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Current Topics in **HOME SAFETY**

As presented in the
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1950 National Safety Congress**

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**Volume 13
Transactions
1950 National Safety Congress**

NATIONAL SAFETY COUNCIL
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What's New...

In safety, as in all other human activities, the question is repeatedly asked, "What's new?"

Many answers to that question are given every year by those who participate in the various sessions of the National Safety Congress. Many new methods, devices, and ideas which later became generally accepted first were presented at a Congress session.

Because of this fact, safety directors throughout the nation have always found the Transactions of the Congress a valuable tool in their accident prevention programs. Publication of the Transactions in small volumes—one for each Section or Division—permits wide distribution of pertinent portions of the Congress material to management and supervisory personnel at small cost.

The 34 volumes of the 1950 Congress Transactions are listed on the last page. Distribution of these volumes to key personnel is suggested as a valuable aid in the safety program.

In preparing these Transactions the proceedings of the Congress have been condensed and edited for reference purposes. Complete original manuscripts, with any charts or illustrations which were used, are available in National Safety Council files. Views expressed at the Congress or in this record are those of the Congress participants, and not necessarily those of the National Safety Council.

THE HOME SAFETY CONFERENCE

This volume is a record of the sessions held at the 1950 National Safety Congress by the Home Safety Conference. The conduct of these Congress sessions each year is only one of the many cooperative activities which the Conference carries on for the benefit of accident prevention work in the home. The activities of the Conference are under the direction of the officers of the Conference listed at the close of this volume.

Intro

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Accidents: Childhood's Greatest Health Hazard

Introductory Remarks by Presiding Officers: EDWARD B. SHAW, M.D., San Francisco, President, American Academy of Pediatrics; and NED H. DEARBORN, Ph.D., President, National Safety Council, Chicago

DR. SHAW: I want to assure the National Safety Council of the Academy's cooperation in what you are trying to accomplish, and state that our interests are as one with yours. The concern of pediatricians for the problem of accidents is a very great one. About a third of the children who die between the ages of 1 and 15 die from accidents, and all of you will bear witness to the fact that many, many children are injured accidentally. Children don't die of the effects of disease to nearly the extent they used to. Many of our infant plagues are no longer as great a menace as they were in years past. So proportionately, the problem of childhood accidents becomes a very much greater one.

There is the additional fact which is lost sight of, that the very size of a child makes him very much more vulnerable to injury from an accident. An injury which is minor for an adult may be serious for a child. An adult who takes a harmless pill in a slight overdose may not suffer great harm, but when this effect is magnified by the smallness of a child we're confronted with a problem of much greater importance and magnitude.

As an academy, our interest in safety goes back several years, as do our cooperative activities in the field. In 1948, we undertook a special educational effort, in cooperation with the U. S. Children's Bureau, the Metropolitan Life Insurance Co., and the National Safety Council. Dr. Albert Kaiser represented the academy in this activity, which helped to bring the child accident problem to the fore in the minds of many physicians. At the present time there is information, under the able chairmanship of Dr. George Wheatley, a committee of the academy dealing with child safety from accidents.

MR. DEARBORN: I look forward to the closest kind of cooperation between our organizations in this particular area where our interests are common. I have been preaching the doctrine of cooperation in the area of human welfare, particularly as it applied to our work, ever since I assumed the duties of this office eight years ago. Some of you might be surprised—some of

you might not—at the extent to which competition prevailed a decade ago, among organizations who were striving for the public welfare, including the Council. The feeling seems to have been that there must be some particular prerogative which one could claim for his own organization. Sometimes it was very obvious that this was just the selfish interest of some person who happened to be in a position of importance in the organization. However, it was contrary to the basic belief that I hold regarding the ultimate achievements we all strive for—which is that in the field of public health we all need to have cooperation.

I've been interested in the viewpoints of different thinkers and writers in the last few weeks, particularly as this meeting approached. Many reasons for cooperation are presented—psychological, political, philosophical and scientific. The world's knowledge is not restricted to the use of any one group at all. There is room for competition, but in this field it should not be for the amount of credit, glory, or prestige which an organization or individual can derive from his efforts, but rather to see who can do the most good. And I am convinced that through cooperative efforts, group planning and the execution of programs agreed upon by the group, the greatest results will accrue.

We have competition as a consequence of some of our natural impulses, of course. We see that in our young people particularly. The schools have their athletic teams, and there are other areas in our educational institutions where our young people compete with each other in terms of different skills and abilities. In the field of business we in this country have accepted competition as a basic principle of our economic order. And yet, among those competing organizations there are many areas where they can cooperate to a mutual end, an end which is of common benefit to the competing organizations. And that benefit is determined, I think, by whether or not the common end is good for people as a whole.

We have in our own organization a pattern which was put into effect three years ago, what we call "conferences" in the different fields of accident prevention. These

conferences are comprised of representatives of the leading national organizations, public and private agencies in traffic and transportation, local organizations for the promotion of safety (home, farm, school, college) public information services, and industrial companies. Those organizations had these questions to ask themselves and to answer: What is the nature and the magnitude of the problem we face in our particular field, what should be done to solve it, and who should do what? They have to decide among themselves where the responsibility for this or that shall reside.

After this Conference organization was established, each group was advised that the Council staff would no longer determine the program which the staff would carry out, but that each conference would decide the activities of its own staff people.

We hoped that our staff would be competent to come before the different conferences with good ideas, but it was the responsibility of the conference members to determine whether an idea was meritorious or not, and also whether it should be carried out by our staff or some other organization, or divided up among two or three. I assure you that this was one of the most revolutionary things our conference members had ever heard of, and I doubt very much that many of them believed it at first. As time went on, though, I am sure more and more of the representatives comprising the conferences have taken them seriously.

I hope and I believe that in my time we will see representatives of other organizations coming to these conference meetings—

in fact, it is already beginning—with their own ideas to put before the group for its judgment as to worthiness and to be discussed for ways and means to effectuate them. When that time comes we'll have real cooperation.

I have hoped for a long time that we might have a similar relationship with the various agencies in the field of public health. We need in this work of ours the help of the medical and allied groups of this country. I know there are areas of common interest. Last January in Los Angeles I observed one of your number in action—Dr. Dietrich, personifying the kind of interrelationship I had been looking for, in his work for the prevention of accidents as well as in the treatment of victims, talking about safety as a matter directly concerned with his professional work.

Eminent groups like the American Medical Association, the American Public Health Association, the National Health Council are already cooperating, and I wish to pay tribute to our own Dr. Armstrong, our Vice-president for Home Safety, for his leadership in bringing about these better relations. This meeting is another big step forward, and I rejoice in it, as I think you people do. I thank you for joining hands with us in the prevention of accidents so these young people can grow into fine, strong, healthy men and women, so that our country may have the benefit of their productive powers, no matter in which area of human endeavor they happen to fall. It's a great responsibility that is yours and mine, and I think we should take pride and feel a great sense of satisfaction in working together in this field.

The Pediatric Approach to Accident Control

(A Symposium)

Accident Control Through Pediatric Practice

By HARRY F. DIETRICH, M.D.

Associate Professor of Clinical Pediatrics, University of Southern California Medical School; Staff Member, Children's Hospital, Los Angeles, Calif.

The efforts of practicing pediatricians to control childhood accidents must align themselves in four channels.

First, the pediatrician must interest himself in, and enlighten himself on the problem. He must be keenly and shamefully aware of the monstrous toll in death and crippling that is caused by childhood acci-

dents. He must recognize that in every childhood year but the first, accidents are the number one killer of children. He must blush freely when he learns that in the first two months of the Korean War, while "do or die" Communist divisions with all the lethal weapons of combat were killing 600 of our desperately fighting servicemen, we

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at home, in peace and complacency, killed 2,000 of our own children. We physicians must awaken ourselves to the grisly magnitude of this problem.

Secondly, we must work effectively at the doctor-patient level to protect children from accidental death and crippling. If we as pediatricians explain to parents that no foundation, no matter how wise or wealthy, is ever going to provide them with one easy injection to prevent accidents. If we can convince them that only they can immunize their children against accidental tragedy, and if we then aid them by providing suitable advice, then we can solve this problem.

How can the physician advise on accident prevention? In adults, accident prevention must be engrafted like manners or military courtesy. In children, safe conduct is a form of behavior, and as such can be shaped and developed. A theory of accident prevention which embraces reciprocal relationships between protection and education is applicable.

Briefly interpreted, accident prevention in childhood begins with 100 per cent protection. The non-ambulatory infant under one year of age, who is not adroit at dodging, is completely at the mercy of its custodians. If it is burned, drowned, poisoned, crushed, or mangled it is because it has been denied protection by those responsible for its care.

Accident prevention in this age group is remarkably uncomplicated. At the age of five or six the child should need protection only from previously unexperienced or incomprehensible dangers. Admonitions and education he will still need, but protection is largely unfeasible because school and play remove him from the physical sphere of parental influence. Education will accompany him, but protection remains at home.

Returning now to the intervening years, one to five, their vital importance becomes obvious. In this short span of time the completely protected, wholly dependent one year old infant must be transformed into the safely independent school child whose vulnerability to accident has not been increased by too much protection.

It is apparent that this period is marked by bravely decreasing protection and dramatically increasing education. Towards the end of the first year an educational component must be introduced, and then rapidly expanded to meet the astounding requirements of the six year old.

In general, our protective and educational practices must be tuned to the developmental level of the child. We know that the newly ambulant youngster is embarking on an orgy of exploration. He will taste, touch, test, and tug at every article within his ever-growing reach. Anticipation of this behavior should indicate where protection is needed, and into which of our educational traps we can lure him.

At around two years of age mimicry of older children and adults, negativism, and marked increased speech comprehension will complicate his singleness of purpose. With new sophistication he will test people and animals as well as objects. This and other anticipated behavior can readily be used in the application of the theory of accident prevention.

Absolute protection must be maintained against lethal and crippling hazards, but the run-about child must begin to amass a backlog of experience, and gain some practical concepts of pain, heat, gravity, non-edibility, etc.

Split lips, technicolor bruises, chipped teeth, bloody scalps, and even simple fractures we must expect. Properly handled by physicians and parents minor injuries are of tremendous and lasting educational value. This value must not be corrupted by morphinizing emotional poultices. Nor should the issue be bemuddled with moral implications about "good children don't . . ."; or saccharine parental pleas of "I wish you wouldn't . . ." Pain is a warning that survival is threatened, and because the human body wants above all else to survive, lessons learned in pain are not soon forgotten.

I have suggested that the theory of accident prevention is a practical one, that is, usable. The tools necessary for its application are few and readily available. They are forethought, time, and discipline. Forethought requires that, within wide limits, a child's developmental progress and interests should be anticipated. Here the pediatrician has both a responsibility and an opportunity. At each major developmental level he can dispel parental tension by predicting and dissipating unfounded worries; he can at the same time arm parents with anticipatory advice which will enable them to avoid major dangers, and capitalize on the educational value of minor ones.

Time might seem to be the tool in scarcity. Nothing could be further from

fact. Even the time spent in feeding a young infant is totally and pitifully wasted if that child is killed by accident. During early infancy we must physically bring food to the baby's mouth; at any later age accident prevention is the only truly vital child-parent activity we parents have. Can we not find time for this? Fortunately we can find time easily. Parents need only borrow a fraction of the time they spend on fruitless and unfounded worries to activate effective accident prevention programs in their homes.

Here is another role for the pediatrician. He must not by his demeanor, his words, or his charges magnify minor ailments and situations. He must actively, and at the cost of his own time, dispel old wives' tales, and correct pediatric fables that are written in the almost indelible inks of past generations of doctors. He must in short give his patients the perspective, composure, and confidence that will encourage them to spend their time in the pursuit of safety for their children.

Forethought and time. The third and indispensable tool of any juvenile accident prevention program is discipline.

Discipline is as necessary to a child's happiness as it is to his life. Due to a misinterpretation of modern psychologic and psychoanalytic thinking, too many children have been deprived of the physical and emotional security that rests on mild, consistent and logical discipline. Here again the advisory role of the pediatrician is both important and apparent.

I cannot refrain from pointing out that accident prevention is not an isolated facet of child care. When pursued with imagination it contributes tremendous increments to all the components of a child's sense of security. The knowledge that his parents' love and affection will not permit him to do any truly injurious act, more effectively convinces the child of that love than any other parental display. His need for discipline is fruitfully satisfied. The knowledge that he gains from his parents' educational efforts daily augments his self-confidence. There is in fact no other single phase of child-parent relationship which so literally and largely enhances a child's sense of security.

Having tended to his own and his patients' education, the pediatrician must next

turn his efforts to the entire medical profession. In as much as medicine is dedicated to the creation and preservation of physical and mental health, no specialty can validly disclaim its responsibility in the problem of accident prevention in children. And happily, none will try to, but we, as pediatricians, must seek their attention and show them the problem.

So far we have had the pediatrician:

1. enlightening himself
2. instructing his patients
3. enlisting his colleagues

If he discharges these obligations effectively he will be doing a good, but not a complete, job. There remains the need to organize and continuously reactivate community child accident prevention programs. The enlistment of the interest of already organized groups, that they may devote some, or more, of their efforts to home and child accident prevention will lend real power to any community program.

