

a way as to de-emphasize in their minds those hostile acts taught as laudatory in time of war. Appropriate consideration should be given to programs for re-learning of these personnel prior to their return to civilian life. Such programs if found effective should be required by all military forces as a prerequisite for separation from the service.

"This case is a dramatic indication of the urgent need for further understanding of brain function related to behavior, and particularly to violent and aggressive behavior. With sufficient knowledge in this area, more logical approaches to correction of abnormal behavior can be pursued. We recommend that for the public good such studies be supported at a level which would insure rapid progress.

"The individual's free cooperation with his physician in time of illness or distress is dependent upon his feeling secure from injury or embarrassment in making personal revelations in matters of health and emotion. It is recommended that the confidentiality of all health records be preserved, short of legal compulsion for their release.

"The qualities of man are best tested in times of danger and stress. A heartening aspect of the catastrophe on August was the heroic behavior of many individuals. It is recommended that the appropriate officials take cognizance of this heroism in commending those peace officers, university officials, students, doctors, hospital personnel, and other citizens who rose so courageously to the occasion on that fateful day."

Accident Prevention as the "New Frontier"

OVER the past 25 years the death rates among preschool and school youngsters in the United States have had an over-all decline of about two-thirds, and this should be a source of deep satisfaction to the health professions. The favored sex shows a distinct survival advantage over the males, due primarily to fewer deaths attributable to accidents (26 female vs. 35 male deaths per 100,000 at ages one to four years; 11 vs. 25 at ages 5-14).

This sort of watchful analysis of the epidemiologic trends in childhood mortality should help us see where we have been and help suggest what our future aims must be if we are to continue to improve the health of the youth of the United States. Death tolls give only a part of the picture, since disability and illness cause most of the everyday hardships; nevertheless, these can be revealing sources of much valuable information.

Study of the figures for 1963 (the most recent year for which statistics are available) shows that 15,650 children died of accidents—a group of fatalities which grows in proportion as other causes become reduced. The principal killer was the automobile, with fires, explosions, drowning and poisonings next in line in that order. Five per cent of the accidental deaths in preschool children are ascribable to falls—from windows, fire escapes, beds, stair landings, and so on.

Mechanization and technologic advances are intensifying the hazards for childhood in home, yard, and farm, making our professional preventive skills increasingly necessary. Ponder, for example, the growing number of toxic drugs in the medicine cabinet and of new chemicals used daily as cleansers and pesticides. Consider the diversity of power tools. Be fearful of that special hazard of suburbia—the hardtop, sloped driveway in front of each house, designed without concern for the possibility of cars backing into tricycles, wagons, and their riders.

"Accidental deaths" comprise a complex number of mechanisms. Their reduction can never be attained by any single approach. Rather, the best efforts of the entire community will be required in a host of different directions. A reiterated and growing awareness and responsibility on the part of the public is the first requisite; specific measures aimed at specific hazards are the next requirements.

The mortality data indicate in addition that pneumonia and influenza are still taking lives. Early diagnosis and early treatment will help to conquer these and other so-called and presumably non-infectious groups of diseases—cancers and congenital malformations.

TABLE 1. Reduction in Deaths Among U. S. Children, 1940-1964*

Age Group (years) Sex	1940				1964				Decline, Expressed in Percentages			
	1-4		5-14		1-4		5-14		1-4		5-14	
	M	F	M	F	M	F	M	F	M	F	M	F
Death rates per 100,000	310	270	115	90	106	91	52	35	66%	66%	55%	61%

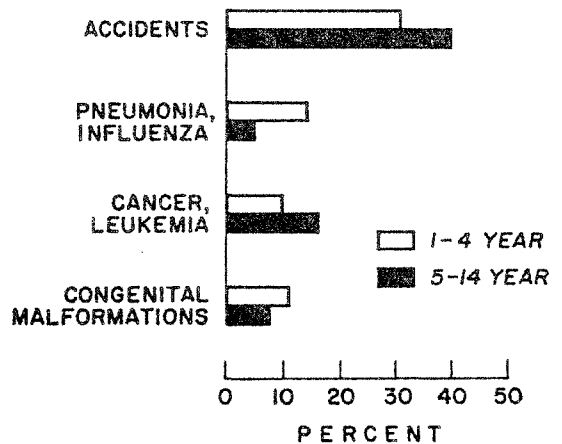
* Source: Statistical Bulletin, Metropolitan Life Insurance Co., Vol. 47: 6-9, March, 1966. "Major Causes of Childhood Mortality."

TABLE 2. Deaths Due to Accidents Among U. S. Children Under 15 Years of Age, 1963^a

Type of Accident	Age Groups			Total
	Under 5 Years	5 to 9 Years	10 to 14 Years	
Motor vehicle	1991	1759	1304	5054
Fires and explosions	1340	548	210	2098
Burns and scalds by hot substances	159	5	0	164
Drowning	776	595	664	2035
Poisoning, solids and liquids	454	21	8	483
Falls	422	110	100	632
Inhalation and ingestion of food or other objects	1003	48	28	1079
Firearms	91	155	292	538
All others, miscellaneous	2452 ^b	491	624	3567
Total, all types	8688	3732	3230	15,650
Accidents as a percent of all causes of death	31.2% ^c	41.2%	43.2%	36.9% ^d

^a Source: Division of Vital Statistics, National Center for Health Statistics, U. S. Public Health Service in Vital Statistics of the U. S., 1963, Vol. II, Part A, Table 1-23. ^b 1687 of 2452 are under 1 year of age. ^c Age group 1 to 4 years. ^d Age group 1 to 14 years.

Four leading causes of death among U. S. children aged 1-14 years in 1962-63, as a per cent of all causes of death for each age group.



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Infants, Toddlers, and Aspirin

UNDER this challenging title an analysis in the British Medical Journal by Craig, Ferguson, and Syme from Glasgow directs attention both to the fact that aspirin causes more accidental

deaths in young children than any other drug, and more importantly—something often forgotten—that “in the pre-school child more aspirin deaths are caused by faulty therapeutics than by accident.”