or counselling. Perhaps editors should not take sides. In any event it seems prudent to declare a bias when one exists. In this case I am far more convinced of the benefits of regulations such as those requiring the installation of window guards, than I am of the benefits of counselling or education. But, fortunately, this bias is not an issue because there is no need to make a choice between the two. The ideal solution is to have them work together to flourish side-by-side. And notably, the 'Children Can't Fly' programme included an educational component as well as an element of community involvement.

Much more important than struggling with such arbitrary choices, however, is finding ways to ensure that each modality, counselling and regulation, is able to work more effectively and efficiently. For advocates of window guards to prevent the tragedy of children falling from heights, the main barrier (no pun intended) in many cities (certainly in the US) is the understandable concern of fire departments that certain types of guards may prevent escape. Although Charlotte Spiegel has reviewed the circumstances of the deaths of all children in New York city in high rise buildings after fires, and concluded that in no instance was a window guard responsible for the death, this message has either not been heard or is not believed by fire departments in other cities. (I'm curious to learn what the situation is in Europe, Australasia, and elsewhere regarding this dilemma.) But at least in this case the solution has progressed to a point where all that remains is overcoming this obstacle and then persuading all municipalities that window guard regulation is a vital step to preventing these tragic falls.

In the case of the counselling issue, however, much more needs to be done to improve the techniques and conditions of delivery. A future issue will include a paper revealing the differences between what parents perceive they are told in counselling sessions with physicians, and what physicians believe they have done. We need more such studies to enhance the skills of counsellors. This is not an activity all health professionals are trained to do and thus few do it well. Additionally, there is little incentive to enhance this skill because it is not always (or often) reimbursed under fee-for-service arrangements. Hence, a cynical view is that many impediments to more and better counselling would be removed if more countries followed the example of some and properly reimbursed physicians and nurses for such services. Until such time, however, counselling on any preventive topic is almost certain to remain the 'ugly duckling' in the health professionals' repertoire.

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Another contest

Editors tend to be partial to papers with catchy, clever titles, and experienced authors know the value of such titles. In our field, three of my all time favourites are 'Children Can't Fly', one of the papers in this issue; 'Save the Trees' (a paper about skiing injuries); and 'Flame-resistant sleepwear: have the bird-watchers gone ape?' If you will send me your favourite I will list it and periodically poll readers to see how it ranks alongside the others submitted. If yours is ranked first you will be suitably rewarded.

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Work for readers

While on the subject of material desired from readers, I also seek photos suitable for publication (either of an injured child or a dangerous situation — if the former we would require signed consent to publish); appropriate cartoons (we will chase after the consent); and, most importantly, contributions describing programmes that your group or another in your community is conducting to prevent injuries. If possible, details about the sources of funding, staffing, how the work is actually being done, etc, would be appreciated.

IB PLESS
Editor

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Editorial Board Members: brief biographies

These brief biographies are intended to introduce our readers to members of the editorial board. We intend to include several in each issue. Watch this space.

RAJAN KRISHNAN

Dr R Krishnan completed his undergraduate and postgraduate training in paediatrics at the Christian Medical College, Vellore, South India.

Joined as lecturer in the Department of Paediatrics at the University of Malaysia in 1982. Received Fellowship of the Royal Australian College of General Practitioners in 1988. Appointed to the Department of Primary Care Medicine in 1992 and promoted to Associate Professor in 1994.

Past Chairman, Accident Prevention Committee, Malaysian Medical Association. Past Chairman, Injury Prevention Subcommittee Malaysian Medical Association. Member, Research Evaluation and Development Subcommittee, Road Safety Council of Malaysia. Currently Head, Department of Primary Care Medicine, University of Malaysia.

Research interests: childhood injuries — motorcycle/bicycle injuries.

DAVID BASS

Graduated MB, ChB University of Cape Town in 1977. Trained at Groote Schur Hospital in general surgery 1981–94, graduating Fellow of The College of Surgeons in 1984 and Master of Medicine (Surgery) in 1997.

Since 1987–present, has been head of Paediatric Trauma Service at Red Cross Children's Hospital and a Senior Lecturer in the Department of Paediatric Surgery. Also acting Director of The Child Accident Prevention Foundation of Southern Africa and member of the national board of the foundation.

Has published papers on topics in general surgery, paediatric trauma, general pediatrics, child abuse, and injury prevention.