In the evolution of the National Safety Council it was only natural that emphasis and major effort has been directed toward accident prevention in occupational, traffic, and public situations. In each area, such efforts embrace education and protection (protection in engineering and equipment). I would like to suggest that there has been a terrifically wasteful and not fully effective reduplication of effort in the field of education by each individual industry and company. Consider for a moment the entire accident problem.

The problem of accident prevention in the nation presents a virtually endless list of variables that have somehow distracted our attention from the logical solution of the problem. We have somehow overlooked the opportunity to simplify the problem by using the two common denominators in every accident—the human being, and his domicile.

Every accident victim, whether he has been injured in a mine, an aeroplane, on a tricycle or in a bath tub usually spends 8 to 24 hours a day in a place of residence. The desire for, and principles of, safe behavior can best be taught in the home. Once acquired at home, the basic practices of safe conduct will accompany the individual to school, on the street, under ground, in the air, and in all the places where men go to "make a living." In this endless variety of situations, when dealing with individuals

who have been home sensitized to safe conduct, it is only necessary to point out, or protect against unusual or subtle hazards.

Making the home the nidus of our accident prevention efforts has one very important psychologic advantage. Many individuals, too smugly certain of their own infallibility to heed warnings for their own protection, will attend diligently to advice aimed at protecting their spouses, relatives, or children. If the adults in the home are encouraged to teach their children safe conduct, the adults will unconsciously assimilate those attitudes. One cannot teach without learning thereby.

The pediatrician's role in accident prevention in childhood is a multi-faced one.

1. He must gain an enlightened awareness of the problem.

2. He must attempt to immunize his patients against serious accidents by providing parents with the theory of accident

prevention, and sufficient advice and encouragement to apply it.

3. He must alert the entire medical profession to the gravity and needs of the problem.

4. He must enlist the aid of all available organizations in a continuous community and national child accident prevention campaign. Under this latter directive I have respectfully suggested to the National Safety Council that intensive effort to prevent home and child accidents would exert beneficial secondary pressures in all fields of accident prevention.

If we as pediatricians do this job wisely and well, it will, aside from saving lives and limbs, constitute a tremendous public service. If we don't accept this responsibility, remember that accidents may be the killers and parents may be the accomplices, but we the medical profession will be the accomplices before the fact.

Accident Control Through Pediatric Research

By RUSTIN McINTOSH, M. D.

Professor of Pediatrics, College of Physicians and Surgeons, Columbia University, New York, N. Y.

Any pediatrician has a vital interest in the prevention of accidents in infancy and childhood. He is well aware of the seriousness of the problem and has himself seen far more of the baneful results of accidents, many of them clearly preventable, than he likes to recall. But research in this field, in what you might call its clinical rather than its technical aspects, is for practical purposes virtually in its early infancy. The need for imaginative thinking and for the formulation of definite plans and programs in the prevention of childhood accidents is only too obvious.

A little reflection brings out the fact that the nature and scope of the problem has not yet been clearly defined. When we allude to the seriousness of accidents at the early age levels, we are apt to point up the remark with a reference to the statement that for a number of years past, accidents as understood in the International List of Causes of Death have been the leading cause of death in successive age categories

from one year of age up to the late teens and beyond, a statistic only too familiar to public health officers and actuaries, as well as to pediatricians.

At the same time, we must recall that we are confronted by one of these iceberg situations: There is a lot more to the problem than that part which shows above the surface, and the hidden part can be in some respects just as serious. I need only call to your minds the estimate, based on a limited study, that for every death from a home accident, some 150 additional disabling accidents occur. And I might point out too in this connection that the circumstances which build up to a fatal accident may differ from those that result in virtually negligible consequences by as little as, literally, a hair's breadth.

It is quite obvious, then, that while we cannot ignore the challenge of the fatal accidents, which point up only too grimly the urgency of the need for a preventive program, in the actual formulations of a

program we cannot afford to confine our attention to lethal or even to permanently disabling accidents, but must address ourselves to the whole problem of the avoidance of situations out of which accidents emerge. What we need to know, it seems to me, is the total accident experience of a community over a representative period of time, with adequate records of all accidents suffered—probably suffered is too strong a word, and I should say all accidents of all types *experienced*—so that a basis might be available for valid comparison of one prophylactic or therapeutic policy or program with another. No statistician would ask for less than this.

But don't misunderstand me in the meaning which I am willing to attach to that word community. I'm not talking about a metropolitan community like Chicago, much less New York. Some have even advocated that a fully detailed and documented study be set up to cover the whole United States. If all the world were paper and all the sea were ink we probably couldn't keep adequate records of so vast and diffuse a problem; and besides, even the Federal Government couldn't afford to undertake the job. In formulating a research program we shall have to exercise some common sense and pick communities of a size we can deal with. We shall also want to apply considerable thought and critical discrimination in the selection of the types of community in which we can test the various hypotheses we plan to submit to judgment, the various questions we expect to ask of the data assembled.

Industry has set the pattern in electing to study a limited community like drill press operators, or workers in an asbestos mine, or a factory, or some finite segment of industry like oil well drilling. In exploring the problem of accident control in *childhood* we must set different limits to our survey pattern. The community we select for study can be a family, or a number of families or households; or a school, or even a playground; or it can be a village, or a town, or a doctor's practice, or several doctors' practices. But in laying down the postulate that we must have adequate data in regard to the take-off point before we can hope to measure progress, I am expressing neither the counsel of perfection nor the counsel of despair. It is necessary merely to insist that

we select for close study a community appropriate to the hypotheses we wish to test; and this can be made an entirely practical matter.

Dr. John Gordon, of the Harvard School of Public Health, enters a plea for studying the accident problem in much the same manner as projects have been set up in the epidemiology of communicable infections, leading to better understanding of their nature and, in some notable instances, to great reduction in their incidence and practical importance. His comparison gets off to a good start: Deaths from accidents are reportable, and accidents which lead to hospitalization likewise become reported in a sense, and in a manner which makes further study of the individual case possible. But what of the accident that is patched up at home and never gets entered in a ledger? It is agreed that this type of episode cannot be ignored in any comprehensive approach to the problem. He suggests using public health nurses as scouts. Will it work? Perhaps, but only if their number is large enough in proportion to the community under study. In any event, it seems clear to me that before any such approach can yield fruitful information, not only must the community to be examined be appropriately circumscribed in the light of the available resources for the project, but also the various component factors of any accident must be separately evaluated with a view to extracting the pertinent information about each.

In any accident we have a threefold interplay of (1) the person afflicted, (2) the agent by which injury was done, and (3) the setting in which the accident occurred. I propose to make a few comments on each of these factors as they seem to me to have a bearing on the childhood accident problem.

First, the person injured or, in epidemiological terms, the host. Much has been written about the accident-prone individual, especially in industry and in the field of automotive injuries. There is little question that the accident-prone adult exists and gets himself and others into a pile of trouble. On the other hand, I have seen a good deal of evidence of loose thinking when the effort has been made to apply this same concept to children.

Is there such a creature as an accident-prone child? I don't deny the possibility.

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but I would point out that the labeling of a boy or girl as accident-prone merely on the basis of his having experienced more than his fair share of accidents, without closer study of the environmental circumstances in the individual case, comes dangerously close to oversimplification. Parental or other supervision comes into the picture too; it has to. Moreover, if we grant that accident-proneness does appear as a childhood trait, when does it emerge? I would submit the hypothesis that every young infant is accident-prone in the sense that we apply the term to adults, and what may be needed more than a study of the children who have lots of accidents is a closer inquiry into the means which growing infants and children have at their disposal for learning by experience in such a way as to avoid getting into significant trouble.

We need to correlate accident experience with the developmental sequences of normal growth. It is well established, for instance, that the curve of frequency of individual injuries as related to age mounts steeply from the moment an infant learns to walk unsupported, and there exist presumably additional inflections of the curve corresponding to the age of pulling objects down from a high level, the age of beginning climbing, of descending a staircase, of turning knobs and switches, and so on. Here, in the field of developmental neuromuscular physiology, we have a highly fruitful area for close study of the host.

We hear it said, largely on the basis of study of small samples of questionable representativeness, that the accident-prone child is typically in revolt against authority. Now revolt against authority is in some measure such a universal and, therefore, normal attribute of a child's life that the mere noting of its presence in a child who has got hurt contributes little or no understanding. It is said also that the overprotected child is the one most prone to get hurt, and certainly any school physician will testify to the generalization that it's always the spoiled brat whose mother is a worry-wart who seems to get into the most troublesome fix. But we are now characterizing the child as an individual, or are we poaching on the territory of the third component, the environment, and begging the question by broaching the subject of social adjustment? Much more study and observation of larger groups

of children along the lines of developmental psychology and the emergence of personality traits is called for.

An important beginning in this direction has been made by Fuller in her study of a carefully circumscribed community, the occupants of a particular nursery school in Minnesota. She makes a number of highly provocative observations, such as that at the two-year-old level accidental injuries are about equally frequent in the two sexes, but that in the age progression from two through four there appears a significant sex difference, with boys getting hurt appreciably more often than girls, while for the group as a whole the referrals for injury decline; in other words, young children exhibit a capacity to learn to keep out of trouble.

Frequency of injury shows no correlation with intelligence as measured by psychometric test. At the same time, it is evident that children who play together are more apt to get hurt than do those who play alone. The personalities of the young children who had fewest injuries bore certain resemblances to each other. On the other hand, the individual who had the highest injuries scores, while they were picturesque characters in the sense that their teachers and others filed a relatively large number of comments on their behavior, showed few traits in common except for the one general characteristic that they all had problems related to harmonizing with group living.

Suggestive correlation was found between frequency of injury and a variety of more or less measurable attributes: exceptional physical strength; a daredevil attitude; emotional reactions easily aroused; impulsive or unreflective behavior; a rude or insulting attitude toward others, especially toward adults; and, in girls, the tomboy trait. Obviously, certain of these characteristics derive more from environmental influence than from innate qualities. Dr. Fuller projects further studies along these lines, which will be awaited with interest.

In connection with accident-proneness and its elusive application to childhood, it is perhaps worth pointing out that physical disability, so common a factor in determining individual susceptibility to accidents among adults, seems to play no such role in childhood. Children who have a congenital defect

have a way of learning their limitations throughout the whole process of acquisition of motor skills, and there is reason to believe that by virtue of not being tempted to attempt too much they succeed effectively in protecting themselves from harm. Similarly, a child who acquires disability, as following an attack of poliomyelitis, approaches the problem of rehabilitation with salutary caution. The differences between children and adults in this regard deserve considerably closer study.

The second factor in any accident situation, the agent by which injury was inflicted, has traditionally received, and will doubtless continue to receive, its share of attention—perhaps even more than its share. I say "more than its share" not because I would deprecate its importance but because in arriving at an understanding of the genesis of accidents in childhood it seems to me a mistake to focus undue attention on the bullet or the gun, rather than on the fellow who let the child get hold of the weapon in the first place.

Moreover, the putative agent of injury has sometimes turned out to be a red herring. Closer study of instances of so-called suffocation of infants by their bed clothes, or by the pillow or blanket in a carriage, has established the fact that a not inconsiderable proportion of these sudden and apparently unexplained deaths prove to be due to quite other causes, usually to some overwhelming infection. It is not to be doubted that where the agent is a primary and unavoidable source of risk, we are confronted with an obligation to apply all possible technological and organizational ingenuity to diminish the risk.

Proper toys for infants can be constructed that are free from sharp points or cutting edges and that don't permit detachment of fragments which might be swallowed or aspirated. Fool-proof, or what might better be called meddle-proof, gas stoves and electrical equipment can be designed. We can improve traffic regulations, organize supervision of street-crossings, we can legislate for adequate periodic inspection of automobile brakes, and we can agitate for adequate playground space to keep the children off our city streets. The tragedy is that we so often wait for disaster to prod us into action after harm has been done, sparing our ingenuity and withholding our

research effort until we are confronted with actual, rather than potential, victims.

Many accidents in which the agent is necessarily in the foreground—for example, cases of poisoning by some chemical substance—occur so infrequently and in such scattered geographical distribution that it is not until a series has been assembled and published that we become aware of the universality of the risk. Examples that might be cited include injury to the esophagus from swallowing caustic soda, aspiration of kerosene, ingestion or inhalation of lead, and the formation of methemoglobin from eating crayons that contain poisonous aniline derivatives or from contamination of well water with nitrates.

Research is involved in the study of the mechanism of injury, but the actual problem of prevention is chiefly one of education. When a child is killed by a dose of phosphorus-containing poison which was intended for a rat, the real question is "What ignorant or thoughtless person left poison where a child could get hold of it?" And that brings me to the third factor, the situation in which the accident occurred.

The setting—the environment, in a broad sense—is in my judgment the most fruitful area of study in this whole problem of accident prevention in childhood. It is also the most elusive. One can even question whether we have adequate resources to conduct a valid study. I am referring here not so much to numbers of field workers with pad and pencil, filling out questionnaires, although they will be needed too. I am concerned more with technics of studying motivation in young subjects, but I'll come back to that later.

So far as the physical characteristics of the setting are concerned, we know the part played by defective home equipment in determining injury from falls, and a rough correlation between the frequency of fatal injuries and low family income has led some students of the question to accept the conclusion that an improvement in the standard of living of the lower groups should in itself lead to a reduction in fatal accidents in childhood. The validity of the reasoning may be questioned. A moment's reflection makes one realize that the matter is far more complicated, being inevitably concerned with family size, sibling rivalry, parental

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or other supervision, alcoholism, and a host of other components. Although we may accept the negative correlation between frequency of accidents and standard of living as a first approximation, we must not lose sight of the fact that the larger aspects of the problem provide a fruitful field for research.

