New concerns and opportunities for progress are already evident. The recent apparent slowing of the rate of decline in infant mortality, as indicated by provisional statistics for 1983 and 1984, is a matter of national concern, and there has been considerable debate over its causes. Detailed studies, as well as additional data bases such as that obtained from linking infant death and birth records, are needed. The monitoring of nutritional status is another important area of current interest. In addition, more data are needed on the health of minorities, the elderly, workers, and other subgroups of the population. Data for smaller geopolitical units remain critical. Decisions on the initiation and administration of health care programs and health promotion activities are increasingly made at these levels, and adequate data for the individual administrative areas are basic to these program decisions. Followup of individuals in nationally representative samples to assess the prognostic significance of risk factors and to document individual changes of lifestyle is important for planning our prevention programs.

As we expand the data systems to cover these issues, we must also expand our capability to analyze these data. The staff of the Center are uniquely qualified to undertake indepth analyses of the data from the Center surveys that will truly transform health statistics into health information. And, of course, if the data and analyses are to be useful in guiding decisions and not just in satisfying academic curiosity, the timeliness of release of statistical findings and reports is critical and always something to be improved.

These issues form a challenging agenda for our next 25 years at the National Center for Health Statistics. We will do our best to meet them.

Manning Feinleib, MD, DrPH
Director, National Center for
Health Statistics

An Enduring Memorial for Dr. Luther Terry

Some people pass this way and leave their mark on their communities, State, or region, and a few leave their mark on the nation. But Luther L. Terry, MD, Surgeon General 1961–65, left an indelible mark on his and our world.

Twenty-one years ago he came forward and told the world that a common habit, a personal choice, an industry, was killing us. He had read the literature and had talked with a great number of scientists; he became convinced that cigarette smoking was profoundly destructive to the health of the American people.

Dr. Terry convened a 10-person advisory committee on smoking and health in mid-1962. The committee worked for over a year, encouraged and supported by a concerned and courageous Surgeon General. In January 1964, Dr. Terry and his advisory committee published their landmark "Report of the Surgeon General's Advisory Committee on Smoking and Health."

It was a report to the people of the United States, but the issues raised were international issues of public health. In the years since that first report was released, Dr. Terry continued to speak out on its implications, impressing millions of people with the seriousness of the health threat posed by smoking.

Smoking in the workplace was one of Dr. Terry's chief medical interests in his later years. He argued in public appearances around the country that companies should take steps to prevent nonsmoking employees from being exposed to cigarette smoke.

Dr. Terry sounded a powerful alarm, yet he was not an alarmist. He documented the extremities of the damage done by smoking, yet was certainly no extremist. And, although he knowingly took on a powerful enemy, the tobacco industry, Luther Terry was not a headline-grabbing militant. He was rock-steady, and those qualities of calmness and strength are what we, his successors and his heirs, can build on.

Dr. Terry now lies in a hero's grave in Arlington National Cemetery. One day there will be an appropriate stone or marker on that spot. Dr. Terry's family has asked that donations in his name be made to the American Lung Association or to the group at George Washington University known as "Action on Smoking and Health."

But the best memorial I can think of to honor this humane physician and dedicated public servant would be to make our country a smoke-free society in this century. If we can get America's 50 million cigarette smokers to say, "Okay, we've had it, we quit" and if we can discourage young people from experimenting with tobacco—ever, and if we can

reduce cigarette consumption to zero, we will have built the kind of landmark that Luther Terry would have wanted.

I personally came to know Dr. Terry relatively late in his career, when he came to the University of Pennsylvania as Professor and Vice President for Medical Affairs. But, like many other people, I had "known" him for many years before that, as the champion of public health in America.

Dr. Terry will be sorely missed.

C. Everett Koop, MD, ScD
Surgeon General

In the Absence of Santa Claus—

No, dear *Public Health Reports* readers, there is no Santa Claus. At least not in the world of Government publications.

That kindly old gentleman, in whose spirit *Public Health Reports* has been sent free of charge every 2 months to readers, is forced finally to bow to the exigencies of economics.

Because of efforts to control government spending and staff restraints, we have had to remove from our mailing list hundreds of individuals and institutions that have been receiving free copies for some time.

The only way these recipients of our former largesse can continue to receive this venerable publication is to transfer their affections to the list of paid subscribers for the nominal fee of $21 a year. (Subscription blanks are thoughtfully provided elsewhere in this issue.)

There has been an official publication of the Public Health Service since 1878. And *Public Health Reports* in its more or less current format dates from 1952.

Public Health Reports continues to be too valuable to anyone engaged or interested in public health to do without, even if Santa Claus is indisposed.

Marian Priest Tebben
Executive Editor

LETTERS TO THE EDITOR

Minimizing the Risks of Swimming

The article by Koplan, Siscovick, and Goldbaum on the "Risk of Exercise: a Public Health View of Injuries and Hazards" in the March-April issue indicates a total of 7,000 persons reportedly died in 1980 while swimming. We do not know if these deaths occurred by drowning (suffocation in the water) or if they were the result of other causes. This figure compares with the average figure of 7,000–8,000 deaths by drowning per year reported by the American Red Cross as taught in the Water Safety Program. The American Red Cross also indicates that *more than half* of the drownings occur in individuals who have no intention of going in the water in the first place.

The founding father of the aquatics safety network and the "water proofing" of America was Commodore Wilbert E. Longfellow, who established the Life Saving Service of the American Red Cross in 1914. A public health hero in the truest sense, he mobilized national resources to see drowning deaths reduced from 10.4 to 3.0 per 100,000 population, in spite of a tremendous increase in participation in water activities since the turn of the century.

As Koplan, Siscovick, and Goldbaum indicate, the frequency of unreported, minor, and trivial swimming injuries would be difficult to measure. But the ultimate injury of death by drowning can be prevented in most situations by following a few safety measures:

- Learn how to swim if you don't already know how. Remember, more than half of drowning victims never intended to go in the water. As the Commodore said, "Everyone a swimmer, every swimmer a lifesaver."
- Never, never swim alone.
- Plan ahead for personal water safety each and every time you go near or use the water for recreation or other purposes, including boating, fishing, swimming at home pools, farm ponds, or beaches.

For additional information, contact your local chapter of the American Red Cross.

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