Special interests: paediatric head injury, road safety, forensic medicine related to trauma, advanced life support training and techniques.

reliable procedures to evaluate their efforts. The role of physicians and other health care professionals in these programs is to enhance injury control awareness by counseling individuals and participating in group sessions.

It seems evidence from our surveys that physicians need more printed information on injuries. Since physicians use medical journals as their main source of information, these journals should publish more articles on childhood injuries. Many pediatric journals in other countries, in particular the United States, publish far more original articles and review articles on childhood injuries than do journals in France.

GPs appear to be much less committed to childhood injury control than PPPs and WCCPs. Efforts are needed to enhance their awareness of and willingness to participate in this area of prevention. Caring for children represents 30% to 40% of the workload of GPs in France. Parents who choose a GP for their child should be as well informed about childhood injury prevention as those who choose a PPP or WCCP.

Conclusion

Our surveys provide data on the part currently played by physicians in France in childhood injury prevention via parent counseling. Physicians require more assistance aimed at refining their educational skills, and guidance about the most effective counseling strategies.

This assistance could be provided by several sources, including government agencies, pediatric journals, and non-profit organizations, such as those that conducted this study. Such organizations should intensify their work with the medical profession with the goal of improving public health.

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* * * * *

More adventures of an injury-prone editor

Several readers commented on the anecdote in the first issue describing the 'adventures of an injury-prone editor'. They may be further amused to learn that three days before participating in a state of the art plenary session on injury prevention at a large international meeting of pediatric societies, I mounted a ladder to remove a winter bird-feeder. (It was May, and winter in Montreal had finally ended!) The feeder was out of reach so I placed the ladder on a bench, climbed up carefully, reached out, leaned over, toppled, and fractured my heel! Three days later, supported by crutches, I explained to the audience that my wound was not an 'accident'; it was an 'injury' because it was easily preventable. It occurred because advancing old age had affected my brain, as well as the rest of my body. For, as I said, it is well known that 'Time wounds all heals!'

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* * * * *

Nineteen injured in school bus crash

Dewberry, Alberta — At least 19 people were injured when a school bus carrying as many as 40 children flipped on a highway in east central Alberta. The bus was carrying grade 4 and 5 students on a field trip. Frank Molineux and his wife, Mildred, were two of the first people on the scene. The couple, who are both school bus drivers themselves, assisted some of the children.

Details of the accident were sketchy. 'I understand (the bus) caught the shoulder', said RCMP Sergeant Peter Calvert. 'It went down on its side'.

Editors note: Although this is an excerpt from a newspaper article, the original included no reference to the issue of seat belts in school buses, or to driver training.

will in the future provide an improved opportunity to analyze the rates in the 1990s.

We are indebted to Anders Karlsson, BSc, statistician at the Department of International Health and Social Medicine for helping us with calculations.

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Injury prevention research wins award

The 1995 Charles C Shepard Science Award went to injury prevention scientists studying the relationship between arrests for drunk driving and the risk of dying in an alcoholic crash. Their winning study, 'The risk of dying in alcohol-related motor vehicle crashes among habitual drunk drivers', was published in the *New England Journal of Medicine* (25 August 1994). This is the first time an injury prevention topic has been the recipient of this pre-eminent award.

In accepting the award, Dr Brewer, a medical epidemiologist in CDCs Division of Unintentional Injury Prevention, said, 'This study is a clear indication that injury is being recognized as a significant public health problem and is an example of how epidemiology can be used to scientifically define an injury problem and its causes while also proposing specific interventions to prevent injuries and save lives. The study also demonstrates the importance of collaboration between CDC and public and private organizations in conducting injury prevention research'.

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Smoking and risk behaviour

A study in Advance Data from the Centers for Disease Control and Prevention in the US shows interesting, albeit not surprising, relationships between smoking and use of seat belts among adolescents. Overall, 65·8% of adolescents did not always use seat belts . . . Among current smokers the rate of non-use was 76·6% compared to 55·7% among adolescents who had never smoked. A similar correlation is found with carrying weapons and physical fights: adolescent male smokers were more than twice as likely as males who had never smoked to have carried a weapon (39·4% *v* 16·5%). Similarly, 64·1% were more likely than males who had experimented with cigarettes (47·1%) and those who never smoked (38·4%) to have been involved in a physical fight.