Of much greater import are the social aspects of the accident situation. Injuries incurred at home, in school, on the playground, even automobile injuries sustained in city streets, can seldom be properly evaluated in terms of simple kinetics. I have spoken of the promising start made by Elizabeth Fuller in observing the frequency of physical injury with relation to the social adjustment of nursery school children. More studies of this kind are needed, and they should be applied not only at higher age levels but also to home surroundings as well as to school environment.

It has been stated that four-fifths of all accidents to children under five years of age are due to errors of omission or commission by adults. Need one be surprised that Fabian and Bender, in a study of children admitted to Bellevue Hospital with head injuries, found a high incidence of alcoholism in the parents? These same authors, and others as well, ascribe to children a variety of motives underlying or preparing the ground for an accident: the effort to frustrate an adult, to penalize a parent, to atone for a sense of guilt more or less consciously appreciated. Are these interpretations really valid, and have we adequate means of confirming or refuting them? A great deal of study is needed to bring reliable answers to these questions and to obtain trustworthy information from the child himself without our being obliged to impose on him a judgment based largely on circumstantial evidence and doubtful inference.

There is good reason to believe that many childhood accidents stem directly from a child's concern over his standing in the climate of opinion of his own crowd. How many accidents or near misses are preceded by the challenge to show your gus? "I dare you to jump from that branch," or "I dare you to beat that car across the street." Bravery rates high as a virtue among children, and certainly their open discussion of it shows that in general they care more

about courage than about faith, hope, or charity.

And when it comes to education of parents, teachers, and others in the means of accident-prevention which are now common knowledge, can we point with pride to our record? I gather that the attitudes of practicing pediatricians in this respect vary all the way from deep concern combined with intelligent practice, to complete intellectual paralysis based on fatalism. Those who are interested are working out their own techniques of parent-teaching, but none of them claims by any means to have the final word. Is not this another highly important field for research in educational policies? In a primitive society, where the technical equipment of the home is so elementary that the risk of a child's injuring himself permanently is virtually negligible, it may be all right to leave the educational process to the child's own search for adventure. Perhaps one can conceive of an environment in which it is both safe and practicable to let the child learn the inherent danger of heat by momentarily moving too close to the fire, of moving vehicles by getting bumped by the wheelbarrow. But for us in this country those days have passed with the passing of the frontier. Today's child, even the child on a farm, is literally surrounded by lethal weapons. We need to plan his education in the matter of risks by a carefully thought-out program of adult education, so designed in its sequences as to anticipate, rather than follow, disaster. At every age, we would want to have our children live dangerously—within the limits of perfect safety. Have we worked out these technics so as to accomplish the desired results? I would submit that here again we have an important area for investigation.

In summary, I would point out that we now have the beginnings of an understanding of the problem with which we are faced. There is certainly no point in our trying to run away from it. Mortality statistics prove only too convincingly that we cannot escape the obligation of attacking it with all the resources at our disposal. The scattered suggestions which I have offered for a research approach do not by any means cover the whole field, but I hope that some of these challenges will be taken up. We must put ourselves in a proper posture of defense and prepare ourselves to move forward to the attack.

The Challenge of Child Accident Prevention

By HEROLD C. HUNT, D.Ed.

General Superintendent of Schools, Chicago, Ill.

With all the scientific knowledge that is today being applied to practical situations to make life easier, simpler, more healthful, longer, it is all the more tragic to contemplate upon that killer that intrudes upon us by taking so great a toll among our youngest age group. I speak, of course, of accidents among children.

We have heard that, with the tremendous strides made in the conquest of communicable diseases, child accidents now stand as the leading cause of death and disabling injuries among children from one to fourteen years of age; we have heard how the reduction in death from accidents has in the past quarter-century lagged far behind the reduction in death from communicable diseases; we have heard how home accidents claim the lives today of more than 5,000 pre-school children annually, a figure which exceeds the one-time death toll from diphtheria when that disease was considered, some twenty-five years ago, as the world's worst child killer; we have heard how physicians are likening accidents to diseases and are working scientifically at their prevention and elimination; we have heard too how important and vital it is that education, safety education, practices on all sides to develop a safety consciousness on the part of all people to the extent that accidents will not, cannot occur.

It is in this area of safety education that child accident prevention presents a very real challenge to the teacher and the school administrator. Effective accident control is best and most readily achieved through widespread public education. This represents, of course, a long-range program, but one from which the effectiveness will, in part at least, be realized as the procedure is being developed and the learning process taking place.

Basic, naturally, is the development of public interest in the problem, awareness to the need for concerted effort in mastering it; understanding of both individual responsibility in carrying on the campaign and the need for constant vigilance concerning his own and his neighbor's safety practices; active participation in adhering to estab-

lished safety standards; and careful thinking, planning and study of the area for the development of a complete safety consciousness.

We have said that safety education is a long-range program. And so it is. It may and should be directed to, and for, all age groups from the youngest school child all the way through the high school and college student up to and including the parents and other adult groups who, in turn, will assist the pre-school child in the area. The full realization of the safety teaching will not be felt, however, until the whole generation, exposed to and participating in the program throughout the entire school career, has developed to the point where its children are reared in the safety consciousness so painstakingly developed throughout the life of the parent group.

It has been pointed out on this program that most child accidents happen to the pre-school youngsters and that the greatest number of these occur in and about the home. It would seem, therefore, that the most strategic area for concentrated attention to safety education would be among the parent group. That is true for immediate results but in the process the long-range program must not be overlooked. In it lies the hope for permanent improvement of the record.

Let us examine for a moment the areas which can be stressed in the program of safety education for parents. First there is the subject of accidents in the home. Parents must be educated to see that their homes are free from conditions which might prove unsafe; they must be educated, too, to give adequate safety instructions to their young pre-school children. Parents must be taught to make certain that home equipment is safe and that the places where their children stay and work and play are safe. In the kitchen, for example, if older children want to help their parents, as they always do in this imitative age, they should be taught to use pot holders to avoid burns when taking anything hot from the stove, they should be taught that hands must be dry before touching electric plugs and that all

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electric equipment should be unplugged when not in use. They should be taught that nothing which can catch fire should be placed or hung near the flame of the stove. And the parent also makes certain that insecticides, disinfectants, poisons, fuel oils, cleaning fluids and the like are kept safely out of reach of young hands and mouths.

In the safe home the bathroom is carefully kept clear of loose razor blades and safety pins, buttons and other small objects that may cause trouble are beyond a child's reach. Medicines are in a high latched cabinet. The parents make it a habit to mark and read labels carefully before using the contents of any bottle or package.

In other parts of the house, small objects are out of the way so there is no danger of their being the cause of tripping or falling, guards on windows and stairs assure that youngsters will not fall through or down. Small rugs are fastened down, no objects are left on the stairs, hallways are well lighted.

Within a safe house, safety practices become second nature for young children. And in such a home we may be certain that the parents are ever on the alert to check any physical defect which might appear in the young child that could prove hazardous to his safety. Eyes and ears are checked to see that they present no difficulty and motor coordination is developed consistently. If this appears difficult every effort is made to determine the cause and to correct it.

Outside the house comparable safety precautions are taken. The yard is safe because no nails or broken glass or broken pieces of wood are about. The clothes line is strung above even adult heads. Garden tools are put in appropriately safe places with pointed ends covered or protected. Leaves and papers are burned only in perforated, metal containers, an adult always supervises the job. The cellar door is kept closed, as are the garage doors except when it is planned to start up the car.

Youngsters are taught to stay in the yard or on the sidewalk. In the company of their parents they early learn, however, to cross streets only at intersections, and only when traffic has been stopped by the light, or, where there is no light, only after a careful checking in both directions to see that no vehicles are approaching.

In recreational activities, too, safety characterizes every phase. Appropriate supervision is provided when necessary, and safety rules are understood and enforced. At the beach, the importance of remaining in shallow water is taught, as is the need to remain out of the water for at least an hour after eating. Boating is permitted only with adult supervision. Proper protective equipment is provided for all sport and team games. Playing areas are free from holes, stones and other hazards.

Education of parents for child accident prevention pays dividends when these and other safety practices become a part of the parent's consciousness and are in turn transmitted to the children.

The areas and the items listed seem obvious and the cautioning hackneyed. Their very simplicity, however, is the reason for repeated emphasis, for despite the efforts thus far, those simple omissions or faults cause the greatest amount of tragedy and heartaches.

In educating parents to educate their pre-school children toward safe living, the teaching may become especially effective when it is remembered that youngsters of this age are in the most imitative stage of their existence and that they will therefore readily follow the pattern set by the parents. Safety practices of parents thus become the safety habits of the children. And these early developed habits will become the ones to lead the youngsters safely through life.

When the child reaches school age the challenge of child accident prevention becomes greater and closer to home for the educator. Now the work can be accomplished on a first-hand basis with no intermediary step to be blamed in case of failure! The responsibility is defined, it must be undertaken—and successfully so.

Among children of school age (5 to 14), accidents take the lives of about 6,000 a year in this country. This figure reflects some slight reduction during the past few decades, but there must be a much greater reduction, bordering on practical elimination, if we are to feel that the job of safety education is being carried on effectively. All of you are doubtless familiar with the various types of these fatal accidents—motor vehicle accidents which account for a third of the total, those motor vehicle accidents occurring while youngsters are crossing streets or highways

or are playing in the road; drownings which are responsible for a fourth of the accidental deaths, drownings which come about not only as a result of swimming, wading and boating activities, but in addition drownings because of falls from rafts or bridges, from banks or ledges, and drownings because of thin ice. Over ten per cent of the fatalities in this school age group are caused by burns, conflagrations and explosions, and nearly seven per cent are the result of firearms accidents. Strangulation and railroad accidents account for still other deaths.

From this listing it is obvious that much more must be done in the area of safety education. Most accidents are unnecessary. They must be prevented.

Parents can, of course, do much to avoid accidents for their school age children, just as they can for their pre-school daughters and sons. Physicians too can play an important role in sensitizing parents to the dangers and encouraging them to take proper precautions both in training and in supervision. During the school years too, continued attention, to remedying or compensating for physical defects of children will do much to raise the accident prevention score.

Within the school itself, however, much can be done. Today, starting in the kindergarten and continuing throughout the high school, effective programs of safety education are being included as a part of the curriculum. Safety at home, at school, on the playground, en route to school, are stressed in regular courses of study. Safe practices are pointed out, and praised and encouraged; carelessness and unsafe conditions are likewise explained but condemned and discouraged. The school environment is made safe and what is done toward this end is carefully interpreted with the thought that the same practice may well be followed outside of the school. Training in the "safest route to school" is carried on and in this activity the cooperation of parents is actively enlisted. School safety patrols are organized and the members develop a safety consciousness for themselves and for their classmates and friends. School safety councils are elected and at their meeting the representatives consider problems of safety and the elimination of hazards.

Everywhere at all levels, throughout the school, safety becomes a key word, permeat-

ing the curriculum, the activities, the program and the very life of the school, until the concept is firmly implanted in the minds and actions of every pupil.

A new emphasis which is daily being increasingly placed in school systems throughout the country lies in the area of traffic safety education. Although an integral part of the over-all safety program, this phase of safety education requires additional attention not only because it represents the area in which the child mortality rate is the highest but also because, in its modern appeal to young people, heightened interest, understanding and determination are more readily developed. Encompassing the whole field of motor vehicle and traffic dangers, traffic safety education aims at the development of safe practices in activities all the way from simple crossing of streets to the complicated problems of the correct handling of motor vehicles under all circumstances and conditions.

Concentrated and meaningful attention to this vital phase throughout the school years will serve both to guide girls and boys safely through their school years and to make of them young men and women who will respect the rights of others in traffic and motor vehicle situations. Behind-the-wheel driver education, the culmination of the extensive and continuing traffic safety education program, is greatly facilitated by the foundation of correct thinking, habits, and practices which are developed in each school pupil through the traffic safety education program.

The efforts of the school, however, supplemented by the assistance of parents and the young people themselves, are not sufficient to conquer the child accident problem unless the entire community is organized for action in this direction. The work of individuals and of groups—even large groups such as the school system—is still effective if there is no over-all organization to integrate the procedure and make certain that specialized activity is not wasted because of lack of attention to a related area. The effectiveness of any effort to reduce the number of fatal and near-fatal child accidents will depend, in the final analysis, upon the interest of the community and the steps which the community as a whole takes to study the problem and activate the controls necessary for its elimination.

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Perhaps the most effective way to initiate a community-wide child safety program is for some recognized community agency to assume leadership in sponsoring the activity. The civic representation already present within the agency assures at the outset a spread of influence and interest. Participation of other influential agencies such as the police department, the fire department, the park department, the health department, the board of education and many others, large and small, public and private, can readily be secured when the movement is inaugurated by a well known, established group. By the simple procedure of calling an organization meeting, the original sponsor will be provided with representation from the various agencies and the movement will be under way.

