adolescents. For those under 15 years the hospitalization rate was 51.9 per 10,000, while in the next age group, 15–24 years, the rate was nearly double, 102.7 per 10,000. (This was similar to the rate for those 45–64, and only exceeded by that for those over 65 years.) Fractures were the most common cause overall, but those under 15 years had the lowest fracture rate (18.9), while the 15–24 group had a rate of 30.8, as well as having the highest laceration rate (4.8). Of interest is that for the under 15s, intracranial injuries and poisoning were the second and third ranking causes for admission. A useful methodologic postscript to this report is an analysis and discussion of the use of E-codes. Among children under 5 the per cent with E-codes is 56.8, while for those 5–14 it is only 45.5.

A multilingual water safety guide

The Swiss Accident Prevention Bureau has produced a detailed guide to safety of small areas of water such as ponds and swimming pools primarily for domestic situations but is also applicable for schools, hotels, etc. The guide differs from other publications in giving considerable detail on features such as pond design, covers and fencing, with comprehensive diagrams to make sure precautions clear and easy to follow. The guide is available in German, French, and Italian. For more information, contact the Swiss Accident Prevention Bureau, CH 3001 Bern, Laupenstrasse 11, Postfach 8236, Switzerland.

SARA LEVENE

Higher penalties set by Labor Department for violations that result in death, injury

The US Department of Labor announced new, higher penalties for child labour violations that lead to serious injury or death of a minor that came into effect on 16 June 1994. Under the new guidelines the maximum fine will increase from a flat US$10,000 to US$10,000 for each violation leading to a serious injury or death.

The editor welcomes contributions for the News and Notes section

BOOK REVIEWS


Hugh Jackson was working in the field of child injury prevention before many readers of the journal could spell the word 'accident'. Therefore any publication that bears his name is welcome. As the authors state in their preface, the book is really an account of the experiences in child- hood accident prevention. While this means that the vast majority of the material is based on the UK situation the issues are equally relevant to other countries. The authors have not attempted to be exhaustive—thus there is no attempt to address the problem of child- hood accidents in the third world. But in passing it should not be overlooked that one of the commonest ICD codes used in the Pacific Islands is that recording 'hit on head by falling coconut'.

The format of the book follows a logical progression. The extent of the problem of childhood accidents is covered in chapter 1 (it is a pity the statistics only go as far as 1988). The question as to why children have acci- dents, is addressed in chapter 2 and the relevance of such factors as the environment, developmental stages, and social class are discussed briefly. Thereafter, accidents occurring in different environmental loca- tions are considered in separate chapters—for example on the road, in the home, at school, on the farm. A standard format is followed. Information is given on who, when, and where; then the nature of the particular injuries sustained is outlined; and finally specific advice on prevention is detailed. Each chapter is packed full of practical information and advice. There is also a chapter devoted to the topic of prevention as well as one contain- ing an overview of the responsibilities of different sectors as regards prevention. The book also contains a selective bibliography. Children and their Accidents is really written for parents. While every effort has been made to present the material simply and clearly the sad reality is it is unlikely to be read by those who would most benefit from it. It could be a useful resource book for field workers seeking to convey information on child accident pre- vention to groups of parents.


In most parts of the Western world, expen- diture on health is falling under the scrutiny of the baleful eyes of cost accountants and the like, who, as it stated in the book's foreword are charged with looking for 'best buys'. However the authors of the foreword go on to to note that 'health promotion does not lend itself to such scrutiny'. Despite this inherent difficulty, the authors of the book have done an excellent job. If this book is consulted before any particular health promotion strategy is embarked upon, readers will save themselves hours of potentially fruitless activity. It should be warned under the noses of those who seek to absolve themselves from any responsibility regarding a particular hazard by earnestly advising you to 'run an education campaign'. Readers can learn what hasn't worked and what does work in the way of health promo- tion activities in the field of child accident prevention.

By 'health promotion' the authors mean 'any planned measure which promotes health related knowledge, skills, and attitudes; reduces health hazards; and improves health' (emphasis added). The areas covered are: road accidents to pedestrians, cyclists and passengers; acci- dents in the home, in particular fires, burns, falls, and poisoning; accidents during play and sporting activities. Each topic is dealt with succinctly and where conflicting evidence exists the different con- clusions are given before a general summary is produced.

One factor that cannot be measured is the enthusiasm of those involved in the activity. It is possible that a group of single minded activists will effect changes that would not have been possible to bring about in the absence of such dedication. If that is true then their effectiveness will be even greater if they have access to this publication. Government bureaucrats are likely to seek to have it listed as a subversive document. It is well worth £4.99—you will pay more for your antid- pressant therapy if you blunder on pouring energy into a healthy project in every respect except one—it won't work. This book will help you through the maze of discovering what health promo- tion activities do lead to reduction in child- hood accidents.


At first glance this may appear to be an odd choice of book to review in a journal devoted to injury prevention. However, to make signif- icant in-roads into the problem of childhood injuries is going to require lateral thinking. Therefore any book that deals with an issue relating to children is of potential relevance. The book is one of a series—volume 23 to be precise—on International Studies in Human Rights. It consists of 25 individually authored chapters which are grouped into two parts: part 1 being theory and part 2 application.

