Safety for Florida Children

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A JOINT effort in the prevention of accidents to children in Florida has succeeded remarkably through the close relationship which has developed, during the last 5 years, between the organized pediatricians and public health and other interested agencies.

The pediatricians' groups engaged in this activity are the Florida Pediatric Society and the Florida Chapter of the American Academy of Pediatrics. Though these are separate organizations, almost all members of the Florida chapter of the national society also belong to the Florida Pediatric Society, which has the larger membership within the State. The two societies have for some time appointed the same persons to their standing committees; thus, work for accident prevention has been initiated and guided by one committee serving both groups.

Poison Control Centers

Active participation by Florida pediatricians in accident prevention began in 1952, when they selected poison control for their initial focus. Under the chairmanship of Dr. Robert Grayson, the joint Accident Prevention Committee decided to establish some 15 poison control centers in strategic spots throughout the State.

The job required pioneering, for at that time there were no existing guides for setting up poison control centers, nor even many ideas as to what their function should be. In fact, it was against the advice of national experts that Dr. Grayson's committee began the compilation of the first Florida poison control file cards for use in the centers.

Some 1,000 cards were compiled, primarily by volunteers, for indexing in two groups. One file was of toxic substances and indicated appropriate therapy, while the second indexed many commerical products and gave their toxic ingredients.

All these cards were then duplicated, and doctors and their families worked at night separating, indexing, and distributing complete sets to the poison control centers. In addition, hospitals were asked to contribute equipment, and the Florida Pediatric Society purchased a basic library for each center.

An exhibit which was prepared to inform doctors throughout the State about the program was later shown at the national meetings of the American Academy of Pediatrics, the American Medical Association, and the American Public Health Association. This exhibit aroused such widespread interest that many requests were received for copies of the file cards. Fifty sets were reproduced and promptly sold.

Soon it became apparent that the poison control centers served a very real need, but their maintenance was a burden to professional societies with limited funds and physician members with limited time. New cards for previously unlisted substances were constantly needed for the files, and the new cards had to be duplicated and distributed to the centers. Reports of poisonings had to be collected and summarized as well as searched for ideas on the treatment and prevention of poisoning. In Florida, as in other States, it was recognized

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that a clearinghouse for information on poison control was needed.

In 1957, the Public Health Service responded to this need by establishing the National Clearinghouse for Poison Control Centers. One of the first services performed by the national clearinghouse was the printing and distribution of poison control file cards, for which the Florida file served as the prototype. Other services to poison control centers include the provision of statistical evaluation of data on poisonings, inspection teams, new file cards for newly recognized poisonous substances and therapy, a monthly bulletin, distribution of poison reporting forms to be used for reporting back to the national clearinghouse, and liaison with industry.

In Florida, the State board of health has for some time assisted in the program. It has taken over all statistical work in connection with poisonings in Florida; it has helped transport our heavy exhibit around the State; and we have been especially grateful for its offer to reproduce any cards we compile on special problems in Florida. Thus, we are able to supplement the cards from the national clearinghouse with information of purely local concern such as that presented in a publication entitled "Poisonous Plants Around the Home," which was prepared by the agricultural experiment stations of the University of Florida.

At present, the Accident Prevention Committee of the Florida pediatricians' societies has a subcommittee on poisons which operates the poison control centers throughout the State. The State board of health serves in an advisory capacity to us, and we to it. The 19 centers seem to be joint property.

General Program Outlines

Once the poison control centers were well established, accident prevention in its entirety was reexamined by the pediatricians' societies. By 1957, we had accepted a general basis for action by the joint Accident Prevention Committee:

1. Rather than conducting direct public campaigns, the committee should give overall stimulation and guidance to the accident program and physicians' efforts on its behalf.

2. The committee's primary function should be the education of physicians, who are in an excellent position to arouse local concern about accident prevention and who can be expected to make use of any good accident prevention materials brought to their attention. Physicians should be made aware that accidents are the chief health hazard for children and should be encouraged to regard accidents as a disease which must be fought.

For a beginning, we requested informational materials from the National Safety Council and affiliated as members of the council.

Our original plan was for the chairman of the State committee to disseminate material to his subcommittee chairmen, who would in turn distribute material to local committees. We wanted our men to engage in active work at the local level. They were to promote safety campaigns and to consult and work cooperatively with other agencies on local accident prevention problems. The plan did not work well at first. The committee chairman sent out encouraging letters, but response was meager.

