

## THE COST TO NEW ZEALAND OF PEDESTRIAN AND CYCLE INJURIES

A. W. BEASLEY  
Orthopaedic Surgeon, WELLINGTON  
(New Zealand)

### INTRODUCTION

New Zealand is a small country, remote from major centres of world population; with a population which has just reached three million, it is nevertheless highly motorised (Table 1); and although the scenery which represents its major tourist attraction is in itself a challenge to the roading engineer, the overall quality of roading is quite high if considered against a population density of approximately 12/km<sup>2</sup>.

Motorways are limited to the environs of the major cities, but arterial and many secondary roads are good-quality two-lane structures, well marked and signposted. Streets in towns and cities are almost invariably sealed; at intersections there is widespread and increasing use of give-way and compulsory stop signs, and of traffic lights; while pedestrian crossings of zebra type, again often light-controlled, are in common use.

TABLE I

#### VEHICLE REGISTRATIONS 1973

per 1000 population	
U.S.A.	613.0
NEW ZEALAND	475.5
AUSTRALIA	427.1
GREAT BRITAIN	208.1

(derived from NZ Ministry of Transport figures)

New Zealand has been in the forefront of a number of legislative measures designed to promote road safety: in 1956 the wearing of safety helmets by motorcyclists travelling over 30 mph (50 km/h) was made compulsory, and this resulted in a substantial reduction in motorcycle fatalities, though without affecting the injury rate (Table II). In 1972 the wearing of seat belts by front seat occupants became compulsory; and in December 1973 the safety helmet requirement was extended to include all motorcycle users at all speeds, a law which (in conjunction with fuel conservation measures introduced at the same time) achieved a 40% reduction in motorcycle fatalities by comparison with the expected figure based on recent trends.

TABLE II MOTORCYCLE CASUALTIES

Year	Killed	Injured	M/C + P/C Registered	Killed/ 10,000 m/c	Injured/ 10,000 m/c	Killed/ 1000 inj.
1952	66	1,338	27,349	24.2	489	49.4
53	72	1,293	27,745	26.0	466	55.7
54	73	1,312	28,700	25.5	457	55.7
55	80	1,295	26,993	29.7	480	61.8
56	37	1,269	27,856	13.3	456	29.2
57	48	1,397	28,100	17.1	497	34.4
58	46	1,629	31,665	14.6	514	28.3
59	37	1,683	34,213	10.9	492	22.0
60	36	1,625	36,325	10.0	447	22.2

This account might lead to an expectation of an agreeably low casualty rate among the groups under consideration; unfortunately, with one notable exception, this is not the case. The exception is that for a generation control of pedestrian crossings used by school children has been entrusted to senior school pupils - though these may be as young as 10 years - who perform a set drill using hand-held signs; and in this period there has not been a fatality on patrolled crossings. In other respects, however, the record is less creditable.

#### GENERAL TRENDS

Ministry of Transport statistics indicate that in general, over the 25 years to 1973, while the vehicle rate per head of population rose from 0.20 to 0.48, accidents per head of population rose at a comparable rate, from 216 to 514 per 100,000 population. The ratio of accidents to vehicles was thus roughly constant, as was the ratio of accidents (and casualties) to petrol consumption. Only in 1974-75 did this situation show significant improvement in response to the factors described above.

Of these casualties, the proportion of pedestrians and pedal cyclists fell until 1970; then, when casualties among vehicle occupants fell in response to seat belt wearing, there was a brief upturn especially in the case of pedestrians, though the 1975 provisional figures suggest a return to the earlier trend. (Diagrams I and II)

In the case of motorcyclists, the relative decrease (a dramatic decrease in the case of fatalities from 1956 onwards) was as dramatically reversed with the advent of Japanese motorcycles to the New Zealand market from about 1970, and the age of vehicles involved in accidents (Table III) reflects the preponderance of these new motorcycles. Only in 1974 was a flattening of this

ominous upturn (at least in fatalities) to be detected, and this may be ascribed to the safety helmet legislation referred to above.