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Regular publications available

Annual Report (National SAFE KIDS Campaign), Washington, DC, US
Australian Injury Prevention Bulletin, Bedford Park, South Australia
Building Bridges — Between Traffic Safety and Public Health (Education Development Center, Inc) Newton, MA, USA
Campaign Update, National SAFE KIDS Campaign, Washington, DC, US
Child Health (The Newsletter of the Canadian Institute of Child Health) Ottawa, ON, Canada
Childrens' Safety Network Notes, CSN, Newton, MA, US
Childhood Injury Control, Edmonton Board of Health
CHIRPP News (Canadian Hospitals Injury Reporting and Prevention Program, Health Canada), Ottawa, ON, Canada
Child Safety Review (The newsletter of the Child Accident Prevention Trust; (CAPT), London, England
Child Safety News (Child Safety Centre, Royal Children's Hospital) Parkville, Victoria, Australia
European Newsletter on Road Safety, European Road Safety Federation (ESRF) and the European Commission, The Hague, Netherlands
IPRC News, The University of North Carolina Injury Prevention Research Center, Chapel Hill, NC, US
La Lettre du CIRPAE, Paris, France
Safe Community News, Sundbyberg, Sweden
Safe Kids (Starship Children's Health), Auckland, NZ
Snapshots (Safe Kids Canada) Toronto, ON, Canada
Status Report, Insurance Institute for Highway Safety, Arlington, VA, US

Occasional publications*

Building Safe Communiities, State and Local Strategies for Preventing Injury and Violence, CSN and MCHB, Newton, MA, US
Childhood Injury: Cost and Prevention Facts, CSN Economics and Insurance Resource Center, National SAFE KIDS Campaign, Washington, US
Directory of Canadian Child/Youth Injury Prevention Programs and Researchers, Canadian Children's Safety Network, Toronto, ON, Canada
Drownings among 1 to 4 Year Old Children in Canada, Special Research Report, The Canadian Red Cross Society
Evaluation Guidebook for Community Youth Safety Programs, CSN and MCHB, Newton, MA, US
Motor Vehicle Injury Prevention: An assessment of Highway Safety and Public Health Activities in Selected States, National Highway Traffic Safety Administration, US
Publications Bibliography, Childrens Safety Network, National Injury and Violence Prevention Resource Center at EDC, Newton, MA,US
State MCH Injury Prevention Profiles, CSN and MCHB, Newton, MA, US

*For further details on obtaining any of these publications, please contact Barry Pless, Editor. Please submit any names of other such publications that have been omitted from this list.

and fatalities nationally, it may be assumed that falls occur and fatalities result in large urban areas wherever there are conditions of low socioeconomic population, deteriorating housing, overcrowding, family instability, etc. Therefore, one preventive health education module and service program based on this type of campaign and the legislation that evolved therefrom might serve as a useful prototype.

The authors are indebted to Dr Melvin Schwartz, Assistant Commissioner for Biostatistics, and his staff for invaluable help in providing analysis, tabulation, and consultation; to Environmental Health, Public Health Nursing, Maternal and Child Health, School Health, District Services, Outreach, Public Relations, and the Office of General Counsel for their constant support in making the program viable and productive. A special debt of gratitude is due Dr Lowell E Bellin, NYC Commissioner of Health, for his belief in the concept of accident prevention as a major health objective and for his unswerving faith in the potential of this program to make a significant contribution toward the realization of this goal.

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Controlling underage drinking

Another report in the 3 June 1995 issue of the IIHS Status Report concludes that additional countermeasures will be needed to control underage access to alcohol. Currently, many under the age of 21 are being sold alcohol without being asked for identification or by using false or borrowed identification. A survey of more than 4000 high school and college students younger than 21 in New York and Pennsylvania found that 43% of high school and 75% of college students said they attempted to buy alcohol at one or more outlets. The researchers believe the differences among state laws and how they are enforced may be a factor.

IPRU publications list: awesome!

The recent (May 1995) listing of publications from the Injury Prevention Research Unit at the University of Otago, New Zealand, is awesome. Topics include transportation, thermal, sport and recreation, occupational, methodological/ surveillance, assault, alcohol, and other injury issues. In nearly every category children are represented. Readers are urged to obtain a copy of the booklet from IPRU, University of Otago Medical School, Box 913, Dunedin, New Zealand in order to obtain their choice of these valuable papers.

With corporate sponsorship, we have been able to build up a small library of educational video cassettes which may be hired out to schools or lay community groups. Annual publicity events such as Child Injury Prevention Week, have been sanctioned by the Provincial Department of Health and allow CAPFSA to hoist its banner prominently for at least one protracted period within each calender year.