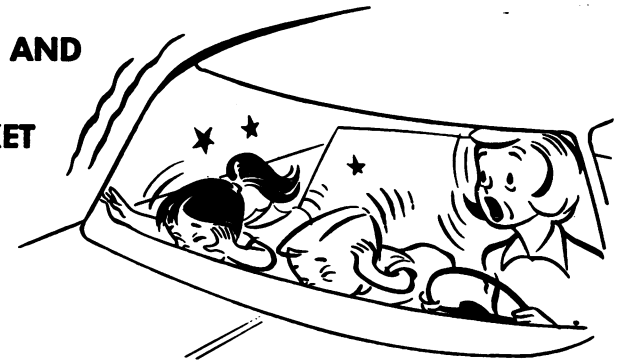
To start the ball rolling, we purchased two safety kits from the National Safety Council and sent them to each member of the Accident Prevention Committee. The provocative articles, ideas for programs, and data contained in the "Home Safety Program Kit" and the "Child Safety Program Kit" stimulated committee members. The following specific areas were chosen for emphasis:

1. Education of parents about accident prevention problems in general.
2. Measurement of radiation output and scatter of medical X-ray equipment used in pediatrics.
3. Prevention of traffic accidents.
4. Development of a poster on "What to Do in Emergencies" of a size suitable for mounting inside household medicine cabinets.
5. Orientation of baby sitters, with instructions for both parents and sitters.

Safety Pamphlet Distribution

The American Academy of Pediatrics had reprinted for sale a series of leaflets originated by the San Jose (Calif.) City Health Department, giving safety precautions for each stage in a child's growth. Every pediatrician and

FASTEN INFANTS AND SMALL CHILDREN IN A BABY BASKET OR SAFETY SEAT



- It's safer to drive with small children in the back seat but be sure back doors cannot be opened by children.
- Children of every age are less likely to be injured severely if protected by a seat belt.
- If you do allow your child to ride beside you — watch out! He can bash his head against the dash.
- Parents can do a better job of driving if there is order in the car. Insist on it!
- Forbid children to put their heads or arms out of the car windows while it is in motion.

Excerpt from "The Young Passenger," a folder designed for distribution by pediatricians and the department of public safety in Florida's safety campaign

general practitioner, we felt, should have a supply of these pamphlets to hand to his patients.

The State board of health agreed to adopt the leaflets for statewide use. Every member of the Florida Medical Association received one set of leaflets with a note pointing out that additional copies were available, without charge, from the State board of health. Free copies were also available to health clinics throughout the State. Three printings of 10,000 sets were quickly exhausted.

Having arranged for a supply of the San Jose leaflets, we undertook to create a demand for them from physicians by such means as county drives, encouragement at meetings, and personal persuasion. We feel strongly that any project we bring to the notice of the State board of health must be supported to the hilt. Therefore, we devote much of our effort to fostering demand among physicians for accident prevention materials, and especially for those that have been made available by the State board of health at our suggestion.

The distribution service provided by the Florida State Board of Health has been most helpful also. Many times they have included our material with their regular mailings, and on occasion they have cooperated by sending out special mailings. For example, "Sink or Swim," a pamphlet called to our attention by the National Safety Council just as the 1959 summer swimming season approached, was purchased by the Florida Pediatric Society and mailed by the State board of health to members of both pediatricians' societies.

Medical X-ray Survey

There has been a strong feeling among members of the Accident Prevention Committee that pediatricians and other physicians should be aware of the exact radiation output and scatter from the X-ray machines they use in medical practice. We felt that despite the educational efforts of many groups calling attention to the hazards of radiation and delineating safe values and practices, few physicians had cer-

tain knowledge of the output characteristics of their own machines. If some way could be found to determine the output of all such machines, physicians could take appropriate corrective measures for any not conforming to present standards. Definite information would provide physicians with an opportunity to conduct their own program for improving this aspect of professional practice.

The State board of health was establishing its radiological health section even as we were encouraging local medical societies to request surveys of X-ray machines and as the interest of the Federal Government in the subject was mounting. A survey, recently completed on all X-ray and dental machines in Dade County, is expected ultimately to reach every machine in the State.