TABLE III

THE AGE OF THE VARIOUS TYPES OF MOTOR VEHICLES INVOLVED IN ACCIDENTS

CLASSIFICATION OF VEHICLE	AGE OF VEHICLE											TOTALS
	Under 1 year	1 and under 2 years	2 and under 3 years	3 and under 4 years	4 and under 5 years	5 and under 10 years	10 and under 15 years	15 and under 20 years	20 and under 25 years	25 years and over	Not stated	
Cars	652	1,271	968	825	776	3,744	3,511	2,144	801	119	404	15,215
Rental Cars	30	59	20	7	-	10	2	-	-	-	1	129
Taxis	7	31	18	16	20	69	13	-	-	-	3	177
Vans	51	164	127	136	142	333	247	147	48	11	29	1,435
Trucks	49	76	80	85	85	303	169	89	43	46	50	1,075
Articulated trucks	8	19	17	18	15	27	10	-	-	-	5	119
Buses	4	5	16	11	13	54	44	31	25	5	31	259
Motor Cycles	632	1,129	665	403	223	233	81	33	29	4	33	3,467
Power Cycles	47	91	71	59	45	53	20	1	1	1	1	390
Others	5	5	5	6	9	12	10	4	2	1	62	121
TOTALS	1,485	2,850	1,987	1,566	1,328	4,840	4,107	2,469	949	187	619	22,387

#### REGIONAL VARIATIONS (Table IV)

To some extent these are readily explicable - the high casualty rates for pedestrians in Auckland and Wellington (the two major centres of population) and in Manukau and Papatoetoe (dormitory suburbs of Auckland) are not surprising; and the particularly high rate in Porirua (Wellington's dormitory suburb) may be accounted for on the basis of the high Polynesian population found there, including many recent arrivals from the small Pacific Island communities.

TABLE IV

PEDESTRIAN, PEDAL CYCLE, AND MOTOR CYCLE ACCIDENTS IN THE LARGER CENTRES FOR THE CALENDAR YEAR 1974

CITY OR TOWN	NUMBER OF ACCIDENTS INVOLVING		
	Pedestrians	Pedal Cyclists	Motor or Power Cyclists
Auckland	250	44	270
Wellington	198	13	215
Christchurch	184	159	446
Dunedin	77	19	122
Lower Hutt	36	21	56
Palmerston North	28	37	94
Wanganui	6	17	29
Invercargill	32	16	42
Hamilton	66	38	141
New Plymouth	27	9	64
Timaru	23	11	20

Continued overleaf

TABLE IV Continued

Napier	37	25	64
Oisborne	28	16	37
Hastings	12	17	43
Belson	18	19	31
Takapuna	34	10	43
Motorua	31	13	38
Tauranga	19	17	51
Ramkhu	92	33	90
Vhangarei	34	13	26
Porirua	31	6	24
Upper Hutt	16	13	29
Papatoetoe	24	10	19

Other regional figures, however, are surprising. Christchurch is noted for its high density of bicycles, yet the pedal cyclist casualties there are in proportion to those for the remainder of the country; while Wanganui whose cyclist casualty rate is the highest in the country, is a provincial city of modest size and no overt traffic abnormalities.

The notable feature of motorcycle accidents is that they show relatively little variation over the whole country.