An early activity might well be to make an inventory of local organizations to make certain that each one capable of assisting in the program is represented. A survey of accident conditions, next undertaken, will indicate the areas most in need of immediate attention as well as all of the circumstances, some little suspected in many cases, which contribute to the problem. A careful analysis of all of the physical conditions affecting child safety, including the homes, the schools, the playgrounds and other recreational areas, as well as actual traffic conditions, will undoubtedly point the direction of activity. Enlistment of the support of publicity and interpretative agencies and of

press and radio outlets will assist in the development of awareness and in the promotion of enthusiasm for participating and assisting in the program.

With interest and awareness established and the organization developed to carry out the determined program, all efforts will be concentrated in a single direction and results will be almost immediately noticeable. From then on the problem is to carry on the activity with continuing zeal until the constant hammering on the theme results in a deep-seated safety consciousness for the entire community. With this complete safety consciousness the accident problem is solved.

The challenge of child accident prevention is, therefore, one of developing interest, awareness, and action on a community-wide basis, and of organizing and integrating the respective individual efforts to contribute to the over-all program. With concentrated attention on all sides the rate of reduction in child accidents will soon be keeping pace with the reductions in child mortality from communicable diseases which has resulted from scientific research. Organization for child accident prevention will yield, surely, these gratifying results and whether we are safety experts, medical men, educators, or just plain citizens we must work together for this goal. The challenge is for us to see to it that our children survive to fulfill the rich and worthwhile lives we covet for them.

Let's Dis-Harm Our Homes

(A Panel Discussion)

Presiding: TYLER S. ROGERS, Chairman, Home Safety Conference; Assistant to Executive Vice-President, Owens-Corning Fiberglas Corp., Toledo, Ohio.

Participants:

LEONARD G. HAEGER, Ass't Director, Div. of Housing Research, Housing & Home Finance Agency, Washington, D. C.

STEWART J. OWEN, JR., Chief Safety Engineer, U. S. Dept. of Commerce, Washington, D. C.

FREDERICK S. KENT, Chief, Special Projects Section, Bureau of State Services, U. S. Public Health Service, Washington, D. C.

EDITH RAMSAY, Home Equipment Editor, The American Home Magazine, New York.

MR. ROGERS: The main idea in each of our three home safety meetings of this Congress is a particular "target area," in order to concentrate our thinking and information, and to develop the outlines of a program that will really save lives. We must shoot at clearly defined objectives, or "pin-point" our campaigns. Local, state, and national efforts tie in so closely—each job influencing the others and the total result—that better integration is called for.

All of these discussions will, we hope, be aimed right at our big target—the development of specific and concrete program suggestions that will actually reduce home accidents. In other words, we want our speakers to tell us how we can put the information they give us into community programs which will result in safer homes. A minimum of "back-patting" seems called for. We should realize that however well we may have done in the past there is still much to be accomplished.

The three specific target areas for the Home Safety Conference national program are: first, the home; second, the community; and third the state and nation. It is significant that each home session of the Congress this year will be devoted to one of these target areas. Our panel this morning will deal with the first target, the house itself, how to eliminate or diminish physical hazards in the home environment, including the building as well as its fixtures and ap-

pliances. We will try, with audience help, to develop definite campaign recommendations and responsibilities in this phase of home safety.

LEONARD G. HAEGER: Housing construction this year is topping well over a million units—an All-American record. Yet one thing is wrong with this happy picture: we are building accidents into our new homes faster than ever before. In American homes in 1950, we can expect a total of about 5,000,000 disabling injuries and 30,000 fatalities.

This appalling casualty toll is unnecessary. Counting all accidents to people of all ages, it is much safer to work in a factory, or ride airplanes or trains, than to stay at home! The safety record in industry as a whole is twice as good as it is in our dwellings, and in certain outstanding industries is nine times better. But the comparatively low rate of industrial accidents certainly shows what can be done when a carefully-planned prevention program is put into action.

The Housing Act of 1949 created a broad program of housing research for the Housing and Home Finance Agency. The program is aimed at the National Housing Objectives as defined by the Congress. In its simplest form, these objectives are to help the housing industry, through research, in building better homes for Americans at lower costs. Implicit in this is the patterning of homes to enhance American family life. And certainly home safety is an important factor in our family life.

As housing has improved in so many ways in recent years, how is it that we continue to build accidents into our homes? In my opinion, a major factor in home accidents is the steady reduction of space which is an inevitable consequence of inflation. As costs have gone up, dwelling size has gone down. This creeping space reduction has followed in inverse proportion the rising costs during the past 15 years. The resultant congestion boosts the accident potential in our modern kitchens, and throughout the

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vertical and horizontal circulation patterns in our homes. We are not doing enough of the right planning to prevent falls, for example, by safeguarding stairs, etc. and to increase safety at many other critical points inside the home and to prevent our yards and gardens from becoming virtual booby-traps.

Before probing ways out of this dilemma, let me sketch briefly our work in the Housing and Home Finance Agency. As you know, it is the Federal government's parent agency in the housing field. Its constituent agencies are the Federal Housing Administration, a mortgage insurance business; the Public Housing Administration, concerned with the administration of subsidized low-rent housing programs; and the Home Loan Bank Board, a bank in the housing mortgage field which operates in a manner roughly parallel to the function of the Federal Reserve Board in the money field.

The Division of Housing Research is a part of the Office of the Administrator, which also includes the Division of Slum Clearance, the National Housing Council, and other activities. In research, our activities cover both socio-economic as well as technological housing subjects. Our Division has no laboratories of its own but carries on its work through staff research and facilities of universities or non-profit foundations, as well as the laboratories of other federal agencies. Of our 59 present research projects, at least 36 have significance in connection with home safety. Nine are related to health.

Two safety projects concern fire prevention, including the development of better, safer chimneys, and investigation of flame spread in houses. Two studies are aimed at developing sound home planning criteria. It is our hope to help establish sound planning standards which will cut down the accident risks to house inhabitants, as well as reduce the home finance risks of mortgage bankers. The remainder of the 36 projects are concerned with strength of the structure, obviously related to safety.

Meanwhile, our constituent agencies have taken the lead in several areas of home safety. Over the years the Federal Housing Administration, as an example, has assisted the gas industry in determining standards for gas heating units. As a result, the label of the American Gas Association on a

furnace today means that it is not only an efficient heating device but also a fire safe product. The Public Housing Administration meanwhile has been working in a field of safety unique to large housing projects. Through their efforts, positive steps have been taken to reduce the hazard inherent in the use of gas as a fuel, especially in large heating systems where accumulation of gas may cause major explosions.

These examples indicate the efforts of our agency in the field of home safety. Our services as a government agency are available, of course, for the guidance of home owners and the construction industry. At this time we offer more than 40 publications dealing with the construction, repair and maintenance of houses.

In the end it seems to me that the whole business of promoting safety in the home is educational. All segments of the housing industry, as well as home owners and tenants, must pool their energies to overcome the present accident hazards in houses. I should like to suggest, then, that the National Safety Council sponsor the creation in each community of a guidance clinic concerned solely with "built-in" home safety. The responsible local officials, namely the building commissioner, the health officer and the local fire marshal are the natural nucleus for such a clinic. Add to these local citizens representing the varied interests of the community, mix well, and you have the basis, I believe, for reducing home accidents tremendously.

STEWART J. OWEN, JR.: Many of the accident hazards found in residences are of the type which can best be eliminated when the dwelling is designed and before construction is completed. It is difficult and costly to remove dangerous conditions after the house is completed and you have lived in it for a time. In localities with statutory requirements governing the safe construction of dwellings and installation of equipment, it is mandatory that they be complied with.

Where there are no such regulations, it is strongly recommended that the standards issued by the National Bureau of Standards, the American Standards Association, the National Fire Protection Association and other recognized authorities be followed.

When a person is about to build a home it is best to secure first the services of an architect to draw the plans and specifica-

tions in accordance with established standards; then to employ an experienced and reliable contractor to put up the house in strict accordance with these plans and specifications.

In many communities it is required that house plans and specifications be approved by local building authorities before construction is started. A wise provision sometimes embodied in the building contract is that the contractor must furnish the owner with a certificate signed by the proper authorities that the dwelling is constructed and equipped in accordance with all applicable codes or standards. Such a provision not only saves the owner the expense of correcting building code violations discovered after the house is finished and occupied, but it may also be of value to him when he applies for fire or other insurance on his property.

The prevention of accidents in the home requires that the following be considered carefully before and during construction:

1. Use of fire-resistant materials in both exterior and interior.
2. Safe chimneys and fireplaces, and fire stops properly located in walls and floors.
3. Safe installation of heating and cooking equipment like boilers, furnaces, ranges, etc.
4. Protection against vermin and termites.
5. Code-approved electric wiring.
6. Protection against lightning.
7. Adequate drainage of water from rain and melting ice.
8. Safe planning and construction of driveways and walkways.
9. Adequate fire fighting apparatus.
10. Safe enclosures for ponds.

Local libraries can usually furnish names and addresses of firms and associations who supply publications and standards applying to these subjects.

Unfortunately, ordinances for the elimination of fire and other physical hazards in dwellings are not uniform in different localities. However, the National Bureau of Standards, the American Standards Association, the National Fire Protection Association, associations of architects and builders, and other authorities are cooperating to improve this situation. It is worthy to note that the National Bureau of Stand-

ards has a division composed of technically trained men engaged in laboratory tests of building materials and other special research. Their findings are used toward development of uniform building codes for the design and construction of safe and efficient homes for our people.

After a dwelling has been completed it is essential, of course, that it be kept in a safe condition. Both old and new houses, though carefully built, need occasional repairs. Like other kinds of property, houses will deteriorate, become unsafe, and decline in value if they are not properly cared for. Alertness to signs of wear can often eliminate the need for major repairs, which usually begin with minor defects.

A faulty electrical fixture can cause a disastrous fire; a sticking window can result in glass breakage and injury; bad plumbing can cause ceiling plaster to fall; a leak in the roof may produce rot in framing members of the house. For such reasons, periodic inspections should be made and any unsafe conditions corrected without delay. The repair work involved, especially if major, should be undertaken only by someone trained and skilled (and licensed in some cases).

These regular inspections should take in all parts of the house, its equipment, fixtures, etc. If the foundation walls are of concrete, they should be examined for cracks; if they are of unit masonry, the joints should be examined for loose or fallen mortar. Wooden sills on top of the foundation walls should be checked for deterioration and for cracks between wall and sills that are not calked to keep out moisture and cold air. Girders and beams which support the floor joists should be examined for settlement, sagging and, if the material is of wood, for shrinkage. Treads and stringers of stairs need to be examined for splits and secure fastening. Steps should have at least one solid handrail, be well lighted and never used as a catch-all or storage place. Check for signs of break-down in basement posts, sills, joists, and other woodwork from termites, etc. Look also for evidence of dry-rot, especially in sills and at ends of joists adjoining masonry.

Because there are many types of heating systems, inspections necessarily vary in details. Automatically controlled equipment such as oil burners, gas furnaces, mechanical

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coal stokers, and water heaters should be maintained in accordance with the manufacturer's instructions. In some communities, public service companies offer limited maintenance, but in any case, adjustments and repairs should be made only by trained mechanics.

If the grates are warped or broken, or if firebox walls are cracked, new parts should be obtained and repairs made promptly. Boilers should be examined for possible cracks or leaks, a check made of the heating pipes to see if they need re-covering, and of the smoke pipe where it enters the chimney. Notice whether woodwork adjoining the chimney requires fireproof covering to lessen the fire hazard.

After the basement structure and equipment have been inspected, the house exterior should be gone over. If the walls are of masonry, there may be cracks, broken bricks or blocks, especially above the door and window openings. If the house is of frame construction, siding boards may be loose or rotted. Examine the windows for broken panes and loose putty; the outside doors for defects in the wood or metal paneling, glass or hardware. Sills and thresholds should be inspected for extent of wear and soundness of fastenings, and steps and porches for structural defects, deteriorated materials, and insecure fastenings.

If the roof is of slate, tile, wood or composition shingles, see if any pieces are broken, missing or loose. Sheet metal roofs should be examined for holes, open joints, corrosion, rusting and defective fastenings; the flashing around the chimney and vent pipes, and in the roof valleys, checked carefully for rust or displacement. Notice the condition of the gutters and water pipes to determine whether they need replacing or repair, the chimneys to make sure they are in good condition.

Inside the house, examine doors, stairways, walls, floors, etc., for any defect which could cause an accident. Note the condition of all plumbing fixtures and pipes, as well as of electrical fixtures. Inspect all exposed wiring to make sure it is the right type for the purpose and fully insulated. As a matter of expediency, the householder will frequently employ an extension cord to supply an area not provided with a permanent outlet. While that practice may be acceptable temporarily it should not be con-

tinued longer than necessary. Permanent wall outlets should be installed as soon as practicable, with help and advice from the local utility company.

Check-lists to guide these periodic inspections will be found in National Bureau of Standards Circular 463, "Safety for the Household," and Circular 489, "Care and Repair of the House." Those two publications contain much information of value to the prevention of home accidents. Suitable check-lists may also be obtained from the National Safety Council, Chicago, Ill.; the American Red Cross, Washington, D. C.; the National Fire Protection Association, Boston, Mass.; or from the local agent of your fire insurance company.

In any community the whole-hearted team-work of all residents will accomplish much to decrease home accidents. In many localities, women's clubs have formed safety committees to look into local conditions and take steps to diminish the toll from home fires and accidents. Parent-teacher associations can perform a similar service. The organization of a safety council in any community will do much to promote home safety if a good program is adopted and every citizen does his or her part.