In an introductory chapter the evolution of the two broad approaches to the issue of children's rights is briefly outlined. The focus of the book is primarily on the approach to children's issues that places an emphasis on their autonomy and self determination. Chil- dren are viewed as human beings per se, rather than weaker beings who require state care and protection. This latter perspective encapsu- lates the alternate approach to children's issues. It would be fair to say that those working in the field of child unintentional injury prevention have tended to come at the problems from a welfare perspective. Rather than pleading for special attention we could reflect on the alternate approach of asserting the child's inherent right to protection. In that context, those wishing to advance the cause of child injury prevention should con- sider the potential relevance of the UN Con- vention of the Rights of the Child. Different aspects of the convention are discussed in chapters 4, 6, 8, and 10.

Perhaps it is an indication of the tendency of many to overlook the serious nature of the problem of child and adolescent injuries that the chapter on the child's right to health fails to even mention the topic.
This is not a book to be purchased by everyone working in the field of childhood injury prevention, though all would benefit from reading the first part in particular. It is of most relevance to those who work to bring about change in the social or political spheres. The reality is that a great impact could be made on the problem of childhood injury if the available knowledge about prevention strategies was put into practice. A consideration of the issue of children’s rights might be a stimulus for new approaches.

DC GEDDDIS
Dunedin

**CALENDAR AND NOTICES**


The Navajo Safe Community Initiative, in association with the World Health Organization (WHO) Accident Prevention Program and the Karolinska WHO Collaborating Centre on Safe Communities, is sponsoring the Fifth WHO Travelling Seminar on Safe Communities for the Navajo Nation during the last two weeks of May 1995. For further information contact Pat Bohan or Nancy Bill, Navajo Area Indian Health Service, Box 9020, Window Rock, AZ 86515, USA.

SAFE KIDS (USA) will sponsor National SAFE KIDS Week 6–13 May 1995. The theme is SAFE KIDS Check / America—a description of ‘the top 10 steps families should take to keep their children safe from unintentional injury’. The aim is to distribute the safety check to more than 12 million people through state and local SAFE KIDS coalitions. For more information contact Wendy Richman Levinson, Media Relations Manager, National Safe Kids Campaign, 111 Michigan Ave NW, Washington DC, 20010-2970, USA.

Child Safety News, the excellent publication prepared by Jan Shield for the Child Safety Centre at Royal Children’s Hospital in Melbourne, Australia is available for $342 for the 1995 subscription. Send cheque or money order to Jan Shield, Editor, Child Safety Centre, Royal Children’s Hospital, Flemington Road, Parkville 3052, Victoria, Australia.

The First National Conference on Injury Prevention and Control was held 27–28 February 1995 at Hotel Nikko, Darling Harbour, Sydney, Australia. Contact Ian Scott or Peter Vulcan of our editorial board for information about what transpired. The program was comprehensive and included a special session on child falls.

The Association for the Advancement of Automotive Medicine (AAAM) sponsored a special session on Children in Traffic: Exploring Their Special Needs as Occupants, Pedestrians and Bicyclists, 8–9 December 1994 in Washington and held a specialized course on Injury Scaling: Issues and Techniques, also last December. Another session on Children in Traffic will be held in Washington 23–24 March 1995 and its Annual Meeting will be held in Chicago 16–18 October 1995. For more information about any of these events write to AAAM, 2340 Des Plaines Avenue, Suite 106, Des Plaines, IL 60018, USA.

A call for abstracts has been issued for the Third International Conference on Injury Prevention and Control to be held in Melbourne, Australia 18–22 February 1996. Although the deadline will have passed for abstracts for oral papers and posters by the time this issue of Injury Prevention appears, there is still time to begin making plans to attend this major meeting at which ISCAIP will organize a special session for those concerned with child and adolescent injuries.

The Fourth International Conference on Safe Communities, being organized jointly by the private sector of Fort McMurray, the city, the WHO Collaborating Centre at the Karolinska Institute, and the International Healthy Cities Foundation, will be held 6–8 June 1995 in Fort McMurray, Alberta, Canada. The call for abstracts has passed but for registration materials you may contact Fourth International Conference on Safe Communities, City of Fort McMurray, 9909 Franklin Ave, Fort McMurray, Alberta, Canada T9H 2R4.

The 2nd International Paediatric Trauma Symposium is being staged by Lewisham Children’s Hospital in London on 3–4 July 1995, coinciding with the launch of the Child Accident Prevention Trust’s Child Safety Week. The programme will include a comprehensive update of clinical aspects of trauma care, rehabilitation, and injury prevention. Speakers will be drawn from the UK and North America, including the Children’s National Medical Center, Washington DC and the Child Accident Prevention Trust. Further information from Dr Evelyn Dykes, The Children’s Hospital, Lewisham Hospital, Lewisham High Street, London SE13 6EL, UK, tel 0181 690 4311, fax 0181 690 1963.

Injury Prevention 95, the 12th annual national preventive medicine meeting, will be sponsored by the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine in collaboration with the Centers for Disease Control and other national health agencies in New Orleans, 30 March–2 April 1995. The conference will address AIDS, preventive medicine education, prevention of injury and violence, clinical practice guidelines, infectious diseases, national health objectives for the year 2000, and worksite injury prevention and health promotion programs. Registration information is available from the Meetings Manager, Prevention 95, P.O. Box 65686, Washington DC, 20035-5686, USA; tel (202) 789-0006.

**Dog attacks on the increase**

The number of children needing surgery for dog bites has jumped 50% over the last three years at the Hospital for Sick Children, Toronto, a study reveals. All of the bites so far this year have been to the head and face.

Toronto Mayor June Rowlands has said she wants to introduce a bylaw that would require the owners of pit bulls to muzzle them when they are in public.

Canadian Press, Montreal Gazette, 2 Oct 1994