TABLE V

TYPES OF ROAD USERS KILLED AND INJURED

Year	Drivers of Motor Vehicles	Passengers in Motor Vehicles	Motor Cyclists & Pillion Riders	Bicyclists	Pedestrians	Power Cyclists	Other Road Users	Totals
1949		2,921 (99)	792 (45)	893 (26)	861 (44)	-	68 (4)	5,535 (118)
1950	1,282 (46)	2,263 (55)	1,021 (47)	939 (24)	974 (57)	-	67 (3)	6,546 (232)
1951	1,447 (60)	2,478 (79)	1,164 (47)	1,065 (32)	986 (70)	-	66 (4)	7,230 (292)
1952	1,639 (49)	2,544 (62)	1,366 (61)	1,108 (31)	966 (64)	38 (5)	59 (-)	7,120 (272)
1953	1,701 (58)	2,758 (72)	1,314 (71)	1,028 (26)	1,095 (83)	51 (1)	52 (2)	7,999 (313)
1954	1,811 (72)	2,790 (90)	1,312 (72)	1,092 (37)	1,106 (87)	73 (1)	51 (1)	8,235 (360)
1955	2,222 (78)	3,228 (67)	1,308 (76)	1,228 (26)	1,195 (81)	67 (4)	61 (1)	9,309 (333)
1956	2,560 (87)	3,704 (99)	1,229 (36)	1,195 (19)	1,259 (86)	77 (1)	63 (1)	10,087 (329)
1957	3,056 (92)	4,201 (103)	1,325 (48)	1,345 (41)	1,341 (90)	120 (-)	49 (2)	11,437 (384)
1958	3,093 (101)	4,252 (104)	1,512 (41)	1,367 (39)	1,361 (89)	162 (5)	39 (1)	11,785 (394)
1959	3,169 (93)	4,406 (99)	1,525 (37)	1,318 (27)	1,406 (93)	185 (-)	43 (-)	12,056 (349)
1960	3,570 (92)	4,808 (123)	1,475 (32)	1,311 (30)	1,439 (92)	186 (4)	26 (1)	12,311 (374)
1961	3,782 (103)	4,870 (113)	1,483 (38)	1,386 (32)	1,442 (101)	189 (5)	17 (1)	13,190 (393)
1962	4,162 (124)	5,195 (108)	1,602 (44)	1,432 (31)	1,535 (88)	193 (2)	55 (1)	14,174 (398)
1963	4,592 (115)	5,519 (110)	1,563 (38)	1,347 (27)	1,612 (95)	192 (6)	46 (3)	14,171 (394)
1964	5,314 (148)	6,320 (116)	1,796 (36)	1,341 (26)	1,621 (97)	260 (4)	44 (1)	16,646 (428)
1965	5,751 (181)	6,710 (170)	1,865 (42)	1,322 (33)	1,710 (123)	244 (6)	50 (4)	17,615 (459)
1966	6,340 (196)	7,282 (162)	1,935 (37)	1,234 (29)	1,723 (114)	179 (5)	50 (1)	18,743 (543)
1967	6,142 (196)	7,000 (188)	1,828 (42)	1,157 (25)	1,675 (109)	136 (4)	41 (1)	17,779 (570)
1968	6,456 (174)	7,807 (179)	1,708 (27)	1,107 (24)	1,774 (116)	127 (1)	41 (1)	18,220 (522)
1969	6,770 (204)	7,653 (179)	1,771 (34)	1,072 (33)	1,814 (118)	174 (2)	41 (1)	19,296 (570)
1970	7,970 (269)	8,333 (211)	1,819 (37)	1,069 (28)	1,887 (101)	301 (6)	57 (3)	19,446 (555)
1971	7,811 (253)	8,375 (227)	2,580 (49)	1,112 (29)	1,974 (113)	383 (3)	47 (3)	22,284 (677)
1972	7,584 (260)	8,372 (225)	3,378 (75)	1,051 (22)	2,119 (125)	467 (4)	57 (2)	23,028 (713)
1973	7,955 (273)	8,486 (250)	3,884 (126)	1,048 (30)	2,337 (157)	470 (4)	48 (2)	24,228 (843)
1974	1,044 (225)	7,086 (190)	*3,837 (106)	995 (26)	2,149 (125)	362 (1)	32 (3)	11,505 (676)
1975	6,399 (230)	6,098 (170)	*3,390 (93)	744 (18)	1,841 (112)	266 (3)	36 (2)	19,404 (628)

\*Includes 26 power cycle pillion riders

Figures in brackets denote number killed and are included in adjacent totals

## MORTALITY INDEX FOR PEDESTRIANS, CYCLISTS AND MOTORCYCLISTS

1960-64	.062	.021	.023
1965-69	.067	.024	.020
1970-74	.059	.026	.025

## THE "MORTALITY INDEX"

Comparison of numbers killed and injured in the three categories (Table V) permits an index of the lethal potential of injury to pedestrians as compared with cyclists or motorcyclists. This potential is surprisingly high - a pedestrian has about one chance in 16 that his injuries will be fatal, whereas a cyclist or motorcyclist has about one chance in 40 - and the index is surprisingly constant over the past three 5-year periods, apart from a sharp rise in the motorcycle index for 1973-74.

## TIME OF DAY AND WEEK

The figures here show not-unexpected peaks for pedestrian accidents (Table VI) at the beginning and end of the working day and at lunchtime, with an additional late evening peak corresponding to the hour after hotel closing. It is interesting to note that Wednesday, Thursday and Friday show a preponderance of the mid-afternoon casualties, at a time when children are leaving school, and that the Friday figures reflect the tradition of late-night Friday shopping in this country.

