not seek to publish the results of their labours? Is it that the only people who write for learned journals are either academics or clinicians? (Or is it that the practitioners do not know about *Injury Prevention*?)

How do we overcome this shortcoming in the journal, hence making it more valuable and attractive for the practitioner in the local health authority, town council, etc? As the person who has to answer the telephone, I need to know what people are doing in the field — warts and all.

My fellow editor, Susan Gallagher, has come up with a suggestion that would make life easier for would-be contributors (see p 215). She is devising a standard format for short articles, specifically about programmes. These so-called 'vignettes' would not be subject to review and would be aimed at assisting those who are not experienced in writing academic papers by outlining the headings that should be covered. They would encourage communication between practitioners and researchers, and within the practitioner community.

Vignettes or not, we still have to encourage our colleagues whose job it is to prevent accidents and reduce injuries, rather than *simply* research their numbers and causes, to put pen to paper and share their experiences with everyone else who is still floundering for information on effective, locally based interventions. We also need to encourage our colleagues to send their contributions to Barry Pless as I am sure that he would welcome — and publish — them.

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Anonymous reviewers 1994–5 (Volume 1)

C Acton
P Agran
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D Bass
J Bass
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L Stewart
S Teret
D Thompson
L Towner
A Tursz
G Vimpani
P Vulcan
H Ward
M Widome
T Yamanaka
A Zwi

implementation of other effective measures for this vulnerable group.

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★ ★ ★ ★ ★

Photo quiz contest

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

- What role does this man have in injury causation?
- Give three examples.
- For each, recommend a preventive measure.
- Where does his name originate?

MARY EVANS PICTURE LIBRARY

★ ★ ★ ★ ★

Advertising slogans
A propos of nothing whatsoever related to injuries, two entries from a contest for clever slogans. First, my favourite (for a camping store), 'Now is the discount of our winter tents'. S Second, for a firm of morticians, 'Trust us, we'll be the last to let you down'.

Other useful (?) slogans
'Ideas don't work unless you do'.
'Learn to recognize the inconsequential — then ignore it'.

Drunk drivers
Despite a drop in the death toll on Quebec roads, the Minister of Transport is calling for a crackdown on drunk drivers that would include an immediate license suspension.

Irresponsible beers and beer ads

A Canadian newspaper report by Marina Strauss alleges that Labatt Breweries has targeted young male drinkers when it created its new brand, Ice Beer. It did so by increasing the alcohol content but not the price — trying to help young men get a 'buzz' at a relatively cheap price. The marketing strategy was based on insights gleaned by researchers hanging out at bars. They discovered that for young men, 'a bar drinking experience requires drinking several beers in one sitting', but that doing so at a bar is expensive. Antidrunk-driving advocates have hotly criticized both Labatt and Molson for adopting this practice.

In a related vein, Budweiser beer in the US has a TV commercial featuring a group of muscle bound bikers descending a steep rocky slope. Although all are decked out in cool biker clothes, none are shown wearing any protective gear. This is another ad targeting a very high risk population in a highly irresponsible way, committing two sins, not just one: suggesting that high risk is better with alcohol and that mountain biking does not require safety equipment.

Car restraints for prematures

A question on the CCSN Online service asks about safety restraints for very small babies. It appears that two US brands (Century and Dream Ride) are appropriate, but are not available in Canada. What do other countries do?

Tap water scalds

The Hospital for Sick Children (HSC) in Toronto, with the local gas and fire departments, has launched a campaign to raise awareness about the prevalence and preventability of scald burns in children. It is 120 years ago since HSC admitted their first severely scalded child. Three quarters of the burn cases seen at the hospital are due to scalds.

★ ★ ★ ★ ★

Editorial Board Member: brief biography

SUSAN S GALLAGHER

Ms Gallagher, MPH, is an internationally recognized leader in child and adolescent injuries and their prevention. She has had 15 years' experience directing the development, implementation, and evaluation of injury prevention programs, research, surveillance methods, and training initiatives at the national, state, and local levels. She has coauthored more than 25 publications related to the epidemiology or prevention of injuries and numerous technical assistance products for practitioners in residential, school, health, day care settings, staff in state public health agencies, and professional organizations.

