SHORT REPORT

The baseball bat: a modern day cudgel

C J Lightbody, C MacIver

Emerg Med J 2007;**24**:112. doi: 10.1136/emj.2006.042929

Baseball bats, although meant for recreational use, are commonly used as assault weapons. Here in the UK, assault is more likely to occur with body parts only; however, a trend for using baseball bats has been observed both by emergency departments and the police. The bat is an easily acquired weapon, a simple wooden one being available for £15 at a sports store. At present there are no restrictions on the purchase of these bats that represent a major cause of morbidity and occasionally mortality when used in assault.

We carried out a prospective analysis of patients presenting to the Emergency Department, Crosshose Hospital, Glasgow, UK, with injuries sustained in a baseball bat assault, between January and May 2006. Data were collected with regard to injury type and severity. Additional factors considered were day and time of assault, involvement of alcohol and number of patients requiring admission or clinic review. In all, 20 cases were identified where baseball bat assault was the sole cause of injury.

The average age of the patients was 29.6 (range 19–52) years. The male to female ratio was 9:1. In all, 14 (70%) cases occurred on a weekend night and 17 (85%) patients had consumed alcohol before the assault.

The injuries sustained fell into three broad categories:

- *Facial trauma*—6 (30%) cases: 3 nasal fractures, 2 malar fractures, 1 zygomatic arch fracture.
- *Head injury*—8 (40%) cases: mostly minor injuries and scalp lacerations, no skull fractures or intracranial injury in this study.
- *Extremity trauma*—6 (30%) cases: 5 soft-tissue injuries to the upper limb, 1 tibia fracture.

The patient outcomes were recorded as follows:

- Discharged no review: 4 (20%) cases.
- Discharged with clinic (emergency department of maxillofacial) review: 8 (40%) cases.
- Admitted to hospital: 8 (40%) cases.

No deaths or life-threatening injuries were recorded in this small study. This differs from larger studies, where baseball bat assault head injuries were associated with high risk of intracranial injury.¹ Two studies reported death rates of 2% and 7%.^{2,3}

The frequency of injury is perhaps surprising given the low numbers of people in the UK interested in baseball as a sport compared with those in the US. Our findings suggest a frequency of 60 cases per year in our district general hospital, compared with 37 cases per year in a level-1 trauma centre in the US.³

Baseball bats can transmit considerable energy when used. They are associated with considerable morbidity and occasionally mortality. Given these considerations, a patient presenting after a baseball bat assault should alert the emergency practitioner to the possibility of major and often conspicuous injury.

Authors' affiliations

C J Lightbody, C MacIver, Crosshose Hospital, Kilmarnock, Glasgow, UK

Competing interests: None declared.

Correspondence to: Dr C J Lightbody, Crosshose Hospital, 32 Overlee Road, Clarkston, Kilmarnock, Glasgow G76 8BU, UK; cjlightbody@hotmail.com

Accepted 11 October 2006

REFERENCES

- 1 Groleau GA, Tso KL, Olshaker JS, *et al.* Baseball bat assault injuries. *Trauma J* 1993;**34**:366–72.
- 2 Ord RA, Benian RM. Baseball bat injuries to the maxillofacial region caused by assault. *Oral Maxillofac Surg J* 1995;**53**:514–17.
- 3 Berlet AC, Talenti DP, Carroll SF, *et al.* The baseball bat: a popular mechanism of urban injury. *Trauma J* 1992;**33**:167–70.