be to stay at home. Vehicles are taking over more and more space on roads, they are parked so that it is difficult to see pedestrians who wish to cross, and drivers fail to observe the highway code of giving way to pedestrians at road junctions. The decreasing freedom of cyclists and pedestrians is ignored.

In a recent Australian study most child cyclists were killed and injured in daylight, in clear conditions, and on straight roads.² Cyclists do not need helmets—they need slower car speeds, greater awareness by other road users, and more cycle lanes. The law should be changed so that these serious offences against life are given realistic penalties. For example, Howarth and Gunn proposed that child pedestrians should have the same rights in suburban roads that all pedestrians now have on zebra crossings.³ If this were extended to all pedestrians and cyclists it would have far more benefit than any amount of protective armour.

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1 Anonymous. When are cyclists going to wear helmets? [Editorial.] *Lancet* 1988;i:159-60.

2 Nixon J, Clacher R, Pearn J, Corcoran A. Bicycle accidents in childhood. *Br Med J* 1987;294:1267-9.

3 Howarth CJ, Gunn MJ. Pedestrian safety and the law. In: Chapman AJ, Wade FM, Foot HC, eds. *Pedestrian accidents*. Chichester: Wiley, 1982:265-90.

SIR,—Dr John P Bull's discussion of helmets for cyclists (23 April, p 1144) is rather one sided. The widespread wearing of helmets might minimise some injuries, but we think that the scope for this has been exaggerated and that it diverts attention from more important issues such as the provision of cycle routes or promotion of awareness of cyclists among motorists.

After the introduction of the compulsory use of seat belts in cars the drop in fatal injuries to motorists was mirrored by a rise in deaths of cyclists and pedestrians of more than half this number. This rise, thought to be due to motorists feeling safer, and therefore driving faster, was less well publicised.

The British Standard (BS6863) introduced recently for cycle helmets specifies that they are not designed to protect in accidents with other vehicles. This is to avoid the need for a bulky helmet like those used for motorcycling, which might reduce a pedal cyclist's vision and head movements. Many helmets on sale do not reach even this new standard,¹ and 87% of childhood deaths occur in accidents with other vehicles.²

Reductions in deaths with widespread use of helmets are estimated at between 10% and 90%.³ Helmets have been used for over a decade, and it is a shame that protagonists of their universal adoption cannot point to more concrete evidence of their effectiveness. The review by Mr A H R W Simpson and others (23 April, p 1161) included 12

helmeted cyclists among its subjects. The authors presumed that helmets were useful but presented no comparison of injuries between the two groups.

For people who can afford them and get used to wearing them helmets may provide some protection in the event of a head injury. They may even prevent accidents by making cyclists more visible. But for others the compulsory use of helmets might be a crucial factor in the decision to stop cycling. What then might be their decrease in general fitness?

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1 Laskin MG. Bicycle buyers' guide. *Bicycle* 1986:7.

2 Nixon J, Clacher B, Pearn J, Corcoran A. Bicycle accidents in childhood. *Br Med J* 1987;294:1267-9.

3 Juden C. That's a lie. *Cycle touring* 1988;April-May:136.

SIR,—Dr John P Bull comments on the evidence that most serious accidents to cyclists are caused by other vehicles, probably because the drivers did not see the cyclist. It was disappointing then to read that injuries could be prevented by wearing cycle helmets. The helmets may be protective, but they can, at best, be only a form of secondary prevention.

Measures need to be taken to reduce the number of accidents to cyclists, not to increase the number of cyclists wearing helmets. This may be achieved partly by encouraging cyclists to be more "visible" by wearing reflective belts and distinctive head gear, but what is required is a change in drivers' behaviour. It is sad that Dr Bull does not place greater emphasis on accident prevention rather than on reducing the consequences of accidents.