Currently she is a Senior Scientist and Director of the Children's Safety Network (CSN) Education Development Center Inc in Newton, Massachusetts. CSN is a national resource for child and adolescent injury and violence prevention. It fosters the inclusion of injury prevention strategies into maternal and child services. Ms Gallagher serves on many state and national advistory groups; she is a former Chair of the American Public Health Association Injury Control Section; a member of the Technical Advisory Board of the National SAFE KIDS Campaign; and has been appointed to the Injury Research Grant Review Committee for Centers for Disease Control. She is also a founding officer of the International Society for Child and Adolescent Injury Prevention, and serves as an associate editor of *Injury Prevention.*

Her interests include integrating injury prevention into the training of public health and medical professionals; bridging the gap between research and practice; improving the availability, quality, and use of non-fatal injury data for program and policy planning; work related injuries in adolescence; and injuries in the school environment.

Ms Gallagher was formerly Director of the Statewide Childhood Injury Prevention Program at the Massachusetts Department of Public Health and Director of the Childhood Injury Prevention Resource Center in the Maternal and Child Health Department at the Harvard University School of Public Health.

one well-baby visits, is another effective way to balance time pressures with the need to educate parents about injury prevention.[20 21]

The injury rate in our sample was 75%, with 60% of these events rated by the parents as preventable. Assuming that injury prevention is largely 'common sense' is obviously not keeping infants and children safe. Physicians need to take more time, and parents need to assume more responsibility and ask more questions, to promote greater discussion of child safety and injury prevention during well-baby visits.

This research was supported by a grant to the first author from the Hospital for Sick Children Foundation. The authors acknowledge the assistance of Krista Thompson in data collection.

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★ ★ ★ ★ ★

Observed without comment

Safe Community News, reporting on a seminar in India, included the following intriguing quotations: 'All the vehicles on the road are not in good condition, and brake failure is common because of poor maintenance and *corrupt certification*'. Another, describing bus crews, states, 'Most do not drink and drive, but 5% are forced to drink *because of a very heavy and tight time schedule which gives no proper rest*'. (A Ramalingam). (*Editor*: the italics are mine.)

Most interesting paper title?

In the last issue I initiated a contest for the most interesting (or amusing) title. My colleague, Nick Rodrigo, brought the following to my attention: 'Spontaneous pneumothorax, pneumomediastinum, and pneumopericardium in a 16 year old drug-abusing motorcyclist surrounded by a pack of coyotes' (*Postgraduate Medicine* 1989; **86:** 79–80). This will be hard to beat, but do try!

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'Transport minister needs head examined over helmet use'

This was the headline used for a letter I wrote to our local paper complaining about the transport minister's reasons for not wishing to introduce helmet legislation. His explanation was the old chestnut: you can't pass a law (or enforce one) until some mythical proportion of the population is already, in effect, in compliance. (I wish I knew where this came from). Although I think my letter was a good one, it was greatly enhanced by one that appeared below it from a parent describing how her 10 year old was rendered unconscious after colliding with a car. The helmet was 'smashed in on one side from the impact . . .' — ample testimony to the force absorbed. Interestingly, she concluded by stating her belief in how important it is for parents to set a good example, and asserting that she always wears a helmet.

More on bike helmets

A columnist in the *Globe and Mail* (which describes itself as Canada's national newspaper) wrote a piece with the title 'Why helmet laws treat adults like children'. His arguments were simply incredible (literally so). Apart from a raft of irrelevant and misleading statistics, he agued that 'The costs of mandatory helmets is measured not only in dollars but in lives. The added nuisance of finding and wearing a helmet will cause a certain number of bike trips to be replaced with car trips; . . . That means moe chance of auto accidents, and fewer health benefits from cycling'. I am simply unable to follow this logic. Can anyone help? (*Globe and Mail*, June 21, 1995.)

Tales of an inept bikeriding editor

After finally deciding to replace my old and beloved bike helmet with a lighter, more jazzy one, I find myself quite unable to figure out how to adjust the straps to ensure a proper fit. Does anyone have any SIMPLE advice that an aging bicyclist is likely to understand?

IMPLICATIONS FOR PREVENTION

If these results were confirmed in other studies, the reduced risk associated with adult accompaniment would have important implications for prevention. It would suggest that strategies that facilitate adult accompaniment would greatly reduce injury rates. Such strategies might include more flexible working hours, changes in the timing of the school day, or after school care for children of working parents. It would also have important implications for the interpretation of pedestrian exposure studies. In particular, the need to take adult accompaniment into account when attempting to explain differences in injury rates on the basis of exposure.

This study was funded by the Health Research Council of New Zealand.