TABLE VI

PEDESTRIAN ACCIDENTS BY TIME OF DAY BY DAY OF WEEK

DAYS OF THE WEEK	TIMES OF THE DAY																		
	Midnight - 1 a.m.	1 - 2 a.m.	2 - 3 a.m.	3 - 4 a.m.	4 - 5 a.m.	5 - 6 a.m.	6 - 7 a.m.	7 - 8 a.m.	8 - 9 a.m.	9 - 10 a.m.	10 - 11 a.m.	11 - 12 noon	12 - 1 p.m.	1 - 2 p.m.	2 - 3 p.m.	3 - 4 p.m.	4 - 5 p.m.	5 - 6 p.m.	6 - 7 p.m.
Monday	1	1	-	-	1	-	2	15	26	3	10	11	16	11	7	26	34	29	20
Tuesday	-	1	1	-	-	-	-	7	17	6	7	6	18	12	15	38	32	27	12
Wednesday	3	-	-	1	-	1	2	12	23	14	9	5	20	13	15	50	39	31	9
Thursday	1	-	-	-	-	1	1	9	27	10	6	5	19	13	9	41	32	24	27
Friday	1	-	-	-	1	-	-	10	28	9	13	12	21	19	19	53	52	32	35
Saturday	4	-	-	1	-	-	2	1	2	5	18	16	18	15	21	16	33	23	18
Sunday	11	15	-	-	2	-	-	1	1	3	5	9	16	16	23	7	17	14	11
Total	21	18	2	2	4	2	7	55	124	50	68	64	128	99	109	231	239	180	132
Percentage	1.0	1.1	0.4	0.2	0.2	0.1	0.3	2.7	6.0	2.4	3.3	3.1	6.2	4.8	5.3	11.2	11.6	8.7	6.4

Bicycle casualties (Table VII) show morning and afternoon-to-evening peaks throughout the week; the motorcycle morning peak (Table VIII) is slightly earlier, and the evening peak slightly later, with a prolongation into the late evening on Friday, and a Saturday afternoon peak not shared by the other categories of road user. Whether this reflects increased usage after Saturday afternoon sport, or increased usage as a Saturday afternoon sport, is uncertain.

TABLE VII

DAYS OF THE WEEK AND TIMES OF THE DAY THAT PEDAL CYCLIST ACCIDENTS OCCURRED

DAYS OF THE WEEK	TIMES OF THE DAY																							
	Midnight - 1 am	1 - 2 am	2 - 3 am	3 - 4 am	4 - 5 am	5 - 6 am	6 - 7 am	7 - 8 am	8 - 9 am	9 - 10 am	10 - 11 am	11 - 12 noon	12 - 1 pm	1 - 2 pm	2 - 3 pm	3 - 4 pm	4 - 5 pm	5 - 6 pm	6 - 7 pm	7 - 8 pm	8 - 9 pm	9 - 10 pm	10 - 11 pm	11 - Midnight
Monday	1	-	-	-	-	1	2	12	28	3	4	8	5	1	2	25	25	23	8	6	1	1	-	-
Tuesday	1	-	-	-	1	-	2	13	33	4	4	1	10	6	4	19	18	15	9	5	4	1	2	1
Wednesday	-	-	-	-	-	-	5	11	28	4	1	2	7	4	6	16	34	24	5	2	5	2	1	1
Thursday	-	-	-	-	-	1	-	12	30	2	8	5	4	3	5	31	29	16	14	5	6	2	2	-
Friday	-	-	-	-	-	-	1	7	30	4	5	3	7	2	3	21	32	25	7	10	1	2	1	-
Saturday	1	-	-	-	-	-	2	1	2	7	12	15	8	8	17	7	15	12	3	4	3	-	2	2
Sunday	2	-	-	-	-	-	-	-	-	2	5	9	2	5	6	6	10	4	7	1	-	-	-	-
Totals	4	-	-	-	1	2	12	56	151	26	39	43	43	29	43	125	163	119	53	33	20	4	8	6
Percentages	0.4	-	-	-	0.1	0.2	1.2	5.7	15.4	2.6	4.0	4.4	4.4	3.0	4.4	12.7	16.6	12.1	5.4	3.4	2.0	0.2	0.6	0.5