Full information on the organization of an effective local safety council may be obtained from the National Safety Council. The American National Red Cross also furnishes data helpful in the development of a community safety program. The subject of safe homes also can be stressed by school teachers. More and more schools are giving instruction in accident prevention, and where this has been done the results are apparent in statistics on home accidents particularly.

I assure you that we of the United States Department of Commerce want to do all we can to reduce the number and severity of accidents in American homes by making them the safe places they should and can be.

FRED S. KENT (Summary of Mr. Kent's Remarks): In a study of 1,000 families outside Boston who had been re-housed in government sponsored modern dwellings, covering a period of two years before the move and some time afterwards, it was brought out that the type of accidents changed. For example, in the old houses, stairs were a major factor in accidents, as were steam radiators and old stoves. Rotten and loose boards also accounted for quite a few in-



juries there. In the new houses, explosion from incinerator dust was a significant type.

Mr. Kent cited the case of a friend's family who moved into a new \$25,000 home. Three days later, the 31-year old wife was killed in a home accident. She opened a hall door, thinking it was to the kitchen, and fell down the cellar steps. There were three major accident hazards in that costly house:

1. No landing at top of basement steps.
2. No hand rail on them.
3. No automatic light switch controlled by the door.

He pointed out that with the normal span of life increasing, every effort should be made to design and build accident hazards out of houses, for the sake of disabled and elderly people especially. He stated that home accident prevention is an important adjunct for public health programs.

EDITH RAMSAY: One of the big factors in home accidents is laziness. The usually disastrous result of that is clutter and disorder, things left around in the way to be put aside "sometime" instead of having a place for everything and keeping it there; using a rickety chair to stand on instead of a safe step-stool or ladder. Without organization and good management in housework, accidents are hard to avoid. There has been a lot of talk about the modern woman being able to "take" things. But if daily routine is not planned so that energy and time for running a home are not used efficiently, even the best woman may turn into an old-fashioned nag—and that is no longer smart!

From laziness and failure to plan comes that great foe of home safety—fatigue. It was proven many years ago that long working hours for men in industry did not pay. Now, women are awakening to the same realization for themselves. We know now that a complete analysis of our time is a real investment, to counteract the effect of emergencies when we must, for example, spend long hours awake with a sick child and still get up to do a wash. Instead of an exception it is now a rule to arrange systematically the things you are going to use for a job before you begin it, whether it be cooking, dishwashing, cleaning, sewing, or any other work.

This business of homemaking has been blessed in recent years with many things to

help make the "woman's work is never done" statement far less true. Ten years ago, the automatic washing machine was well on its way, and now we have many reliable ones to choose from, though all are expensive compared to the roll-wringer type. The tumbler-type clothes dryer has done even more for fatigue-saving and safety than the automatic washer. No more carrying those two tons of dry clothes (four tons of damp dry) per year! The average family of four has two tons of laundry a year to be carried up the cellar stairs and out into the yard, with fatigue and accidents as a result.

When the automatic washer is turned on the laundry is quickly and easily done, lifted to the automatic dryer close by, and is caught up with safely from day to day, as our heroine, the modern housewife, goes about her other jobs. And with many fabrics today which don't need it, she has much less ironing to do or can sit down for that job with an adjustable board or an electric mangle, in a chair with a comfortable back rest and with music from the radio to work by.

What about food preservation in the home of today? It used to be that this could be done only by canning, but the last decade has brought freezers into two and one-half million homes. No more scares from botulinous poisoning; no more hazardous pressure canning; no more standing over hot and dangerous open kettles in a hot and stuffy kitchen. Yes, why boil when you can freeze? And have a better and safer product too!

Then there are automatic dishwashers. Unsanitary cloths and mops, tea towels and their incumbent germs are out of the picture, for the electric dishwasher uses such hot water and strong detergents that cleaning and sanitation are done quickly and effectively, with the incidence of family colds being thus cut down and mother again a well and gay companion instead of a drudge. The water is kept at a safe temperature, for the water heater can be regulated easily to the requirements for sanitation and safety.

Other modern improvements in home equipment which make housework easier, pleasanter and safer for women are sinks of proper height, easily-wrung sponge mops, gas ranges with automatic ignition for both

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oven and top burners, electric waxers to remove the excess wax which often causes falls and to make floor waxing easier, instinctive safety releases for washer wringers, automatic waste disposal units, etc.

Each member of this audience should go out and sell ten un-safety-minded people on the prevention of home accidents, and each one of those should sell ten more on the simple methods for reducing the appalling, annual, national toll from these preventable casualties. Perhaps we need a National Safety Award like the Good Housekeeping Seal, presented each year at the National Safety Congress; or awards for the safest mother, father, or child during the year. Industry may be brought into the picture for the financial assistance needed, as well as associations like the American Home Laundry Manufacturers' Association, the Home Division of the Edison Electric Company, and the American Gas Association.

It is good business for the insurance companies to prevent fires, and they have done a terrific job in fire safety education. The automobile industry knows that investments in traffic safety education are money well spent, and that area of accident prevention gets a big play at this Congress.

Advertising is at a new low ebb, according

to one of our largest retailers, for it emphasizes price, price—not quality. Buyers in retail establishments need to get away from those profit and loss sheets and once again learn their products to help their advertising departments sell safety and quality. The Advertising Council needs more teeth in its accident prevention program through retail stores.

It is the duty of the National Safety Council to inspire home equipment manufacturers to make and promote the use of safe equipment in our homes. To accomplish this there is a great need for a facility like Underwriters' Laboratories to test and approve for safety all household items not already provided with such service. I wonder how many manufacturers have been approached about supporting safety standards for all home fixtures and equipment. Such protection for the women of this country is certainly something to think about, and quickly, too, before we lose many more lives in home accidents.

Homemaking is the most wonderful occupation in the world, but this great women's industry is the most unorganized of all. With more and better tools to help us be better, safer managers at home, let's carry this torch of safety into every home in this country. If the industrial front can mobilize for it, so can we!

Our Second Target—The Community

Preliminary Remarks

(Summary)

By MRS. GEORGE WELLES, JR.

Vice-Chairman, Home Safety Conference, National Safety Council

Mrs. Welles reviewed the three target areas under consideration at these home safety meetings—the home, the community, and the state and nation—and stated that the community would be the target for this session. She explained that the new system of annual Home Safety Merit Awards, established by the Home Safety Conference this year, is to nationally recognize exceptional public service in the prevention of home accidents by local organi-

zations, to encourage more widespread and intensive activities in home safety education, to improve the reporting of home accidents, and to aid future program planning through the exchange of ideas and information between local and national groups. The eleven Merit Awards given this first year were for all-round community programs, and the four Honorable Mention Certificates for a particular outstanding project.

Presentation of Home Safety Awards for 1950

By NED H. DEARBORN

President, National Safety Council

The following were cited for exceptional public service in the prevention of home accidents during the year 1949-1950 and presented with Award for Merit certificates:

Automobile Club Safety Council, Winona, Minn.

Greater Dayton Safety Council, Dayton, Ohio.

Kalamazoo City-County Health Dept., Kalamazoo, Mich.

Kansas City Safety Council, Kansas City, Mo.

Greater Los Angeles Chapter, NSC, Los Angeles, Calif.

Middletown Safety Council, Middletown, Ohio.

Greater Minneapolis Safety Council, Minneapolis, Minn.

Rochester Safety Council, Rochester, N. Y.

St. Joseph Safety Council, St. Joseph, Mo.
Utah Safety Council, Salt Lake City, Utah.

Women's Institute of Duluth, Duluth, Minn.

The following were cited for meritorious activity in home safety education during the year 1949-1950 with Certificates of Honorable Mention:

Atlanta Chapter, American Red Cross, Atlanta, Ga.

Girl Scouts of Chicago, Chicago, Ill.

Oklahoma Agricultural Extension Service, Stillwater, Okla.

Sedgwick County Chapter, American Red Cross, Wichita, Kans.

We Point With Pride

(Description of Five Award-Winning Programs)

WALTER D. LADD, Manager, St. Joseph Safety Council, St. Joseph, Mo.:

I have been impressed throughout some fifteen years of effort to reduce home accidents through education, with the ineffectiveness of our methods. The emphasis on traffic safety has caused the equally important field of home accident prevention to be neglected. We know all about home accidents, or at least, enough to instruct people in what the dangers are and what to do to avoid them, but so often I have left a meeting feeling that it had been largely time wasted. And the results in my town and in others seem to confirm this belief.

So in St. Joseph, Missouri, we have devised a new vehicle for home safety education, and we call it the home safety party. It is a simple method in all respects but one. We ask any woman in our town and county to invite a group of her friends or her neighbors, or members of a small club, to her home for a safety party. Then we

send a competent home safety engineer to conduct the party.

It is just another way of giving a home safety program, but it has the party flavor. We give an attendance prize, and we give the hostess a prize, and we give chances on two merchandise prizes, value \$20 and \$10, which are drawn for when 300 women have attended the parties. The hostess serves light refreshments, coffee or a soft drink and cookies. We pay her 10 cents a person for the refreshments.

Our speaker gives his talk, using a number of gadgets to illustrate his points and making demonstrations so far as possible. He also makes a safety inspection of the home, not a snooping expedition, but an inspection that he works in with his talk, pointing out any hazards observed and also praising good features of the physical layout.

The home safety party plan has two features that are not found at the usual home

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safety meeting in a place of assembly. First, it has an intimate atmosphere. You have to get people to take home safety personally, to visualize home accidents with relation to their own homes. The guests are together in a living room in a home, and they are given plenty of opportunity to take part in the program through discussion and participation in demonstration. The speaker is able to get closer to his audience.

Second, the meeting is in a home, the place where home accidents occur. The audience is *shown* the things the speaker is talking about. They see stairways without handrails and without lights. They see a polished floor on which a throw rug slides underfoot, and, they see that rug anchored with a sheet of rubber so it will not slip. They can try it for themselves. They see and hear a home fire alarm in action. They learn what it costs. They examine a home fire extinguisher and see it work, see how easy it is.

They see the top of a stairway with a door opening dangerously down the first step instead of having a landing beyond the door. They are shown, and can handle, a broken porcelain faucet handle with its sharp edges that can cut the tendons in a hand. For once, they get close to the common home hazards, so they can visualize like conditions in their own homes and go home and compare them. They likewise see the good things and can compare or contrast them with conditions at their homes.

Finally, the home safety party plan is applicable anywhere, in a big city, a medium sized town, or in a rural area. We have held parties in farm homes and in city homes and apartments.

I said earlier that this is a simple method of home safety education, with one exception. That exception is the hard work it takes to "sell" the plan well enough to the housewives to get good coverage. A group of people must really work to set up enough parties to reach a large number of homemakers. But, given good speakers, who know their subject and can answer questions and discuss their subject fully and intelligently, and given a good working group who will keep the plan going, it is an interesting and successful approach to the problem of effective home safety education.

MRS. MURRAY Y. CALLISTER, Vice-President, Women's Division, Greater

Dayton Safety Council, Dayton, Ohio: Our Women's Division is composed of safety chairmen from local organizations like parochial and public school P.T.A.'s, women's clubs, etc., and anyone else interested in safety education. These organizations stress special aspects of home safety simultaneously. Monthly, from September through May, 28,000 NSC Safety Bulletins are distributed to homes through all schools in Dayton and Montgomery Counties on all four grade levels, and home safety instruction is given in school classes.

We have a committee which gets information from local hospitals each month of the number and type of home accidents, both non-fatal and fatal, and this evidence shows the number is decreasing. Each meeting is followed by a social hour, which has proved to be an excellent means for an informal and more effective discussion of safety problems.

During Fire Prevention Week, we distributed 50,000 leaflets, and the interest shown was very encouraging. Our activities are planned well in advance, and have seasonal appropriateness as well as variety in subject matter. We strive constantly to increase our membership and arouse interest in safety education. Of particular significance the past year, we think, was effective emphasis on the elimination of outdoor hazards to children.

MR. A. PAUL FRIEDERICH, Chairman, Home Safety Committee, Rochester Safety Council, Rochester, N. Y.: Our organization promotes home safety continually. In the past year we sponsored a baby-sitter training course through the schools and Red Cross, a clean-up week, distribution of over 42,000 pieces of safety education literature (including 10,000 to elderly people through social agencies), a permanent "talking house" exhibit, department store advertising of safe household articles with safety messages; collaborated with doctors, and public health officials in the passage of a safer housing law; arranged a study of human factors in accidents, home safety instruction for visiting nurses, and constant promotion through radio, newspapers, films, and meetings.

We have a block leader organization providing for a visit to every home in each block by the leader four times a year, to discuss home safety, health, etc., with the families and distribute safety literature.

MRS. GEORGE P. PARKER, Vice-President, Utah Safety Council, Salt Lake City, Utah: One of the outstanding results of home safety work in Utah is the broad cooperation which has been won to the cause. We have been able to channel our program through the facilities of many participating groups and agencies. The personnel of our Council's Home Division, which meets regularly during the year, has been chosen from those organizations most interested in home welfare, and consists of representatives from the Parent-Teacher Association, Utah Federated Women's Clubs, Public Health Nurses Association, Girl Scouts, Red Cross, Labor Auxiliaries; Latter-Day-Saints, Catholic, Jewish and Protestant churches. It also includes a doctor and an architect. Each member brings his group's particular safety problems and methods of approach.

