Sledging injuries in the fens: an unlikely epidemic?

P.G. Chapman FRCS, B. Cohen* FRCS and D. J. Shewring* FRCS

West Suffolk Hospital, Bury St. Edmonds and *Department of Orthopaedic and Trauma Surgery, Addenbrooke's Hospital, Cambridge CB2 2QQ, UK

There have been intermittent reports of injuries associated with the pastime or sport of sledging^{1,2}. Significant snowfalls are relatively rare in this part of Great Britain, but when the snow does fall people gather at appropriate inclines keen to slide down on a variety of sledges, tin trays, plastic bags or in some cases nothing at all (Figures 1 and 2).

Figure 1. Sledging

Figure 2. Sledging

Methods and results

All the injuries sustained whilst sledging during a spell of heavy snow between February 6 and 15, 1991 were recorded retrospectively by reviewing the accident cards of all patients attending the accident service in the hospital during this period. There were 35 patients attending with sledging injuries during this period. Their age and sex distribution are shown in Table 1.

We recorded 39 separate injuries in 35 patients. These are detailed in Table 2.

Some of the injuries were sustained whilst using articles not designed as sledges, or in two cases no sledge at all. In no case was protective clothing worn. Only five of our series (14%) sustained their injury as

Table 1. Age and sex distribution of 35 patients

	Age in years	
	Mean(s.d.)	Range
All patients (n = 35)	17.9(10.7)	7-53
Males (n = 24)	19.0(12.4)	7-53
Females (n = 11)	15.5(5.4)	8-23

Address for correspondence: Mr P.G. Chapman, West Suffolk Hospital, Hardwick Lane, Bury St. Edmonds IP33 2QZ, UK
© 1991 Butterworth-Heinemann Ltd.
0306-3674/91/030129-02

a

Figure 3. Compound femoral fracture **a** before and **b** after internal fixation

b

'pedestrians' – hit by a sledge – which is a smaller percentage than that recorded by Sloan *et al.*²

In one accident, two youths were injured whilst being towed on a fibreglass skylight along the road at 20 mph by a van. They struck an oncoming vehicle sustaining in one case a compound femoral fracture (Figure 3a and b), and in the other a fractured pelvis.

Table 2. Distribution and type of injuries

Location	No.	Type
Upper limb	14	Five soft tissue injuries Nine fractures
Lower limb	17	Eight soft tissue injuries Seven fractures Two lacerations
Head and neck	4	Two closed head injuries Two lacerations
Trunk	4	Three bruised backs One fractured pelvis

Discussion

Sledging can be a dangerous pastime but we believe that its safety can be improved by the use of proper equipment and the observance of certain rules. 'Runs' should be cordoned off from pedestrians, and use should be made of proper and not improvised equipment. Adequate safety clothing such as that used for skateboarding should be worn, offering protection to the head, hands, wrist, ankles and feet. Sledging on public roads must be discouraged.

Acknowledgements

The authors acknowledge the Cambridge Evening News for permission to reproduce the sledging photograph, and the Accident Service of Addenbrooke's Hospital for help in retrieving records.

References

- 1 Hedges JR, Greenberg MI. Sledging Injuries. *Ann Emerg Med* 1980; 9: 131–3.
- 2 Sloan JP, Maheson M, Dove AF. How dangerous is sledging? *Br Med J* 1985; 290: 821.