MOTOR CYCLE AND POWER CYCLE ACCIDENTS BY TIME OF DAY BY DAY OF WEEK

TABLE VIII

DAYS OF THE WEEK	TIMES OF THE DAY																							
	Midnight - 1 a.m.	1 - 2 a.m.	2 - 3 a.m.	3 - 4 a.m.	4 - 5 a.m.	5 - 6 a.m.	6 - 7 a.m.	7 - 8 a.m.	8 - 9 a.m.	9 - 10 a.m.	10 - 11 a.m.	11 - 12 noon	12 - 1 p.m.	1 - 2 p.m.	2 - 3 p.m.	3 - 4 p.m.	4 - 5 p.m.	5 - 6 p.m.	6 - 7 p.m.	7 - 8 p.m.	8 - 9 p.m.	9 - 10 p.m.	10 - 11 p.m.	11 - Midnight
Monday	2	1	1	-	-	1	3	33	33	10	15	20	29	18	18	27	54	61	35	35	17	16	14	8
Tuesday	7	2	-	2	-	1	5	43	33	12	10	15	31	17	16	31	43	53	30	36	22	10	14	12
Wednesday	4	3	2	1	-	-	5	47	29	6	20	13	30	16	19	29	44	70	39	35	26	23	29	16
Thursday	2	1	-	-	-	-	7	38	49	16	14	13	33	22	13	32	58	58	37	45	29	25	41	18
Friday	7	4	3	1	1	1	6	51	39	13	12	12	34	21	23	38	74	69	65	68	48	42	55	23
Saturday	19	16	6	6	2	-	4	11	8	16	19	42	38	47	47	42	69	45	44	38	31	19	35	28
Sunday	23	16	11	5	-	-	1	5	4	6	11	28	29	33	39	39	43	40	28	33	16	10	13	6
Totals	64	43	23	15	3	3	31	228	195	79	101	143	224	174	175	238	385	396	278	290	189	145	201	111
Percentages	1.7	1.2	0.6	0.4	0.1	0.1	0.8	6.1	5.2	2.1	2.7	3.8	6.0	4.7	4.7	6.4	10.3	10.6	7.4	7.8	5.1	3.9	5.4	3.0

## AGE OF CASUALTIES

It is not surprising to find pedestrian casualties (Table IX) involving those at the extremes of life, but it must be a cause for concern that the "mortality index" for children under 5 years exceeded 0.08 and that for pedestrians over 70 years reached 0.15 for the three years reviewed.

Similarly, while the peak for cycle accidents (Table X) was

not unexpectedly in the 10-14 age group, the figures (particularly for fatal accidents) in the 5-9 age group are disturbingly high.

TABLE IX

AGES OF PERSONS KILLED AND INJURED DURING THE THREE  
CALENDAR YEARS 1972, 1973, 1974  
PEDAL CYCLISTS

AGE GROUPS	KILLED			INJURED		
	1972	1973	1974	1972	1973	1974
Under 5 years	20	20	20	222	264	238
5 - 9 years	11	21	21	407	432	414
10 - 14 years	3	8	8	203	233	239
15 - 19 years	3	12	4	221	265	232
20 - 24 years	1	9	4	145	169	137
25 - 29 years	4	3	2	76	85	80
30 - 34 years	4	3	1	65	60	56
35 - 39 years	5	6	6	51	54	59
40 - 44 years	5	3	4	50	71	72
45 - 49 years	5	3	5	87	72	55
50 - 54 years	5	4	5	72	85	85
55 - 59 years	10	8	7	60	74	66
60 - 64 years	7	15	9	81	76	75
65 - 69 years	12	12	4	74	61	57
70 years and over	15	25	25	156	168	141
Unknown age	-	1	-	24	13	18
TOTALS	125	157	125	1,994	2,180	2,024

TABLE X

AGES OF PERSONS KILLED AND INJURED DURING THE THREE  
CALENDAR YEARS 1972, 1973, 1974  
PEDAL CYCLISTS

AGE GROUPS	KILLED			INJURED		
	1972	1973	1974	1972	1973	1974
Under 5 years	-	-	-	2	-	2
5 - 9 years	4	5	7	160	183	193
10 - 14 years	8	7	7	469	501	426
15 - 19 years	2	5	3	143	113	140
20 - 24 years	1	1	-	36	40	39
25 - 29 years	-	-	1	23	19	20
30 - 34 years	-	-	1	15	8	14
35 - 39 years	-	2	-	21	14	17
40 - 44 years	1	1	-	29	16	23
45 - 49 years	-	1	-	13	12	9
50 - 54 years	-	3	1	25	18	19
55 - 59 years	3	2	1	25	20	18
60 - 64 years	2	1	1	23	30	8
65 - 69 years	1	-	1	19	17	15
70 years and over	-	2	3	19	22	21
Unknown age	-	-	-	7	5	5
TOTALS	24	30	26	1,029	1,018	969

Motor cycle casualties show the expected preponderance (Table XI) in the 15-19 age group. The sociology of motor cycle usage at this age is a subject in itself, and need not be enlarged on here.

