

## Guest editorial

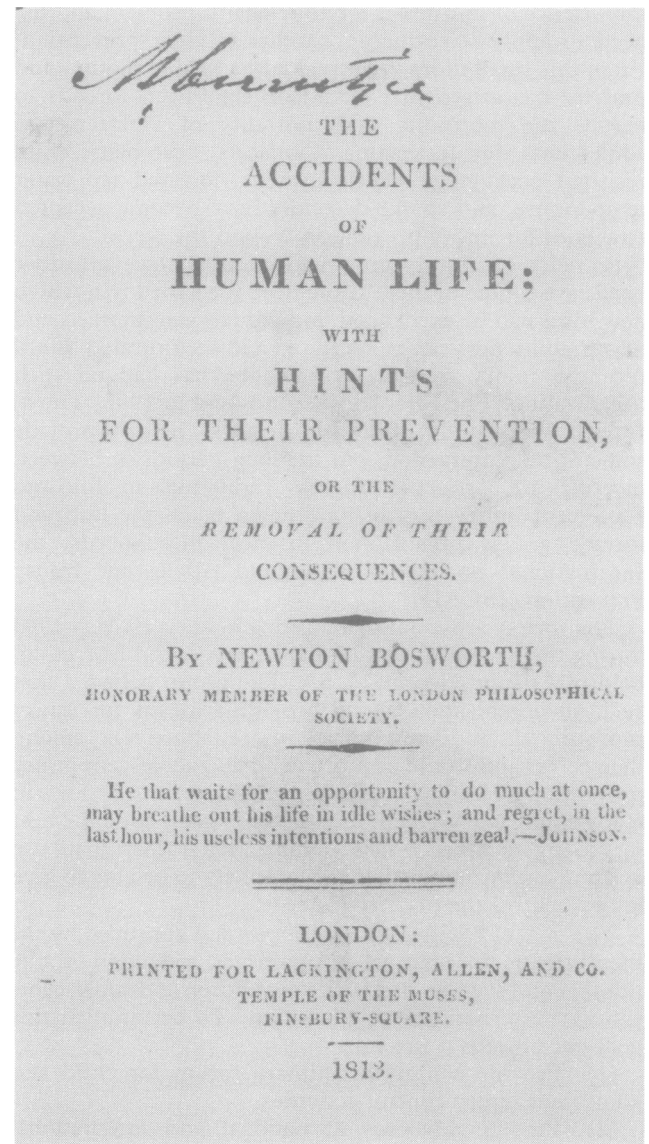
# The history of childhood accident and injury prevention in England: background to the foundation of the Child Accident Prevention Trust

The history of the prevention of accidents to children in England begins with the measures taken to improve the safety and health of children employed in factories, workshops, or agriculture in the 18th and 19th centuries. Before the industrial revolution children were the victims of the accidents of ordinary everyday life but the concept of childhood as a special period of life scarcely existed. Children were the property of their parents. Their lives centred around parents' expectations of the benefit they could bring from employment, or in the case of aristocratic families, from the advantages of being squires to superior families or of successful marriages. This absence of 'childhood' was mainly put forward by a Frenchman, Phillippe Ariés, in his book *Centuries of Childhood*.<sup>1</sup> A paper by Eleanor Gordon, which describes miracles worked by saints in the 12th, 13th, and 14th centuries, also gives a detailed account of the way children spent their lives and of parents' attitudes towards them.<sup>2</sup>

It was the industrial revolution, coupled with the increased child population, that dramatically changed matters. Large numbers of children were employed in small family workshops, larger factories, in mines, or as chimney sweeps. The industrial revolution also led to large numbers of waifs and strays (or 'savages' as they were called) being on the streets of rapidly enlarging cities. Over the course of time, public opinion, often stimulated by philanthropists such as Jonas Hanway,<sup>3</sup> demanded improvements in the working conditions, hours, and dangers to which children were exposed. The act to do this, The Health and Morals of Apprentices Act<sup>4</sup> was passed in 1802.