Automobile Accidents

Dr. Oliver Deen, a subchairman of the joint Accident Prevention Committee for the Tampa area, chose to work on traffic accidents involving children. After consulting with the Florida Highway Patrol, Claudius Walker of the State's accident prevention program, and local groups, he realized that here, as in many accident problems, information as to how, where, and why traffic accidents occur was essential. Only armed with this kind of information could he plan an intelligent attack upon traffic accidents. In collaboration with the National Safety Council and the State board of health, he developed a survey questionnaire which was reproduced by the State board of health and is now in hospital accident rooms and pediatricians' offices of Hillsboro County. This survey is also being extended to other counties.

Not content to bypass the traffic problem pending results of the survey on traffic accidents involving children, information already yielded by the survey has been used in preparing a series of lectures and slides on children and traffic safety. In addition, "The Young Passenger," a folder currently enjoying wide and successful distribution throughout the State, is the product of our working in conjunction with the State highway patrol and the State board of health to evolve something concise, attractive, and pertinent for the physician to use.

Accidents With Toys

Accidents to children at play, and particularly accidents caused by toys, are the subject of a statewide study currently underway. Both the pediatricians' groups, the State board of health, the National Safety Council, and a local medical society that operates in five Florida counties have joined forces to survey accidents of this type occurring in three study months: June and October 1960, and February 1961. Data for these study periods is being provided by all the pediatricians in the State, selected hospital emergency rooms, and the five-county medical society. The data will include place of accident (house, yard, driveway, street, playground, or other), the plaything or toy involved, the victim's sex, the nature of the injury, and the part of the body affected.

Completion of the study on accidents with toys will provide factual information of great help to us in fulfilling an allied aim. We should like to conduct an educational campaign on the selection of toys that are safe and that have genuine play and development value. Such a campaign also would help to focus parental attention on the emotional growth and development of children.

Baby Sitter Orientation

The baby sitting service has developed from an innovation, a few years back, to a regular part of today's culture. Its growth has been so fast and so haphazard that almost no standards for the performance and the use of this service have been widely promulgated or adopted. Many parents, for instance, fail to leave proper instructions for their sitters.

At our suggestion, a modified version of the National Safety Council's form giving permanent and temporary instructions to baby sitters was printed as a pad by the State board of health. A campaign to stimulate use of these pads by parents in Dade County is being conducted jointly by the county medical association and the health department, the State board of health, and our pediatricians' group. Every physician in Dade County, one of Florida's metropolitan counties, has received at least one of these pads by mail, and pediatricians and general practitioners have received 10. At the

same time as the physicians were urged to promote use of the pad by their patients, the public was encouraged by press, radio, and television to ask physicians for the pads. The physicians, in turn, not only have encouraged adoption of the form by the general public but also have persuaded nonmedical groups to reproduce and distribute the form. This project in popular education by physicians has attracted considerable interest here and in other parts of the country.

We hope to extend the project to other areas of the State and also to see classes for baby sitters established as a secondary result of the campaign. If that happens, we shall have made a significant beginning on parent education, for the teenagers trained to be better baby sitters today will become better parents tomorrow.

Ideas in Process

A number of other projects are under consideration or are in the process of development.

For example, Dr. Thomas Brill, subchairman for accident prevention in the Gainesville area, has been working on a one-page placard telling "What to Do in an Emergency" and eliminating the usual "don'ts." We hope to convince the State board of health that this item will be worth reproducing and distributing for mounting inside home medicine cabinets.

Another project contemplated is a traveling exhibit to acquaint doctors with a collection of the really good accident prevention material already in existence, along with a list of sources. We believe that when physicians learn what is already available they will use much more of this material in their offices.

We should like to see a newsletter established to bring safety news to professional people all over the State. For instance, a Dade County promotion campaign for the "San Jose leaflets" was quite effective. A newsletter of this type could let others know what was done in Dade County. It would also be an excellent means of popularizing new accident prevention and treatment techniques.

One project, we feel, would be more difficult but more important than any of the others. More and more, as the years pass, we need a comprehensive accident survey, similar to some of the county surveys done in Georgia, in both a rural and a metropolitan area of this State.