A last word

With all the lip service presently being paid to the rights and wellbeing of South African children, child safety as a discreet discipline still battles to gain appropriate status in the eyes of those on whom the future of such a discipline will ultimately depend, namely government and sponsors. At the time of writing, both the staff and board of CAPFSA accept that the survival and legitimacy of the foundation depend respectively, on long term financial support and the adoption of child safety principles by appropriate government departments. Certainly, fund raising is a distinct area to which we will have to pay particular attention, if only to ensure the security of our staff.

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Politics and safety: dropping photo radar

Following a recent election in Ontario, Canada, the new governing party has decided to scrap photo radar despite a public opinion poll's report that more than half of the province's residents want to keep this device in place. Although no studies have shown that photo radar has prevented injuries (nor have any shown the opposite), reports indicate that between 200 000 and 500 000 speeders have been caught using this technology. It stands to reason that it must have some deterrent effect. Time will tell. Ironically, a recent issue of the IIHS Status Report, entitled *Photo Radar: It's working in Ontario* describes a study showing that 'photo radar at three locations led to decline in mean speeds and in the proportion of vehicles exceeding the speed limit. The declines were greater than at similar sites where photo radar was not in effect'. Draw your own conclusions.

LETTER TO THE EDITOR

Children and bicycles

EDITOR,—May I offer congratulations to the authors of the paper on children and bicycles' in your June issue.[1] This can justifiably be described as a valuable piece of classical descriptive epidemiology which sets the problem in perspective, brings out all the issues, and offers some possible solutions most notably the need for children to wear helmets at all times while cycling.

The paper highlights beyond any doubt the great importance of head injuries to child cyclists (83·7% of the fatalities, 31·3% (as head or face) of the injuries presenting to hospital emergency departments). It also brings out very well the fact that nearly all of the fatalities (96·7%) involved a vehicle on the road while only 50·4% of the injuries presenting to emergency departments occurred on the road (of those where the site was known).

There are a few questions that I feel have not been answered and which may possibly give even greater emphasis to the importance of head and face protection (compulsory or otherwise). The questions are:

(1) What is the *percentage of all deaths due to unintentional injury* in 0–14 year old children which are due to *cycle injury* (5, 10, 15%)?
(2) What is the *rank order of cycling* as a cause of death compared with other causes of unintentional injury (3rd after drowing, pedestrians)?
(3) What is the *percentage of deaths* due to unintentional injury in 0–14 year old children which are due to *head injury* (50, 60, 70%)?
(4) What is the *percentage* (and rank order) of *cyclists* in the *deaths due to head injuries* (15, 20, 25%; 2nd, 3rd)?

These same questions could also be asked of the non-fatal injuries where the proportion of cyclists involved will no doubt be smaller adding even more evidence to the case for helmets.

I have to admit that I am not at all keen to go down the road of American football type head protection for cyclists nor for that matter to advocate full face helmets. Some of the modern designs of conventional cycle helmet are really very comfortable but any additions would be very restrictive in what is after all a physically demanding activity. Nevertheless the paper does present a strong case for face protection.

Finally, the paper has not made any comment on exposure — probably because of the usual difficulties in measuring it. There is at least one study that shows that when this is taken into account girls have nearly similar injury rates to boys.[2]

The epidemiological case for helmet wearing is now really so strong that cyclists are defying logic by not wearing them.[3]

JG AVERY
Department of Public Health Medicine, West Glamorgan Healthy Authority, 41 High Street, Swansea SA1 1LT

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Dr Nixon and coauthors comment:
We have addressed the points made by Dr Avery and thank him for his letter. The purpose of this paper was to highlight bicycle related trauma rather than to place them in the broad perspective of all injuries. However, we have available preliminary data from a postmortem study of injury deaths of children 14 years of age and less in Queensland, which answers the questions of Dr Avery. Bicycle related deaths comprise 7·6% of all child injury deaths. This ranks below deaths by drowning (25%) motor vehicle passengers (20·9%), and pedestrians (15·9%). Drownings could be further subdivided into deaths at sites other than swimming pools, (14%) and drowning in swimming pools (11·6%) in which case cyclist deaths would rank fifth.

Head injury is a main cause of death in 35% of deaths in Queensland children. Motor vehicle passengers account for 35% of all head injury deaths, pedestrians for 29%, and bicycle related deaths 13%. If a child is fatally injured as a motor vehicle passenger, a pedestrian or a cyclist, he or she has between 80% and 90% chance of death being due to a head injury.