This was only the first of many such acts passed over the next 130 years. In the area of safety at work, the name of Lord Shaftesbury was pre-eminent in the mid 19th century, and as was that of Dr Barnardo in helping waifs and strays. The main acts on which child safety in employment are based at present are the Health and Safety at Work Act (1974)<sup>5</sup> and the Children and Young Persons Act of 1933.<sup>6</sup> The Employment of Children Act of 1973<sup>7</sup> was also passed, but never implemented. An important survey in 1991, carried out by the Birmingham Education Department and the Low Pay Unit showed that 43% of children aged 11-15 were, or had recently been, employed.<sup>8</sup> Of these, 30% reported that they had had an accident in the past year, and 74% were illegally employed. The authors comment (p21), 'The greatest cause for concern, however, must be the widespread occurrence of accidents to children at work, some of them horrific in their potential consequences even though none were fatal'.

Nevertheless, legislation is not the only means of improving safety. Education has a large part to play, and in 1813 Newton Bosworth published a book on *The Accidents of Human Life; with hints for their prevention*.<sup>9</sup> This gives examples of children's clothes catching fire, rescuing people from burning houses, or from drowning, accidents at play, or while travelling. The prevention of burns was a major concern, as is exemplified by a letter to the  *Leeds Mercury* in 1844 from the Reverend Patrick Brontë,<sup>10</sup> the father of the Brontë sisters. In this he says, 'You know . . .



that all garments made of cotton or linen are particularly inflammable and that clothes of woollen or silk are much less so and cannot be ignited at all without the most careless and wanton neglect . . . Having been at Haworth for more than twenty years, I have performed the funeral service over 90 or 100 children and on enquiry, in every case the poor sufferer had been clothed in cotton or linen'.

In more recent times the work of the Colebrooks again drew attention to this problem and initiated the fire-proofing of children's nightwear—an event of signal importance.<sup>11 12</sup> This led to the introduction of the Nightdress (Safety) Regulations,<sup>13</sup> which, in turn (together with a trend in the use of safer pyjamas rather than nightdresses) led to a marked reduction in the proportion of deaths from clothing fires compared with house fires.<sup>14</sup>

An organisation that has been particularly concerned with the educational aspects of accident prevention at all ages is the Royal Society for the Prevention of Accidents (RoSPA). This started in 1916 when the operating manager of the London General Omnibus company convened a meeting to see if anything could be done to reduce the dangers of London streets. This 'London Safety First' council quickly widened its scope and in 1924 became the National Safety First Association. In wartime this name seemed inappropriate, and it was changed to its current name. RoSPA, although mainly concerned with industrial and road safety, established a Home Safety Committee in 1931 along with divisions dealing with road, water, occupational, agricultural safety, and safety education. However, when the Child Accident Prevention Trust (CAPT) was founded RoSPA was unwilling to bring together the various aspects of child safety from its various divisions.

The Medical Commission on Accident Prevention was founded in 1962 by Lord Porritt and the Royal College of Surgeons, stimulated by Kurt Hahn, the headmaster of Gordonstoun School, and with Prince Philip as its first President. It initially concentrated on the field of rescue and resuscitation, and was almost entirely medically orientated. However, a conference on children, the environment, and accidents held under its auspices in 1977 led to the founding of the CAPT. A resume of other events leading up to its foundation was published in the *British Medical Journal*,<sup>15</sup> but a more detailed and personal story seems justified here.

At the Queen Elizabeth Hospital, Gateshead, all children admitted to hospital came to a single paediatric unit under my general care. As a consequence, I saw the size and nature of the problem of children's trauma. This suited me well, because before training as a paediatrician I had worked in an accident service and in orthopaedics. In due course I became a member of the British Paediatric Association's Accident Committee.

However, my interest in the preventive aspects of trauma was really initiated by the admission of a child of 18 months who had swallowed 10 of his mother's imipramine tablets. He had convulsions and cardiac irregularities which are recognised side effects. I was able to get the convulsions under control, but neither I nor any cardiologist colleagues were able to get the cardiac side sorted out, and he died after some hours. What struck me was that his mother kept on saying 'Nobody told me it would do him any harm'. This made me ask myself why we were allowing this sort of thing to happen. I therefore studied the background to the poisoning of over 300 children, published in the *British Medical Journal*.<sup>16</sup> This led to me being put on a Central Health Services Council Committee on the Hospital Treatment of Acute Poisonings.<sup>17</sup> The committee was not allowed to examine the *prevention* of poisoning, but its report recommended that prevention should be the subject of further examination. This official recommendation meant that when I became Chairman of the British Paediatric Association/British Association of Paediatric Surgeons Accident Committee and asked what action had been taken, the Department of Health set up a small working party to look into the question. It was about this time that work in the USA on child resistant closures (CRCs) had resulted in the development of a protocol for testing children to ensure a satisfactory standard. At the request of the *ad hoc* committee the British Standards Institution (BSI) established a committee to draw up a British standard along similar lines.<sup>18</sup> The Medicines Commission, however, refused to allow this standard to be used because of the possible legal implications which might arise if a child who had been used as a tester subsequently became poisoned.<sup>19</sup>