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Daytime running lights

On a recent trip to the US I realized that the message about the effectiveness of daytime running lights has not sunk in. A recent study from the Road Safety Directorate of Transport Canada, however, emphasizes the importance of this measure: their use reduced opposite direction two vehicle collisions by 8.3%. My old car does not put these lights on automatically; I have to turn a switch! Most recent US cars do turn them on so drivers have to turn the switch in the opposite direction to diminish their visual contrast. How strange.

More biters

In addition to the report from Greece about biting monkeys, readers are also reminded that grey squirrels (an American import to Europe) are also biters: a report in the *BMJ* (December 1994) states that 24 of 2591 animal bites treated in two accident and emergency departments in Edinburgh were by squirrels 'biting the hand that was feeding them'.

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Most excellent E-codes

A syndicated columnist in the US, Dave Berry, has written a whimsical piece calling attention to the Official Government Classification of Bad Medical Things That Could Happen on Your Vacation, also known as the International Classification of Diseases. He is especially intrigued by the following E-codes: E845, accident in spacecraft; E912, bean in nose; E966, beheaded by guillotine; E906.8, butted by animal; E915, hairball; E912, marble in nose; E906.8, pecked by bird; and E844, my greatest concern, sucked into jet aircraft.

NSKC has honored several champions at a Congressional reception: Senator John Chafee, Representative James Moran, Sharon Kitzharder, Dr Howard Dean, and key persons on the popular TV show, Rescue 911, Arnold Shapiro, Jim Milio, and William Shatner.

At a vist to Congress by 10 children who had been injured, one event received wide media attention — the presentation of a bike helmet to the Speaker of the House, Newt Gingrich, by a child whose life was saved by a helmet after riding into the path of a pick-up truck.

NSKC has been part of a coalition urging Congress to protect injury pevention programs in the 1996 Budget Resolution. They point out that each dollar spent on a helmet saves society $30; one dollar spent on a child safety seat saves $32; and one dollar invested in poison control saves almost $8. On another political front, the campaign is helping slow — or reverse — Congressional plans that would place a moratorium on new federal regulations, especially those in the development stage that focus on toy labelling, helmet standards, child resistant packaging, baby walker standards, and flammable upholstery.

Finally, NSKC received $25 000 to consult with the National Fire Protection Association in the development of a school based safety curriculum, Safety Sense, for primary schoolchildren. Part of the sponsorship for this endeavour comes from Lowe's the country's second largest home building company.

The Safe Kids Summit was awarded the 1995 Silver Anvil Award from the Public Relations Society of America as the best public affairs campaign by a non-profit organization in the past year.

North Carolina: the car safety leader

The state's Highway Safety Office, insurance commissioner, the US Department of Transport, and the University of North Carolina have joined forces to coordinate 'the most ambitious, multi-year effort ever undertaken in the US to convince people to obey traffic laws'. The main targets for 1994 are belt use and reducing alcohol impaired driving. Checkpoints in every county and news coverage resulted in an increase in belt use from 64% to 81%. Checkpoints now approach 10 000. The slogan, 'Click It or Ticket' was adopted statewide. This was followed by 'Booze it & Lose it' and it appears that this has resulted not only in more arrests, but also in reducing the number of offenders — from 2% of all night time drivers to less than 1%.

Editors note: despite this spectacular success story, I was disappointed that none of the descriptions commented on the effect of the program on children's restraint use and I remain intrigued by the question: how often do police enforce child restraint violations?

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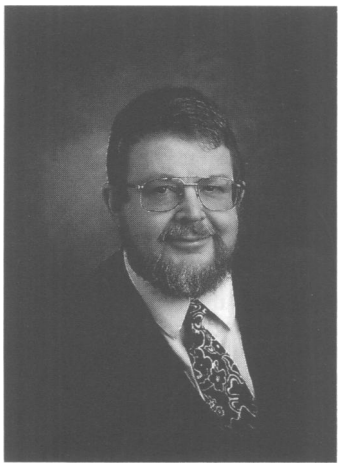
Editorial Board Member: brief biography

LEIF SVANSTROM



Leif Svanstrom graduated in medicine from Lund University in 1966 and then received a PhD in the Department of Social Medicine. Subsequently he did postgraduate training in occupational health and social medicine.

He is now Professor of Social Medicine at the Karolinska Institute and Chairman of the Department of International Health and Social Medicine. In 1991–2 he was a visiting scientist at the Centers for Disease Control, Division of Injury Control, Atlanta, Georgia.