Definitive studies of the protective of cycle helmet wearing have not yet been undertaken. Case-control studies are highly suggestive that helmets offer some degree of protection. There is no question that child cyclists need head protection. As more detailed data become available it may be that helmets need to be modified to offer greater protection to heads or faces. Your reluctance to go down the 'American football type head protection road' is understandable but any move in that direction should be based on data and firm understanding of the degree of protection expected of a cycle helmet.

CALENDAR AND NOTICES

A conference on Managed Care: Impact on Injury Control, will be held 14–16 September 1995, at the Charleston Marriott Hotel, Charleston, West Virginia. The goal is to examine current issues in jury control/prevention and managed care, and their interdependency. Part of the rationale is the high cost of injury and the need for improved data collection and interpretation. The general objective is 'to promote alliance among injury control disciplines and to enhance professional skills in injury prevention . . . '. The invited feature speaker is Mark Rosenberg, MD, MPP, Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

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The Annual Conference of the Association for the Advancement of Automotive Medicine will be held in Chicago, IL, 16–18 October 1995.

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The Second National Conference on Children and Violence will be held in Houston, Texas 9–11 November 1995. The conference is designed for an interdisciplinary group of professionals including those working in the social services, juvenile justice system, correction, probation law, enforcement, and education.

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The Third International Conference on Injury Prevention and Control will be held in Melbourne, Australia, February 18–22, 1996. Strategies for injury prevention as they relate to different sociocultural settings, to differing national priority levels and differing emerging consensus levels, will be addressed. This conference promises to be at least as rewarding as its predecessors in Stockholm and Atlanta (see inside back cover for details).

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The next European Consumer Safety Association (ECOSA) conference is being held in Canberra, ACT, Australia on 15–16 February 1996 in conjunction with the Third World Conference. For further information contact Willem van Weperen, ECOSA, PO Box 75169, 1070 AD Amsterdam, The Netherlands.

★

The 6th Travelling Seminar on Safe Communities: How can the Swedish Safe Community Program be adopted in the Eastern/Central European Countries? 23 October–10 November 1995, Sweden. For further information contact: Moa Sundström, WHO Collaborating Centre, on Community Safety Promotion, Department of Social Medicine, S-172 83 Sundbyberg, Sweden. Tel: +46 8 629 05 08; fax; +46 8 98 63 67.)

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The 8th Travelling Seminar on Safe Communities: 14 February–1 March 1996, Australia. Includes the Third International Conference on Injury Prevention and Control, Safe Comm 5, and site visits are Noarlunga, North Syndey, Illawarra, and Parkers injury prevention programs. (For further information contact: Jenny Alcock, Health Promotion, NSAHS Level 1, Vindin House, RNSH, St Leonard's NSW 2065, Australia. Tel: +61 2 926 7332; fax: +61 2 906 6174.)

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Safe Comm 5: the 5th International Conference on Safe Communities, 22–26 February 1996, Cities of Hume and La Trobe, Victoria, Australia. (For further information contact: Safe Comm 5 Conference Secretariat Convention Network, 224 Rouse Street, Port Melbourne, Victoria 3207, Australia. Tel: +61 3 96 46 41 22; fax: +61 3 96 46 77 37.)

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XIVth World Congress of Occupational Safety and Health: 22–26 April 1996, Spain. (For further information contact: Congress Secretariat, Siasa Viajes, Paseo de la Habana, 134, 28036 Madrid, Spain Tel: +34 1 4574891; fax: +34 1 4581088.)

★

The European Conference on Safety Labelling will be held in Paris on 9–10 November 1995. (For further information contact: ECOSA Conference Secretariat, PO Box 75169, 1010 AD Amsterdam, The Netherlands.)

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Your comments are welcome, as well as suggestions about other databases of interest.

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The photo was kindly supplied by Harry Pride, the proud vice president of Guardian Pet Specialties. For more information about Pet Safe–T–Belt call +1 709 738 1494.

Photo quiz contest

Send your answers to the following questions to the editor. The first set of correct replies will receive a CD.

- Why does this dog look so happy?
- As a motor vehicle occupant, is it properly restrained?
- If not, how might the restraint be improved?
- Are child or adolescent passengers in the same car more or less likely to be properly restrained?
- Give one brief reason for your answer to the previous question.