Some months later I attended a meeting held in the Department of Health about the problem of child abuse chaired by the Under Secretary of State for Health, Dr David Owen (now Lord Owen). He sought my opinion on the Medicines Commission report on the use of BSI standard (how he knew who I was remains a mystery). I told him I thought it was absolutely disastrous because without a satisfactory standard any fly-by-night plastics firm could claim that their product was child resistant. Dr Owen emphatically agreed and soon regulations about the sale of over the counter aspirins and paracetamol for children having to be in CRCs to the British standard were made. These came into force in 1975, and a year later they were applied to the same drugs sold for adults. The result was a reduction in admissions of children to hospital from poisoning by these drugs from 7000 to below 2000 while admissions from poisoning by other drugs remained unchanged.<sup>20</sup>

This extremely effective intervention made me wonder what else should or could be done to prevent other accidents. Poisoning is almost entirely a health problem, whereas preventing other home, road, and leisure accidents obviously involves other organisations and government departments. An important aspect of child injury prevention relates to child development, with different types of accidents—and therefore their prevention—occurring at different ages. It seemed to me that a special multidisciplinary group looking solely at children's accidents would be a starting point. The model for such an organisation already existed in Sweden. The Swedish Joint Committee on Childhood Accident Prevention<sup>21</sup> was founded by a paediatrician and a paediatric surgeon, Ragnar Berfanstam and Theodor Ehrenpreis in 1954. The Public Health Committee of the Council of Europe, together with the European Office of the World Health Organisation had also suggested that countries should have 'a central institution—governmental or non-governmental—designated to concern itself with all aspects of child safety'.<sup>22</sup>

I put forward a proposal for the establishment of such an organisation in the UK in a paper published in the *British Medical Journal* in 1976.<sup>23</sup> This issue included a supportive foreword by Donald Court, the President of the British Paediatric Association, and James Lister, President of the British Association of Paediatric Surgeons. A subsequent step was the conference in Newcastle in 1977 on children, the environment, and accidents<sup>24</sup> mentioned previously. This was held under the auspices of the Medical Commission on Accident Prevention, and was of value in bringing together people from many disciplines. Court's summary, in which he confirmed his opinion of the value of a child accident prevention organisation, was masterly and is still worth reading.

The next move was to get the organisation established. I took study leave in 1978 and canvassed the views of various government departments, organisations, and individuals, gathering support for the idea, particularly from the Department of Health. The deputy principal medical officer, Dr Elizabeth Shore, encouraged me to proceed, and suggested that once the organisation was active and viable there would be the possibility of putting public money into it. 'In the meantime', she said 'I can promise you that you will get the utmost support from us' which indeed we did.

Funding came initially from the King Edward's Hospital Fund for London. Donald Court was then chairing a committee examining the future of health services for children ('Fit for the Future'),<sup>25</sup> but came with me to the Kings' Fund Centre to meet the two senior administrators and the chairman of their main committees. It was an extraordinary experience because after my presentation, and without a single question being asked, I was given the

money I asked for, together with office accommodation for a year. The organisation was known initially as the Joint Committee on Childhood Accident Prevention, an offshoot of the Medical Commission on Accident Prevention but in 1982 it became the CAPT. In 1979 the first secretary was Jean Gaffin, whose wisdom and experience were invaluable. She was followed by Claire Whittington and Sheila Cooper, before the current Director, Louise Pankhurst, took over in 1986. Her description of the work of CAPT over the past 12 years is in this issue of the journal. I conclude on a note of immense pleasure and pride at the foundation of the International Society for Child and Adolescent Injury Prevention—a fitting expression of the pioneering work of CAPT.

RH JACKSON

President, Child Accident Prevention Trust,  
London

21 Lyndhurst Road,  
Benton,  
Newcastle upon Tyne NE12 9NT, UK

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