Dr Svanstrom has spent 25 years in social medicine and health and safety promotion. His principal line of research and teaching is injury epidemiology and prevention. In the 1960s he conducted a number of descriptive and analytical studies, and in the 1970s began studying home and occupational injuries. In 1974 he introduced the community approach to the prevention of injuries: this, the 'Falkoping Model', has heavily influenced Swedish and international community safety work.

He chaired the First World Conference of Accident and Injury Prevention held in Stockholm, Sweden in 1989 and was a member of the International Organizing Committee for the second and third World Conferences. At present Dr Svanstrom is involved in WHO's Global Programme on Injury Control and is the Head of the WHO Collaborating Centre on Community Safety Promotion at the Karolinska Institute in Stockholm, Sweden.

He is the author of nearly 650 papers in epidemiology, prevention, and health systems research; 10 textbooks in health promotion and social medicine; and is a member of the editorial board of four international scientific journals.

LETTER TO THE EDITOR

Accident prevention in Catalonia

EDITOR,—There are two reasons to write this letter. First, I would like to congratulate you for publishing *Injury Prevention*. In my opinion the articles are appropriate and of high quality. It is to be hoped that very soon the journal will become the meeting point for all professionals in the injury prevention field.

Secondly, I would like to take advantage of this space to disseminate information about the existence of two institutions devoted to accident prevention in Catalonia. Frequently small territories find it difficult to make the presence of such places known. The same is true for the work these institutions carry out, and this is even more problematic if there are few people skilled in the English language.

In Catalonia, an autonomous community in the north east of Spain, the Advisory Council on Childhood Accidents (Consell Assessor sobre els Accidents Infantils) has been in existence since 1985. It promotes and coordinates activities in research and prevention to decrease this important health problem. The council has produced several publications, leaflets, and audiovisual material for health education, and sponsors epidemiological research. There is also the Catalan Institute of Traffic Safety (Institut Català de Seguretat Viària), created in 1991, whose main aim is a reduction in the prevalence and severity of traffic injuries, specifically in children and teenagers.

One again my congratulations to you and to *Injury Prevention*; I hope it will soon become the main reference publication in this discipline.

VICENÇ MARTÍNEZ-BENEYTO
Servei Català de la Salut,
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BOOK REVIEW

The Fight for Public Health. Principles and Practice of Media Advocacy. S Chapman, D Lupton. (Pp 270; £19.95 paperback.) BMJ Publishing Group, 1994. ISBN 0-7279-0849-9.

At some time or another each of us will have reacted in frustration to the way the media had (mis)handled a health issue dear to our heart. Either the story will have been incomplete, or in our view, conveyed a bias that we did not believe was warranted on the facts. At other times we will have felt like strangling a colleague who, given their moment of fame, used words that were beyond the comprehension of the 'person on the street'; alternatively this colleague will have failed to grasp the difference between a sound-bite on television and a 45 minute lecture to a critical peer group and will so cover their back that they end up saying little that has real meaning.

To many, 'the media' represents an alien world. Its inhabitants dress funny, talk funny, often look as though they should still be at school, and fail to appreciate the fact that anybody else could possibly have anything more important to do than help them meet their deadline. And their deadline is measured in minutes and seconds from NOW. What is 'known' or imagined of this alien world suggests it should be feared. It exists to try and trap you into looking foolish at best.

If none of the above apply to you — then how about the times when you have observed with incredulity as a story about a cat in a tree receives a great deal of coverage when you have tried and failed to attract any attention to any important health issue.

For all of you, help is at hand. It comes in the form of a 270 page book written by two Australians. It is in two sections. The first covers the theory and principles of public health advocacy. The second offers an A–Z for successful advocacy. The authors provide acute insights into the real world, for example 'governments . . . begin from the position of being more comfortable with doing little or nothing about public health issues' (p9). Readers will find information that will help them better understand how the media works and how to work the media.

It is rare to be able to review a textbook and describe it as one would a novel — but the content is fascinating and the theoretical points are illustrated with topical practical examples. The end result is an extremely readable book that is hard to put down. For example, anyone who has ventured into the issue of domestic swimming pool fencing will resonate with the account of the debate in Australia. (As a media tip don't speak of fencing of *private* swimming pools — the very word private will raise hackles and play into the hands of the individual freedom brigade.)

If you would like to take on some issue in the field of childhood unintentional injury, read this book. You will be better prepared as a consequence. You may even do what most of us only dream of — succeed.

If you have difficulty obtaining a copy it is because the tobacco lobby that bought up the entire stock to ensure the book does not become a risk to them or to similar groups — they have long experience of dealing in danger and so recognise a threat to themselves when one appears.