Utah newspapers are always willing to publish home safety releases sent to them, and give several thousand inches of newspaper lineage each year. Radio stations have also been very fine in giving broadcasting time, on special occasions as well as regularly throughout the year. The newest vehicle for public dissemination of news and entertainment—television—has been very gracious in this respect, too. Through these media, many thousands of people in Utah are being reached with home safety education continually.

Our Home Safety Bulletin, with about 3,000 copies, is published quarterly, containing timely suggestions for seasonal activities of member women's clubs, church groups, and local safety councils. Safe toys, for example, were stressed in the Winter Bulletin. Through these channels it is distributed to all sections of the state.

Several special events are held each year, one of which is a Home Safety Week, proclaimed by the Governor during March or April—spring hosecleaning time. Through this observance we can make an extra-effec-

tive effort in highlighting and pin-pointing a certain phase of home safety through all regular promotion services and special meetings in churches, schools and on public occasions, using films, demonstrations, etc.

Films selected for showing during Home Safety Week this past year were: "Home, Safe Home," "It's Your Home—Plan It Safely," and "Miracle in Paradise Valley." Retail stores cooperate by giving space in windows and show rooms for displays. Another project was the production and distribution of a pamphlet alerting mothers to dangers surrounding small children. All hospitals cooperated so that each mother received one of these pamphlets when she left the maternity ward.

A home safety check list was distributed through schools all over the state, and the State Federation of Women's Clubs has set aside at least one program each year for safety education. Through public health departments and visiting nurses, much more safety information and material has been gotten into Utah homes. The Council worked with Johnson & Johnson in their "Emergencies don't wait" campaign to get first-aid supplies kept in all homes.

On our agenda now is a project for gathering statistics on non-fatal home accidents, to be publicized on radio public service programs. We also propose to work for a National Home Safety Week, believing that such a period for unified, concentrated action would help point up each year the ever-present necessity for constant vigilance against accidents in American homes.

MRS. GEORGE WELLES, JR., representing the Women's Institute of Duluth, Minn.: In cooperation with the St. Louis County Safety Council, our organization developed standards and training classes for baby sitters, promoted fire safety through distribution of a letter to 16,000 families of school children, and actively supported the safety council in organizing home safety programs in smaller outlying communities.

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Now You Listen to Us!

(A Panel Discussion)

Discussion Leaders: MRS. EUGENE F. SIMS, Program Director, Girl Scouts of Chicago; MARY M. WEEKS, Health and Safety Advisor, Girl Scouts of the United States, New York.

Participants: Scouts FLORA SLUTZKER, CAROL ROSS, BARBARA WILLIAMS, DARTHA CLOUDMAN, and SALLY ROTHSCHILD.

MRS. SIMS: As we all know, over 90,000 people die needlessly in accidents each year in America. During 1949, 1,403 of these deaths were in the city of Chicago. Accidents cost America over seven billion dollars annually, including fire losses, medical expenses, production and wage losses, property damage, training of new workers, and so forth. America has the worst accident situation of any civilized country, and we pay a terrific price, not only in dollars and cents, but also in suffering and anguish.

Of all accidents in this country, those in homes kill and injure more people than any other type. In Chicago last year there were 447 deaths and about 68,000 disabling injuries from home accidents.

In our program, health and safety are not topics to be just "talked about" but are ways of "doing" that bring enrichment of life. Effective safety education is vitally important in all our work. Adult leaders, guided by our manual "Safety Wise," encourage Girl Scouts to recognize dangerous situations, to maintain a sane attitude about correcting them, and to meet unavoidable hazards intelligently and courageously. These results are best achieved by learning just what to do under actual conditions of everyday life.

Chicago Girl Scout troops at all three program levels carry on many health and safety projects during the year. Brownie Scouts, age 7-10, are primarily interested in their own homes and families. Most of their service is rendered to their homes and the occupants. The Intermediate Scouts, age 10-14, participate in a badge program which embraces eleven fields of interest, Health and Safety being one of the most popular. Senior Girl Scouts, age 14-18, do a great deal in the Health and Safety field through their activities in Child Care, Hospital Aide and Nutrition Aide training.

By means of the question and answer period which follows we will point out

how the Girl Scout Health and Safety Program fits into Home Accident Prevention.

Questions and Answers

Question: Sally, could you tell us some of the ways that Brownie Scouts help to make their homes safer?

Answer: Brownie troops emphasize making homes safe from accidents. One troop decided that each girl would keep a weekly record of the things she did to keep her home safe. This was a three-month project, and a committee of troop members drew up a chart to be kept at the meeting place. The chart had each girl's name on it with a space for each week. As the girls brought in their weekly lists of activities they were checked off on the chart. At the end of the three months, the Brownies who had remembered to turn in their lists each week and who had made contributions to the health and safety of their homes were awarded certificates.

The Scout who had removed the most hazards was crowned Home Safety Queen. The certificates meant nothing in themselves. It was the learning experience the girls had while earning them. One of the things the girls learned was how and when to call the fire department, the police department, and the family physician. They did skits to show what to do and that you won't do the right thing in an emergency unless you know ahead of time what you're going to do if a certain thing happens. They talked at meetings about children staying away from things like sewing machines and hunting equipment.

Question: Flora, How does the Intermediate Girl Scout badge program fit into this picture?

Answer: As the girls grow older and they can do a greater variety of things. They become Intermediate Scouts and take part in a badge program covering eleven fields. Health and Safety is one of these, and it is very popular with the Girl Scouts of

Chicago, as evidenced by the fact that last year it ranked third in the number of badges earned—1,306 (out of 5,400 nationally) — only Homemaking, Arts and Crafts having more.

Many of the badges earned were for Child Care, First Aid, and Home Health and Safety. Eleven badges require work in Home Safety, and thirty-six others have one or more requirements dealing with health and safety. For the First Aid Badge, the Scouts take a Red Cross course; in earning a Childcare Badge they learn what to do in case of accidents. Intermediate Scouts make over old toys and give them to hospital patients at Christmas, making sure the toys and other articles are safe.

Question: Has any of your troops carried on special Home Safety projects during the past year?

Answer: Yes, one troop discovered through informal discussions that there was a great need in the neighborhood for a safety education program. A committee of girls was appointed to work out a plan of action, and decided to do a home safety program and take a first aid course.

A questionnaire for distribution to housewives in the neighborhood was compiled, designed to discover the most common home accident hazards. The troop members worked in twos, and each pair took one block of a street. They put on their best Girl Scout manners to go with their uniforms, and went from door to door presenting the questionnaire to the lady of the house, explaining its purpose and the reason for their interest. They went carefully over each question with her, and got her answers. Then they made a report to the troop, from which the group worked out a plan to present to the school principal whereby they could get all students to help in clearing up some of the unsafe conditions in their homes.

Young people are usually enthusiastic about group projects, and the idea of doing something that would really show results was well accepted. The schedule set up for four successive Saturdays was: (1) Clean attics and dispose of waste materials; (2) Clean back porches and back yards; (3) Clean basements; and (4) Clean garages and remove any flammable materials. In homes where there were no children, the Girl Scout troop volunteered to help with

the work. The girls made posters and put them around the neighborhood in stores and also of all of the school bulletin boards.

As in all projects of this kind, there were hitches, but the results as a whole were excellent. Not only were the people in the neighborhood alerted to home accident hazards, but also the project opened up new avenues of activity for the Girl Scout troop. The school faculty was pleased and arranged a special assembly at which the troop was honored for originating the idea. Skits, depicting some of the project activities, were enacted by the students and safety songs were sung.

This project was in keeping with the Girl Scout program, and the troop was very pleased with the results. Another troop project was a skit during Fire Prevention Week which was good enough for presentation at the school. One troop visited their Fire Station for instruction in the prevention of and protection against fire.

Question: Barbara, what kinds of activities do Senior Scouts carry on in Health and Safety?

Answer: Senior Girl Scouts do a great deal in Health and Safety through the Childcare Aide program, and many of them become hospital aides and nutrition aides. In all of this work they learn basic health and safety facts through study and practice. A great deal of valuable basic material is found in National Girl Scout publications, like "Safety Wise," "The Girl Scout Leader Magazine," "The American Girl Magazine," and the handbooks for different ages.

Question: Dartha, what can youth organizations do in cooperation with city government to help protect young people from accidents?

Answer: Chicago youth organizations, like the Girl Scouts of Chicago, can work with the Park District to make playgrounds safer by putting game courts away from gates, by having safety patrols at the entrances and exits, and by marking paths between play centers. They can look for dangerous places, like deep holes, ditches, dumps, etc., where small children especially might get hurt. They can put danger signs on these spots, and request the owners to make them safe, getting the Health Department to require it if they refuse the request.

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Youth organizations can work with the Board of Education on projects such as making swimming instruction a required class for all school pupils; having courses in home economics, domestic science, manual arts, etc., include lessons in how to make homes safe from accidents and some training in first aid.

They can work with the police department to reduce the number of accidents to boys and girls riding bicycles, with the fire department to provide home inspections to point out fire hazards around houses; and they can get the superintendent of schools to distribute a home safety check list to every home through the school children.

Question: What do you teen agers think the parents' responsibility is in removing home hazards? How can children help their parents in this job?

Answer: It is definitely the parents' responsibility to remove home hazards like defective electrical wiring. However, older children also have a responsibility to point out hazards around the house. For instance, is furniture so arranged that someone might fall over it in the dark or when in a hurry? Is the floor so highly waxed that scatter rugs will slip? Do toys and other objects clutter the stairs, doorways, or the room? Are sharp knives dropped into the dish

water with other cutlery? And is there no first aid kit in the home?

Question: Have any of you girls had experience in baby sitting?

Answer: Yes, most of the Girl Scouts on the panel have done baby sitting, but we do it as individuals, not as members of a Girl Scout troop, because the Girl Scout Organization, as such, does not supply baby sitters. We usually have an easy time with the babies—it's their parents who need to be educated. We have found the National Safety Council baby sitter form to be very helpful. Parents often forget to tell the sitter where they will be. Also, dangerous things are found stored next to food, easily reached by small children or mixed with the food by mistake.

Question: Why is Home Safety a program that never stops?

Answer: Home Safety is a program which never stops because a safe home requires knowledge, alertness, common sense, constant thoughtfulness for yourself and others. In Girl Scouting the Health and Safety program cannot be pointed to as a special program because it is the underlying consideration in all Girl Scout fields of interest. Safety cannot succeed without the support of the women, and Girl Scouts of today who are the homemakers of tomorrow.

An Analysis of the Home Accident Problem

By A. L. CHAPMAN, M.D.

Medical Director and Chief, Div. of Chronic Disease, Federal Security Agency,
Public Health Service, Washington, D. C.

Presented by ELTON S. OSBORNE, JR., M.D.

Ass't Chief, Division of Chronic Disease, Public Health Service, Washington, D. C.

There are several important reasons why the public has remained aloof to the home accident problem. One of the most important reasons is that the problem has not been clarified sufficiently for the public, so that a successful solution to it can be envisioned. Inherent in many of the solutions that have been proposed up until now has been the mirage that habit patterns can be changed by informational efforts alone. Unfortunately, most people instinctively

know that this is, to say the least, impractical. Therefore they have shown little enthusiasm for home accident prevention.

If ever we are to enlist the wholehearted support of the public in a continued campaign to reduce the number of home accidents we will have to develop a preventive program that is practical, above all else. Such a program must not consist of a reaffirmation of general principles. It must

deal with the home accident problem in terms of people and money and times and places.

There are certain basic principles that will have to be recognized when such a program is outlined.

1. A program is practical only if it works.
2. No program can work if its success depends upon community ingredients which are non-existent. Some of the ingredients needed to construct a sound community home accident program are:

Interested personnel.

Financial support.

Community organization.

Public education and motivation.

Official recognition, participation and support.

3. No sporadic publicity program, no matter how eye appealing it may be, will ever solve the long range accident prevention problem.

4. The home accident prevention program must be directed to those age groups and to those types of accidents that constitute the bulk of the home accident problem. There are no funds, time, or personnel to be wasted on unimportant aspects of the problem. It is not sufficient to concentrate our attention on "falls" as a category. We must be more specific than that. We must concentrate on more specific categories, such as "falls among people over 65" or "burns among children under 5."

5. Our educational efforts must be more sophisticated. It has been shown that throw away, one shot, so-called educational campaigns produce no lasting motivation. Motivation results from a continuing series of impacts. We must actually achieve a permanent training status for the public, or at least for certain key members of the public.

6. Programs must be adaptable to communities that may vary widely in size of population, financial status, and home accident pattern.

7. Home accident prevention programs must be of such a nature that they attract widespread community participation. In this way the participants themselves become safety conscious and excel as "home safety salesmen."

A beginning may be made along these lines by breaking down the 1949 total of

31,000 home accident deaths into categorical groups which are fairly discrete. These deaths may be considered under eight headings which include the bulk of the 31,000 home accident deaths.

1. The first of these is *falls among people over 65 years of age*.

15,700 home accident deaths occur each year from falls but of these deaths only 5 per cent occur among people under the age of 45 and 85 per cent occur among people over the age of 65.

2. The second large group of home accidents consists of *burns among children under 5 years of age*.

Of the 4,700 annual deaths due to burns, 52 per cent of them occur among two age groups, *children under 5 (22 per cent)*, and *adults over 65 (30 per cent)*.