The winners of the quiz in the previous issue are Caroline Acton and Jim Nixon from The Royal Children's Hospital, Herston, Queensland, Australia who wrote the following.

'The painting is *The Suicide of the Countess* from the series Marriage à la Mode by William Hogarth.

The child is likely to be poisoned (mother has carelessly left the container at her feet with her suicide note). The child might also be burned by the fondue set sitting as it is on the table cloth, so easy for a child to pull over. She could fall from the unguarded window, be bitten by the underfed and ill disciplined dog, trip and fall over the chair (in an unusual position), drink from the spittoon, or wander out the front door and drown in the canal. We also wonder about the potential of the two chaps in the background to help in the event of an emergency occurring. The child may well have sun induced injury as she appears to have a large dark mole on her left cheek'.

INSTRUCTIONS TO AUTHORS

Papers should be sent in triplicate to the editor, Professor Barry Pless, ***Injury Prevention***, Montreal Children's Hospital, C-538, 2300 Tupper, Montreal PQ, Canada H3H 1P3 (fax: (1) 514 935 6873, phone: (1) 514 935 6819). They should be prepared according to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Vancouver agreement) *BMJ* 1991; **302:** 338–41.

General

- All material submitted for publication is assumed to be submitted exclusively to the journal unless the contrary is stated.
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- Authors may include the name, address, and fax of two experts they feel are competent to review their work.
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- Keep a copy of the manuscript for reference.
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- Manuscripts not accepted for publication will not be returned.
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- A proof is sent to the author for correction; offprints may be ordered when the proof is returned.

Specific points

Articles describing research, programmes, organisations, as well as reviews, news, and opinions are welcome. The journal is interprofessional and welcomes contributions from anyone whose work is relevant to injury control, including researchers, health professionals, policy makers, behavioural and social scientists, engineers, lawyers, etc. All such original contributions will be sent to at least two peer reviewers. Annotations or dissenting views are welcome and need not conform to the criteria for scientific peer review.

Abstract

- Scientific articles should generally include a structured abstract of about 250 words. This should summarise the problem being considered in the study, where the study was carried out, how the study was performed, the salient results, and the principal conclusions of the study, each entered under subheadings of *'Objectives'*, *'Setting'*, *'Methods'*, *'Results'*, and *'Conclusions'*. It may not always be necessary for every heading to be used.

Tables

- Tables should be on separate sheets from the text.

Figures

- Should be used only when data cannot be expressed clearly in any other form.
- Should not duplicate information given in the text of the article.

References

- In accordance with the Vancouver agreement these are cited by the numerical system and listed in the order cited in the text, not in alphabetical order by authors' names. Information from manuscripts not yet in press, papers reported at meeting, or personal communications should be cited in the text as 'unpublished data', not as formal references. All authors should be listed unless there are more than six when the first three should be given followed by *et al.* Journal titles are abbreviated in accordance with the style of *Index Medicus*. For example:

1 Thompson R, Rivara F, Thompson D. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med* 1989; **320:** 1361–5.

2 Towner E, Dowswell T, Jarvis S. *Reducing childhood accidents – the effectiveness of health promotion interventions: a literature review.* London: Health Education Authority, 1993: 7–22.

Responsibility for the accuracy and completeness of the references lies with the author.

Letters

- Letters must be typed in double line spacing, should normally be no more than 300 words, have no more than four references, and must be signed by all authors. Two copies should be provided. Letters may be published in a shortened form at the discretion of the editor.

Other articles

- The journal will also include guest editorials, invited reviews, and commentary. Authors wishing to contribute to the opinion section should first consult the editor.

Annotations

- Annotations are commissioned by the editors who welcome suggestions for topics or authors.

Manuscript checklist:

- Is the **entire** manuscript double spaced?
- Is there a structured abstract?
- Are the references in Vancouver style?
- Are the abbreviations spelt out?

* * * * *

Back to school safety

The National SAFE KIDS Campaign in the US will launch a Back to School Safety campaign this summer. The focus is on school bus safety, pedestrian crossing behaviour, and bicycle helmet use. In 1993, 24 child pedestrians were killed in school bus related crashes and seven were killed as occupants.

Esso's contribution to occupant safety

Safe Kids Canada held a Safe Kids Day on May 27 countrywide. Esso retailers donated two cents for every litre of gasoline they sold that day to help the organization, whose message this year was the need for proper installation and use of child safety seats and seat belts.