DAVID GEDDIS
Dunedin

CALENDAR AND NOTICES

Forthcoming events

Injury Epidemiology and Prevention: A Short Course
The WHO Collaborating Centre for Research and Training in Safety Technology, Indian Institute of Technology in Delhi, India, together with the Monash University Accident Research Centre in Melbourne, Australia, will conduct an intensive five day course in injury epidemiology and prevention. The aim is to improve the injury prevention knowledge, research, and implementation skills of practicing professionals and graduate students working in injury related areas in both industrialized and non-industrialized countries. For further information contact: Sara Jowett, Monash University Accident Research Centre, Wellington Road, Clayton, Victoria 3168, Australia.

SafeComm 5 — The Fifth International Conference on Safe Communities: Mainstreaming Community Safety
This conference is being jointly sponsored by the Hume City Council and La Trobe Council, with WHO endorsement. It will be held at the Sunbury Campus of Victoria University of Technology and Monash University's Gippsland Campus at Churchill in the Latrobe Valley, Australia on 22–26 February 1996. The focus will be on developing community safety at local, national and international levels; making individual community safety programs viable and sustainable; making safety part of the policy and normal routine procedures of local government and community agencies; and data collection and program evaluation. For further information contact: SafeComm 5 Conference Secretariat, Convention Network, 224 Rouse Street, Port Melbourne, Victoria 3207, Australia.

Occupational Injury Symposium
A symposium on occupational injury, sponsored by the National Institute of Occupational Health and Safety, will be held in Sydney, Australia, 24–27 February 1996. Although we do not often think of children in connection with occupational injuries, there is increasing evidence that the problem exists. For further information contact: Occupational Injury Secretariat, Professional Education Program, NOHSC, GPO Box 58, Sydney 2001, Australia.

Saskatchewan Injury Prevention Network
A conference is scheduled for May 1996 to 'motivate, educate and activate' delegates from a wide cross section of disciplines. In preparation for the conference a research assistant has been hired to compile a profile on the health of children in the province, including all pertinent injury statistics. It will be interesting to see how this exercise turns out because in this province, as elsewhere, it is difficult to assemble child injury statistics other than those describing fatalities.

National Workshop on Emergency Department Data
This conference, to take place 23–25 January 1996, in Atlanta, Georgia is part of an ongoing effort to implement a uniform emergency department data set and improve the quality of existing data.

Previous events

Child Transportation Safety Conference
With the assistance of the National SAFE KIDS Campaign, a conference was held in Arlington, Virginia from 31 May–2 June, sponsored by the Department of Transport. This conference brought together more than 400 professionals from health care, education, law enforcement, public health, safety, and injury prevention to create new alliances in all areas of transportation.

Association for the Advancement of Automotive Medicine (AAAM)
The AAAM held its 39th annual conference

(15–18 October 1995) in Chicago. One session of special interest was devoted to intelligent restraint systems — the technology of the future. Also, of interest to readers was a paper on unintentional pediatric fatalities from polytrauma in Delhi, by a group of authors, mostly from India and another by Chipman, Li, and Hu, on the effectiveness of safety belts in preventing fatalities and major injuries among school aged children.

World Burn Congress VII — Growing Beyond Survival
St Louis, Missouri, 1–5 November 1995.

European Conference on Safety Labeling
Paris, France, 9–10 November 1995.

Conferences in India
XVI Asian Australasian and XVII National Conference on Critical Care Medicine and Emergency and Disaster Medicine, convened by the National Association of Critical Care Medicine of India, was held in New Delhi, 2–4 December 1995.

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

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VOLUME 1: AUTHOR INDEX

KEY:(A) Annotation (E) Editorial (L) Letter (RA) Review Article

VOLUME 1: SUBJECT INDEX

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.

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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.

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- 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.

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New brooms

An e-mail message to the INJURY-L list from Paul Furbee notes that a bill was recently introduced to repeal the motorcycle helmet laws in his state after nearly 24 uninterrupted years on the books. He called Advocates for Highway Safety and discovered that similar attempts had increased 'everywhere' since the election of the new members of congress. Furbee interprets this as 'everybody trying out the 'new brooms' the changed congres appears to represent'.

Approval urged for child seat anchor

The US government is being urged to approve a new carseat system based on a proposed built-in child seat anchor. This system is described as 'good-proof' because it will facilitate the proper installation of child safety seats.