3. The third group, of course, is *burns among people over the age of 65*.

4. Although death certificates show that mechanical suffocation in infants occurs often enough to make it the fourth group, the Children's Bureau, along with many pediatricians and medical examiners, is now realizing that many diagnoses of mechanical suffocation have been incorrect. Studies of a series of infant deaths reportedly caused by suffocation indicate that in a vast majority of instances the infants were victims of massive, overwhelming bacterial infection. Further studies now in progress appear to confirm these initial findings.

5. *Poisoning among children under 5* constitutes the fifth group.

There are 1,400 annual deaths due to poisoning other than by gas. These deaths fall into two main groups, poisoning in children under 5, and barbiturate poisoning in adults.

6. Therefore, the sixth group is *poisoning due to barbiturates*.

7. *Utility gas poisoning among persons over 45* makes up the seventh group.

Two-thirds of the 1,200 deaths due to gas poisoning occur in the age group over 45, and most of them involve utility gas.

8. *Deaths from firearms among children under 14 years of age* is the heading for the eighth and last group.

1,200 annual deaths are caused by firearms. *Almost one-third of these deaths occur among children under 15 years of age.*

For each of these groups a reasonably concrete preventive program can be worked out. There are, however, four techniques which are applicable to most types of home accidents. These techniques deserve a fairly detailed discussion.

1. *Analysis and pictorialization*—If we ever are to be able to portray the extent of the home accident problem in any community, it will be necessary to obtain some idea of the size and characteristics of the local home accident problem. We will have to investigate all reports of accidental deaths. Public health nurses, sanitarians, or properly instructed volunteers, may be used to do the field epidemiology that will be needed.

Having obtained the best possible analysis of the local home accident problem, the facts that have been found may be dramatized for the public by the use of good audio-visual materials.

2. *Selection and education of the "index" person*—This technique is a new one. It represents a new concept in home accident prevention. It is the antithesis of the current theory that habit patterns may be changed by transient or superficial educational programs. It is based on the assumption that children and oldsters are not going to change their habit patterns overnight and that someone else must accept the responsibility for their safety. This has been the weak point in our approach to home safety in the past. We have assumed falsely that, by educational methods alone, each individual could be made to accept a personal responsibility for his or her own safety. Experience has indicated that such an assumption is not warranted. Since the majority of home accidents occur to children and oldsters, our attempts to persuade them to take care of themselves have been very largely, if not totally, wasted.

We must find in each home situation the person best suited by age, by sense of responsibility, by intelligence, and by conscience, to accept the responsibility for receiving the training that will enable him or her to protect children and oldsters in their care from fatal home accidents.

Whoever it is that is selected will have to understand the gravity of the responsibility which is being assumed; will have to be willing to attend group conferences or home safety clinics, and will have to accept some type of home safety supervision.

It is not contrary to human nature to expect the index person to show more concern for the youngster or oldster in his or her charge than most of us show for our own safety.

3. *Inspection of premises and eradication of danger spots*—Now that sanitarians are finding some of their work in the field of infectious disease control lessened by successes in the control of these diseases, some of their time may be made available to make periodic home visits for the purpose of checking on the presence of home accident hazards. Certainly a poorly lighted cellar stairway is as dangerous to life as an overflowing garbage pail, or a poorly screened privy, and should be of at least equal interest to the public health worker. Even public health nurses, as busy as they often are, perform less valuable tasks than checking off a home safety inspection form with someone in the household. Volunteer workers could find no better outlet for their pent up sense of community usefulness than in visiting homes, under the guidance of the local health department, or safety council, for the purpose of assisting home owners and tenants to remove home accident hazards.

4. *Detection and correction of physical impairments*—Many falls and burns and other home disasters are attributable to physical infirmities and disabilities. The correction of an eye defect may be all that is needed to make the home safe for grandma or grandpa. A proper diet aimed at overcoming a nutritional anemia in an oldster may re-awaken reflexes, the failure of which might result in a fall downstairs. Physiotherapy can be employed economically at home, under the guidance of a physician, to improve circulation in aging limbs and bring back some of their waning elasticity. Many other causes of accidents such as dizzy and fainting spells, petit mal attacks, or paralyzes, may be bettered by medical treatment. Physical infirmities *per se*, many of them amenable to correction, are important contributing factors in many home accidents.

In addition to the application of these four principal techniques for preventing home accidents, there are other techniques that are limited to individual segments of the problem.

For example, an effective method of prevention for those suffocation and strangulation deaths that still occur would be to

utilize some of the time that the mother spends in the maternity ward after her baby is born, to educate her concerning safe methods of infant care and the importance of reporting mild illnesses at once. Never again during the child's life will there be such a splendid opportunity to interest the mother in the welfare of her infant.

The poisonings in the age group under five are, for the most part, preventable by the use of a little common sense. It is surprising that most parents underestimate or do not appreciate the monkey-like qualities of children who can, with little difficulty, climb on top of bathroom wash bowls to reach easily opened medicine chests. The only logical solution to this problem is to lock the cabinet or to equip it with a fastener that fastens from the top. As for the roach pastes and rat poisons; the insect repellents and chloride of lime cans; the varnish removers and the ammonia bottles; the turpentine and the other deadly concoctions that so often are placed temptingly within the baby's reach, there is nothing to be done but to place them safely on a high shelf, behind a cabinet door that fastens securely.

In the case of barbiturate poisoning there are several very practical things that can be done. Barbiturates should not be kept in the house in quantities sufficient to cause death. Overdosage with barbiturates has offered an all too easy way out for persons who are only temporarily suicide minded.

The wisest and safest thing to do is to pass and enforce legislation designed to prevent the sale of barbiturates except by prescription. There are loopholes in the enforcement of such laws, wherever they exist, but their net effect has been to reduce the abuse of these drugs and thereby decrease the danger of accidents and suicides.

The accidental poisoning of children with barbiturates can be prevented by the same measures that are designed to prevent poisoning with other noxious substances. Such substances must be kept safely out of reach. The index person should see to that.

Utility gas poisoning is another cause of accidental death which can be reduced drastically by the application of a reasonable amount of supervision. Utility gas poisoning kills more people than do firearms. You have to have a license in most states to use a gun, and a license is required to operate a motor vehicle. Even pest exterminators are

licensed. Yet anyone, no matter what his mental status is, or what his emotional stability is not, can purchase a gas stove and operate it. Systems for instructing purchasers in the proper and safe use of gas appliances are not the rule. There is no periodic check up to see that appliances are properly installed; and there is no way of knowing whether they are being used in a safe manner. Gas stoves and gas itself have been improved to the point where theoretically at least, normal people should not be able to harm themselves. Unfortunately completely "normal" people are at a premium. Therefore it might be helpful if utility companies, which have been in the forefront of the home safety movement, could find some way of instructing users of gas stoves and appliances in safety techniques, and could make more frequent and thorough inspections of home gas installations.

Firearms are a special menace to youngsters in a home. There is only one safe place for guns in a home, particularly the empty ones (which too often are not empty), and that is under lock and key. A gun that a child can not reach can not blow his brains out. To temporize with this problem by suggesting that the gun be unloaded, that the breech be broken, or that the gun be disassembled, is to invite disaster.

By breaking down the home accident problem into its more important parts, we can more easily develop reasonably specific methods for dealing with each part. These methods and techniques, because of their simplicity, are more likely to be understood and carried out by the laity, than are more vague and general directives that cover all of the various types of fatal home accidents that may or might occur.

Right now several countries are rebuilding their civil defense organizations block by block because civil defense cannot be coped with centrally. An effective home accident program, like a civil defense program, cannot be handled centrally. We will have to build the preventive home accident program, person by person, block by block, community by community, until the people who are destined to be the victims of home accidents save themselves by joining hands to save others.

The facts are very clear. We are not investing enough man hours of labor, of

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instruction, nor in organizational activities to warrant a reduction in home accident deaths. Until we increase our investment, Johnny and Mary, dad and grandpa, will continue to burn themselves to death, as-

phyxiate themselves, poison themselves, break their necks, and in sundry other ways do themselves in. Home accidents can be prevented, but it will take organized community effort to do it.

Governor Dewey's Team—The New York Story

By DANIEL P. WEBSTER

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The prevention of home accidents is one of the most challenging problems being faced today. A state safety program, to do maximum good for the most people, needs the interest and active support of every person having a logical part to play in it.

It is a moot question as to the responsibility which a state government morally and legally should assume in combatting this "menace on the home front." If the Constitution of the State of New York is typical, there is little definite implication of the part government should play in reducing this national, state, community, and family toll. Article XVII, Section 3, of the New York State Constitution, enacted November 8, 1938, states, "The protection and promotion of the health of the inhabitants of the state shall be made by the state and by such of its subdivisions, and in such manner, and by such means as the legislature shall from time to time determine."

It is fortunate that leaders of both federal and state governments have seen the need for broadly interpreting statutes which pertain to the health and welfare of their citizens. In these days of turbulent world affairs and a possible national emergency, the time to strike at home accidents is all the more pressing.

New York may be typical of those states which have gradually recognized the need for concerted action against home accidents. It is unfortunate that the departments which have initiated action have often had to enter "by the back door." As more and more governmental agencies have become conscious of their responsibility in home safety, frequently due to the relationship with their own basic function, the need for coordination of activities has become more urgent.

In New York State, for example, The Workmen's Compensation Board has recently become officially concerned with the home accident situation in connection with our new State Disability Benefits law, effective July 1, 1950, granting compensation to employees for non-occupational injuries as well as work injuries. For about the last ten years the State Health Department's Division of Medical Services, headed by Dr. I. Jay Brightman, has been conducting research into the underlying causes of home accidents, and working to promote community safety organizations and their home safety programs. Public health representatives in the field, once aware of a community's need and desire for an action program, have consulted with community leaders and outlined the steps to be taken in the activation of a safety council.

The University of the State of New York, which includes the Board of Regents and the State Education Department, has long included home safety material in its Health Teaching Syllabi for elementary, and secondary schools. At the same time, the New York State University, comprising 33 state colleges and universities, through its extension service, has been active in the promotion of home safety through farm and home bureaus, 4-H clubs, granges, and other groups. It was not until 1946 that legislation was enacted creating an independent Division of Safety in the Executive Department under the directorship of Thomas W. Ryan. This division has been specifically charged with the coordination of efforts in home safety by public and private groups throughout the state.

Recently the New York State Employee Safety Program was launched. The Division of Safety feels that employee groups are

some of the best channels for general home safety education. For this reason it has been included as a vital part of the four phases of this operation:

1. Reduction of job accidents involving both temporary and permanent state employees.

2. Prevention of accidents to inmates of public institutions and to the public while on state property.

3. Drastic reduction of non-occupational accidents among state employees, which accounts for as much as two-thirds of the time lost by them from accidents. Home accidents are the primary objective in this phase of the program.

4. Education through state employees to reduce the number and severity of accidents among their families. Again, home safety is the number one objective in this phase.

The occupational safety part of this program is being handled through selected safety directors. Initial steps included the designation and training of a safety administrator for each of the state's nineteen departments, and the appointment of over 200 safety supervisors for the major divisions, institutions, and department branches. Instruction, made possible through regional conferences, was first devoted to accurate accident investigation and reporting. As the program developed, it has rather closely paralleled successful industrial safety programs. Activities have included accident analyses, safety inspections, preparation and dissemination of information; employee selection, placement and training with safety in mind; arousing of employee interest and program participation through meetings, talks, films, posters, bulletins, and safety contests.

The public safety phases of the program are directly related to this work safety aspect. Inmates and patients of institutions frequently require a unique approach, and it is rare that a uniform pattern can be followed. The procedure found most successful is to put the patient on a quasi-employee basis. Many have work assignments of some sort, and safety committees have been formed of both employees and patients. Application of principles has been through engineering and enforcement as well as education and personal and recreational safety have been indoctrinated with good effect.

A large proportion of the New York State

Employee Safety Program is being devoted to off-the-job safety. Smaller departments, particularly those with comparatively non-hazardous occupations such as clerical, are already carrying out that part of the campaign. Special information bulletins on seasonal and continuing hazards in the home and in recreational pursuits have been prepared. Causes of lost time not due to work accidents or ordinary illnesses are being determined in order to point out specific program needs. Employee safety meetings include all of these phases.

In summary, it seems that the initial broadside against the home safety problem by a state government should be through its own employees. The possibilities of this approach become more evident when the total number of people who will be reached thereby is considered. In New York this is estimated at over a half million, which includes 83,000 employees, and 330,000 in their families; plus 150,000 inmates of our hospitals, correctional institutions, and similar establishments. At the same time the number of educational contacts with the public who at some time during the year are guests of the state is very large.

The rather nebulous nature of the home accident problem has made it difficult for state governments to bring their resources to bear toward a solution. At the same time, governmental agencies have been charged with usurping and monopolizing the functions of private groups. The State of New York has always realized the need for grass-root activities in a democracy and as a result has confined its efforts in home safety largely to the encouragement of effort on the part of community organizations and groups.

A state government's primary function it seems, ought to be toward preventing needless duplications and unnecessary omissions in a well-rounded statewide program. In addition, it must provide the basic information and promotion necessary for increased participation by community groups.

How, then, can state government best utilize its resources for home safety?

1. The state should closely examine its population to understand the effect of social and economic circumstances on the home accident experience of its citizens.