TABLE XI

AGES OF PERSONS KILLED AND INJURED DURING THE THREE  
CALENDAR YEARS 1972, 1973, 1974

## MOTOR CYCLISTS

AGE GROUPS	KILLED			INJURED		
	1972	1973	1974	1972	1973	1974
Under 15 years	-	-	-	8	13	18
15 - 19 years	34	56	51	1,711	1,928	1,957
20 - 24 years	20	20	23	613	723	742
25 - 29 years	3	7	6	117	138	148
30 - 34 years	-	6	3	45	43	53
35 - 39 years	-	-	-	32	27	34
40 - 44 years	-	-	-	17	25	26
45 - 49 years	-	1	-	11	16	24
50 - 54 years	-	-	-	8	14	10
55 - 59 years	-	-	-	13	7	11
60 - 64 years	-	-	-	6	10	4
65 - 69 years	-	-	-	2	2	5
70 - 74 years	-	-	-	4	3	2
75 - 79 years	-	-	-	6	5	6
TOTAL	67	127	97	2,593	2,954	3,045

## PATTERN OF INJURY

To assess in more detail the injuries suffered by these categories of road user, a survey has been made of those casualties admitted in 1975 to the orthopaedic wards of Wellington Hospital. This is the base hospital of the capital city, and draws its admissions from the city and inner suburbs, from the satellite city of Porirua, and from outer suburbs towards the West Coast; it serves a population of some 240,000.

The survey excludes casualties not requiring inpatient care, and those admitted to the other surgical wards. This selection was influenced by the classification of medical records within this hospital, and excluded such spectacular admissions as the 21-year-old motorcyclist who (preoccupied with making an obscene gesture to a passing traffic officer) rode his vehicle into the side of a taxi, suffering head and internal injuries to which he succumbed two weeks later, but also fractures of every major limb bone except the femur which still bore an intramedullary rod introduced in the treatment of a previous motorcycle injury (his third) some months before.

For the purposes of this survey, pedestrians have been taken to include

- a. persons walking and struck by a vehicle
  - b. persons falling while descending from a stationary vehicle, and
  - c. one person who tripped over a parking meter!
- but not to include one who tripped over a chain in a driveway.



Cyclists have been those injured while riding a two-or three-wheel pedal cycle; and motor cyclists have included pillion riders.

The resultant series consists of 120 cases, in categories of road user as follows:

pedestrians	38	(32%)
cyclists	12	(10%)
motor cyclists	70	(58%)

#### AGE AND SEX DISTRIBUTION

The age distribution (Table XII) corresponds well enough with that shown in the national figures in tables IX - XI.

In all categories, there was a preponderance of males (Table XIII): this is less surprising, perhaps, in the case of motor-cyclists than in other categories.

TABLE XII WELLINGTON HOSPITAL : AGES OF ORTHOPAEDIC ADMISSIONS 1975

	PEDESTRIANS	CYCLISTS	MOTORCYCLISTS
Under 5 years	3	2	-
5 - 9	0	-	-
10 - 14	3	4	-
15 - 19	5	-	11
20 - 24	2	1	2
25 - 29	2	-	4
30 - 34	3	-	3
35 - 39	-	-	-
40 - 44	4	-	1
45 - 49	-	-	2
50 - 54	1	-	1
55 - 59	1	-	-
60 - 64	2	-	-
65 - 69	-	-	-
70 years and over	5	-	-

TABLE XIII WELLINGTON HOSPITAL : SEX OF ORTHOPAEDIC ADMISSIONS 1975

	PEDESTRIANS	CYCLISTS	MOTORCYCLISTS
Male	30	8	5
Female	8	4	1

#### SEVERITY OF INJURIES

Pedestrians spent substantially longer in hospital, average 34.89 days as compared with 23.67 days in the case of cyclists and 26.63 days in the case of motorcyclists. They also required more surgical procedures (range 0-4, average 1.45) than cyclists (0-2, average 1.00) and motorcyclists (0-4, average 1.31).

The older pedestrian admissions contributed to, but did not entirely account for, this disparity.