At present we direct our program at various facets of the accident problem according to whim, when we should be attacking according to plan. It is time to find out just who are our most formidable antagonists. What are the really important accidents in Florida? Should we concentrate first on water safety or on power mowers? We need to know what types of accidents are occurring, how severe they are, and how often they occur. For valid answers to these questions, a proper statistical study of all accidents, from minor finger cuts to those requiring a physician's attendance, should be made. Our group is anxious to cooperate, but for this we need help and guidance.

Lessons From Experience

In Florida, it is the close cooperation among several interested agencies, each contributing in a different way, which makes work for accident prevention productive and rewarding. Our group of pediatricians is able to make professional comment on programs and informational materials and usually has ideas and enthusiasm to offer. In addition to giving us guidance and support, the State board of health, through its accident prevention program, frequently provides and distributes materials we help to select or develop. The National Safety Council offers good informational materials, as well as the very helpful encouragement and advice of Phyl Dykstra, home safety chairman for the council. We have had the considerable benefit of generous aid from professional advertising groups in the design and layout of new pamphlets and leaflets. A recent example of the growing support to our program from other nonmedical organizations was the reproduction and distribution by a Miami Beach savings and loan association of a wallet-sized card giving instructions for applying mouth-to-mouth resuscitation.

Recognizing that amateurish literature is an abuse of the physician's time and confidence, we have learned to know and make use of good existing materials and to employ professional aid in the preparation of new literature and other materials. With a physician to deter-

mine the substance and a technician to prepare the form, we have found it possible to develop messages which are both sound and effective.

We try a new project in one locality. If it proves worthwhile, we make the program modifications necessary to capitalize upon initial successes and rectify initial mistakes, and then we extend the project to other areas in the State. Frequently we use the projects to stimulate our own subchairmen throughout the State, for we have discovered that those of our members who have been given the most to do have developed the greatest interest in accident prevention.

Monkey-Mosquito-Man Malaria Experiment

Transmission of monkey malaria to man through the bite of an infected mosquito—an experimental feat which may compel scientists to reexamine long-established knowledge on the transmission cycle of this disease—has been reported by scientists at the National Institute of Allergy and Infectious Diseases, Public Health Service.

This finding challenges the concept of malaria investigators throughout the world that types of malaria infecting animals cannot be transmitted to man by the bite of an infected mosquito. Up until now, only by artificial method, blood inoculation, has it been possible to infect man with monkey malaria.

Results of the study are summarized in the June 17, 1960, issue of *Science*, official publication of the American Association for the Advancement of Science. The authors are Dr. Don E. Eyles, Dr. G. Robert Coatney, and Dr. Morton E. Getz, all of the institute's Laboratory of Parasite Chemotherapy.

The authors emphasize that the possibility of a monkey-mosquito-man cycle of malaria infection in nature is still conjectural. They also point out that the practical effect of this new knowledge on malaria eradication in areas having nonhuman primates is unknown.

The authors believe that research on lower monkey malarias, with particular regard to the possible existence of reservoirs of human infection or sources of reinfection of man with new strains is a necessary adjunct to the malaria eradication program. They expect to study monkey-human malarias in detail and reexamine the entire question of the host-specificity of primate malarias.

The study originated from accidental infections involving Dr. Eyles and an assistant at the institute's Memphis laboratory, in the course of a routine study in which large-scale inoculations of monkeys with primate malaria were being carried out. Malaria parasites were demonstrated in the blood of both workers. Neither had had recent contact with human malaria. Blood from one of the infected workers was injected into two inmate volunteers at the Federal penitentiary in Atlanta, Ga. Both developed clinical attacks of malaria but neither exhibited high parasite densities. These infections are still under study.

In two subsequent planned infections of staff members who volunteered, the first allowed 30 to 50 *Anopheles freeborni* mosquitoes heavily infected with monkey malaria to feed on him. Eleven and twelve days later he experienced typical symptoms of malaria infection: headache, malaise, and elevated temperature. When parasites could not be demonstrated, a sample of his blood was injected into an uninfected monkey, which 6 days later came down with malaria, indicating a low-grade infection of the human subject.

The second member allowed himself to be bitten by 10 mosquitoes heavily infected with the strain of primate malaria and 14 days later came down with clinical malaria. Parasites were easily demonstrated in his blood. After standard antimalarial treatment, both volunteers had an uneventful recovery.

According to the authors, the findings of this investigation underline the need for immediate and intensive studies of monkey malaria in various parts of the world.