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and more about the underlying causes of accidents, and the need for an understanding of the human factors which enter into them. The socio-economic influences of our society are intimately interwoven into accident causation. In New York the complication of a land of plenty, with the fast tempo of business and industrial life and war nerves, may contribute greatly to the number and severity of home accidents.

In order to determine program requirements it has been necessary to analyze objectively the environment of the human being who inhabits this area of approximately 50,000 square miles. In much the same way that a physician must know the patient if he is to diagnose the ailment, it is essential that this "home accident patient" be thoroughly understood. Our patient may be almost identical to yours, but even small differences have been found important in determining the right treatment.

Many apparently unrelated facts become significant. For example, the extent of use and the types of labor-saving devices in the homes must be considered in a realistic approach. Kerosene is still used as a lighting fuel to some extent, and must be reckoned with as a potential hazard. The handling of that miniature atom bomb, the pressure cooker, may present a broader danger because of its commonplace use.

2. The state government should collect, summarize, and evaluate information pertaining to the frequency and severity of home accidents, distributing it to agencies and groups for use in their programs.

In New York, as in other states, the facilities of data-collecting services have been utilized to determine home accident facts. According to figures from the Office of Vital Statistics, in 1948 the average New Yorker took about the same risk of being killed in an accident as the average U. S. citizen.

You may find it of interest to note that New York City, with its high concentration of population and industry, had a lower rate of home accident fatalities per 100,000 people than the remainder of the state. In 1949 almost 3,350 of the estimated 7,800,000 residents of New York City were accidentally killed, while over 4,350 of the 6,900,000 other people in the state died from accidents.

Statistics for last year disclose that the home accident problem continues to be of

major importance in this state, with one of every two accidental deaths resulting from a home injury, although the national ratio was one out of three. Almost 70 per cent of the home accident deaths in New York involved falls, which accounted for over a third of all accident fatalities. Other leading types of fatal home accidents which struck the citizen, in the order of their number, were fire and explosions, gas poisoning, and mechanical suffocation.

Except in the case of falls, the accident pattern in the various age groups has been found to compare fairly closely with the nationwide experience. Significant facts last year were that three-fourths of accident deaths to New York children under five occurred in homes; that nearly half of the home accident fatalities in the 25-44 year group were from falls.

3. A state should conduct or sponsor basic research into the underlying causes of home accidents. The importance of research has been recognized in New York, but as it requires extensive and specialized services, progress has been limited. The findings of organizations like the National Safety Council, and the Center for Safety Education of New York University have been most helpful. Notable research is being conducted in Rochester and Syracuse by our State Department of Health, and is serving as a pilot plan for more extensive investigations to be made in the future. The sixteen colleges in New York that already are offering safety courses for teachers will no doubt provide additional impetus to factual research and the extension of safety education.

4. The state should maintain a current inventory of all home safety activities, and aid in publicizing those that are particularly effective. Continuous exchange of ideas and materials is fundamental to the program's success. In New York this is a monstrous task, and it has not yet been found possible to keep up-to-date on all the efforts of all groups. It is easy to miss important programs, because they are frequently disguised.

The Department of Social Welfare, for example, works closely with the National Safety Council in home teaching of the blind. In this program, children and adults are taught safe practices in the routine processes of walking, housekeeping, etc. New York also relies heavily upon its Fed-

eration of Community Safety Councils for exchange of home safety information, organizing and guiding the local councils.

5. A state government should determine the resources of all agencies and groups within the state which can contribute to home safety, and enlist their cooperation in specific responsibilities toward the common goal. A comprehensive program to be effective must include representation of business and professional groups; official and voluntary social, educational, welfare, and youth agencies; manufacturers and protective organizations.

Despite opinions to the contrary, the woman is the controlling figure or "boss" in the home. Our Division of Safety in Albany, in selling home accident prevention has recognized the potential ties of the numerous state and local women's organizations. The New York State Women's Advisory Committee, representing some of our leading women's groups, has been most helpful in reaching homemakers with safety messages.

This committee includes the Federation of Women's Clubs, Conference of Parents and Teachers, Medical Society Auxiliary, 4-H Clubs, Business and Professional Women's Clubs, Camp Fire Girls, Associations of University Women, local Granges, Councils of Jewish Women, the Federation of Home Bureaus, Girl Scouts, Home Economics Associations, Dairyman's League Coop., Cornell University Extension Service, Good Housekeeping Institute, and safety organizations.

6. A state safety department should sponsor and assist in the development of a state and new community safety councils, as well as other safety organizations. It should also encourage the adoption of home safety as part of the regular programs of existing community groups. Several of our state departments, through field representatives, have been active in the formation of local safety councils. The State Federation of Safety Councils, by providing speakers,

materials, and plans of organization, has helped the number of local safety groups steadily increase.

7. It is the responsibility of a state safety department to promote meetings by and between the various officials and volunteer groups, for the purpose of stimulating and coordinating their activities in home and other fields of safety. Out of these gatherings should be produced specific action programs in advance, with timely objectives and definite responsibilities. Periodic meetings representing industry, labor, social and welfare organizations, and others have been found essential to a broad, effective campaign.

8. A state safety department should take full advantage of all public education channels in its home safety program. Safety is a difficult commodity to sell. The radio, press, and television have not been utilized to the extent possible and required for wide coverage. In New York, the Department of Commerce has prepared and released scripts for network and newspaper use. During the past two years at least one radio spot announcement on home safety has been issued each month. Recently this tempo has been increased to weekly. Civic and business organizations can influence newspapers and radio stations to support a safety campaign, and a state agency can assist them with prepared messages.

Many business firms manufacturing or selling household appliances and materials with safety features have found that merchandising and home safety tie in beneficially for their sales and public welfare.

The State of New York's campaign against home accidents is growing. Not all the activities of participating organizations can be mentioned here, but this part of our team's story may indicate what we think can and should be done. Coordination is the keynote, and it has been gratifying to see how well the pieces of the puzzle fit together in this much needed humanitarian program.

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The Pediatrician and Child Accident Prevention

By ESTHER B. CLARK, M.D.

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Should pediatricians concern themselves with child accidents? Are accidents important causes of child death and disability? What is the chief aim of the medical profession? Let us answer these questions in reverse order. The main concern of the medical profession is the postponement of death and cure or prevention of disability.

Accidents are the *leading* cause of childhood death—far outnumbering many of the important disease killers combined. About 14,000 children under 15 years are killed annually and about 15,000,000 receive disabling injuries. On a numerical basis then, the pediatricians should be devoting a very large part of their energies to the problem of child accidents. Are pediatricians concerning themselves with child accidents? Every pediatrician cares for many children injured in accidents, but few pediatricians concern themselves with accident prevention.

There exists among the laity and medical profession alike, a strange attitude toward accidental deaths, quite different than the attitude toward disease causes of death. A "normal" weekend in the United States results in the accidental death of about 450 persons. During the 1950 long 4th of July holiday about 800 persons were killed by accidents. Because of this, do we have our best scientists working to study the causes of accidents, that they may be prevented? Do we have a research foundation for the study and prevention of accidents? Do we have drives to raise funds for the care of accident victims, and to provide research that a means may be found to control this great killer? We do none of these things.

All of these things are done for the leading disease killers, why not for accidents? It is because the usual armamentarium of the scientist is not immediately applicable to a study of child accident prevention? Microscopes, test tubes, blood chemistry, guinea pigs, inoculations and the usual research laboratory facilities do not seem to fit into a study of the causes and prevention of child accidents. Are we so neglectful of child accident prevention because so many people, including some doctors, believe that

accidents are caused mainly by fate, or bad luck, or circumstances beyond human control, or that accidental deaths are unimportant? Probably all of these factors are responsible for the fact that tremendous progress has been made in the last 10 years in mortality reduction due to disease (by general improvement in health standards, inoculations, and the new antibiotics) in contrast to practically no reduction in the accidental death rate.

The medical profession in general, and pediatricians in particular, must concern themselves with this greatest of all killers and disabler of children. The techniques to be employed will be totally different from the techniques employed to prevent diphtheria, small-pox, whooping cough, typhoid fever or any other preventable disease. How shall we attack this problem?

Certain types of accidents occur chiefly within the home, or the immediate home environment, namely burns, falls, poisonings, many of the firearm accidents and some of the automobile accidents. The reported 1,400 deaths from suffocation may be challenged, as undoubtedly improved autopsy techniques would reveal medical causes for many if not most of these sudden deaths occurring chiefly in infants. Many of the drownings occur within the home — from children being left alone in bath tubs, and many others are the result of inadequate supervision of small children about bodies of water. Many motor-vehicle accidents are the result of children playing on the streets or in driveways and being hit by cars. About half the railroad accidents are caused by children playing on the railroad right-of-way.

It is apparent then that in these cases involving the younger children, adequate supervision and care in making the child's environment safe within and without his home could have prevented most of these deaths. In the accidents involving older children adequate, early, and constant forceful instruction in ways of safety would, in many instances, have kept the child from having the accident.

The parents, or those adults responsible for the care of babies and young children,

must be taught what to do to prevent these accidents. Who is to do this instructing?

We must make it fashionable to eradicate accidental death and disability, just as it is to have children immunized, given vitamins and checked by a doctor. It must become as disgraceful for a community to have a high accidental death rate as it is to have a high death rate from small-pox or typhoid fever. This improved attitude, which requires the acceptance of the fact that because accidents are caused they can be prevented and *must* be prevented, will need a great deal of public education.

The role of the pediatrician should be a leading one. He is the one to give definite instruction to the mother on how to prevent fatal and disabling child accidents, and to do it so well and forcefully that his instructions will be accepted and acted upon. His directions are much more apt to fall on fertile and receptive soil if the ground has been prepared by good propaganda and the mood set for its reception.

In the early days of the development of small-pox and diphtheria immunizations there was a great deal of opposition to the procedure, and a great deal of public health propaganda was necessary before it became almost universally accepted, as it is now. Methods of child accident prevention do not meet with opposition, but with apathy, indifference, or the belief that nothing can be done. The all too prevalent apathetic acceptance of fatal and disabling accidents as a built in feature of our society will require a vast amount of education and propaganda to eradicate.

All possible agencies must participate in the setting up of an accident prevention propaganda and educational machine. The medical profession, the National Safety Council, life insurance companies, child welfare groups, the Parent-Teachers Association, health departments, service clubs, etc. must all take part in this great drive. The National Safety Council with its numerous and well organized subdivisions pertaining to all types of accident prevention and its fine contacts with the radio and press is in a most strategic position to so mold public opinion that the specific accident prevention directions to be suggested by the doctor or other agency will be accepted and followed.

Scientific research methods should be in-

voked to study the causes of accidents and also to study the various means of prevention, and to determine which means will be most successful. For this purpose a Research Foundation for the Study and Prevention of Accidents should be organized and activated. It might well result in the saving of more lives and the prevention of more disability than many of the large foundations now in existence dealing with single diseases.

Certainly careful study of the conditions existing at the time of each accident will reveal its cause; hence the way of its prevention will be indicated. For example: Small children may be kept from falling from moving cars by a safety device preventing the opening of the car doors. Such a device should be standard equipment on all cars carrying children, and auto salesmen should urge their installation on cars purchased by persons who have children. A warning bell which sounds whenever a car is backing would undoubtedly save many children from being backed over. Vessels containing hot fluids must always be placed so a toddler cannot pull the contents onto himself. Syrup and poisons must not be placed so that their contents may be consumed by small children. Thus by study the method of prevention for each type of accident may be revealed and appropriate action taken.

Specifically the pediatrician's role in accident prevention is twofold, first, and most important, in his patient relationship, where he instructs parents specifically in methods of child accident prevention, and secondly in community activity.

In his patient relationship the pediatrician is in a most favorable position to give mothers specific directions on how to prevent child accidents. It is just as important that he give this advice as that he give advice on when an appendectomy should be done, or on when penicillin, aureomycin, or vitamins should be given; or on how to handle emotional and behaviour difficulties; and on a statistical basis it is probable that he will save more lives and prevent more disability in his role of accident preventer than in the other categories of his profession. He will be far more successful if his patient has been subjected to good accident prevention propaganda, and is in a mood to enthusiastically accept and act upon the advice given.

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The mother's function in preventing fatal and disabling child accidents is not simple or easy. It requires a great deal of supervision of the child himself, thought and care in keeping his environment safe, and careful and constant teaching to make him safely independent in his own right as he grows toward maturity.

The doctor's technique of giving advice may be verbal, or he may give the mother accident prevention literature prepared by himself, by other doctors, or by such organizations as the National Safety Council, life insurance companies, or other agencies, or he may do both of these things. His advice is apt to be especially successful if at the time of a house call he occasionally makes a safety inspection tour of the house and gives constructive advice on improving safety features. At the routine office calls he should also give timely advice.

In his community activity the pediatrician should activate and encourage various groups, clubs, and local safety councils in the promotion of accident prevention propaganda. He should be willing to speak on the subject, and supply data to others who may wish to give talks.

By a well timed, energetic enthusiastic, co-operative, and concerted effort by the pediatricians, the National Safety Council, and other groups, the public may be aroused from its present apathetic acceptance of fatal and disabling accidents as an inevitable part of our civilization; and the role of accidents as the greatest killer and disabler of our children may be reduced to a place of insignificance. The result will be the saving of thousands of child lives, and the prevention of hundreds of thousands of disabling accidents.

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