The incidence of multiple fractures was barely higher in the case of motorcyclists (Table XIV) and from the nature of their injuries or their clinical records, it can be predicted that 8 pedestrians and 11 motorcyclists will suffer significant permanent disability. Moreover, at the time of the survey (5 months after the end of the period concerned, and thus 5-17 months after the time of Injury) one pedestrian and 12 motorcyclists had their treatment incomplete, in addition to 6 motorcyclists who had been transferred to other hospitals and whose situation as regards completion of treatment was thus uncertain.

**TABLE XIV** WELLINGTON HOSPITAL : SEVERITY OF INJURY  
ORTHOPAEDIC ADMISSIONS 1975

	PEDESTRIANS	CYCLISTS	MOTORCYCLISTS
Number of patients	35	12	70
Injuries included fracture	35	10	67
Multiple fractures	8	-	11
Permanent disability likely	8	-	11

#### DISTRIBUTION OF INJURIES

As would be anticipated in an orthopaedic survey, limb injuries were in the majority (Table XV), and cyclists showed a higher incidence of upper limb injuries than the other two categories; more surprising, perhaps, is the closely parallel pattern in these other groups, with only a small increase in the frequency of lower trunk injuries in pedestrians to distinguish them - this feature may readily be ascribed to the second impact against bonnet or mudguard.

**TABLE XV** WELLINGTON HOSPITAL : DISTRIBUTION OF INJURIES  
ORTHOPAEDIC ADMISSIONS 1975

	PEDESTRIANS	CYCLISTS	MOTORCYCLISTS
Head	1 (2)	1 (8)	5 (7)
Upper limb	10 (19)	4 (33)	20 (28)
Trunk (above diaphragm)	1 (2)	1 (8)	3 (4)
Trunk (below diaphragm)	6 (12)	-	7 (10)
Hip & thigh	10 (19)	3 (25)	19 (27)
Knee, leg, foot	23 (45)	3 (25)	45 (64)

(Percentage distribution in brackets)

#### OTHER FACTORS

In three pedestrians, alcohol was referred to in the case notes - the actual level of alcohol influence was probably higher; in none of the cyclists and in only one of the motorcyclists do the case notes record the presence of alcohol.

The disturbing feature in the motorcyclists' records is the frequency of previous motorcycle trauma - 5 had previous admissions, 3 of these with lower limb fractures and two with head injuries; moreover 4 of the previous admissions were in 1974, and one of these patients (after occupying a bed for 111 days in 1975) was re-admitted in January 1976 with a further fracture of the same femur. It seems in this series (and from past experience) that the

compulsion to ride a motorcycle can be proof against the lessons of experience.

### THE COST

The 120 patients in this series were in hospital for 3474 patient-days, and thus occupied 9.5 orthopaedic beds (13.5% of a 70 bed unit) for the year. They contributed significantly to a situation in which the unit is filled to about 80% of its capacity by trauma, so that elective orthopaedic surgery is ill-provided for.

They cost at a per diem rate of \$NZ65 for inpatient care, some \$225,810 for the treatment received. Assuming them to have been drawn from roughly 8% of the population, the cost to the country of inpatient orthopaedic care would approximate \$2.82 million. The cost of inpatient care in other surgical wards plus outpatient care could reasonably be expected to double this, to give a figure of some \$5-6 million as the direct cost of medical treatment.

Further direct costs can be conjectured if one considers that these casualties were in hospital for an average of 29 days and probably thereafter incapacitated for a comparable period; earnings-related compensation amounting to 80% of average income is payable for this period.

Finally there is the provision under the Accident Compensation legislation in New Zealand, for lump sum payments for permanent disability, and for compensation of the dependents of those dying after accidents (in 1974, in our three categories, a total of 257 persons).

Such costs could be assessed; what cannot so readily be priced is the destruction of property and the loss of production which these accidents have entailed; and what cannot be given a price at all is the misery and the maiming with which the surgeon is confronted.

### SUMMARY

Ministry of Transport statistics in 1974, and the orthopaedic admissions to Wellington Hospital in 1975, have been studied to give an indication of the significance of pedestrian, cycle and motorcycle accidents to New Zealand. Notable findings include the high mortality index and prolonged inpatient time of pedestrian casualties, the high risk to children as pedestrians or cyclists, and the major and recurring nature of motorcycle casualties.

### REFERENCES

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