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BMJ USA (ISSN: 1531-5177) is published monthly by the BMJ and Jobson Publishing, LLC, 100 Avenue of the Americas, New York, NY 10013-1678. Standard class postage paid at New York, NY, and additional mailing offices. POSTMASTER: Send address changes to BMJ USA, Jobson Publishing, LLC, 100 Avenue of the Americas, New York, NY 10013-1678. Subscription rates: \$150 per year in the US (\$75 per year for students).

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## Editor's choice Injuries



Some find it awkward to think of injuries as a medical concern. It is, so the thinking goes, a concern for transportation and consumer product safety officials, but not for clinicians trained in calculating anion gaps and palpating spleens. Trauma and emergency department physicians would disagree.

If the goal of medicine is to promote health and survival, then the relevance of injuries is inescapable. Injuries threaten our patients on a more sweeping scale than the diseases that attract our attention. Diabetes, pneumonia, and sepsis, for example, each claim fewer lives than do injuries. In 1999 injuries killed more than 97 000 Americans, making them the fifth leading cause of death. Injuries account for 41 million emergency department visits each year. Motor vehicle crashes claim 42 000 lives each year—three times the number of deaths from AIDS—and an additional 3.5 million non-fatal injuries. The May 11, 2002 *BMJ* “War on the Roads” theme issue, which Roberts et al (p 374) review, devoted itself to death on the highways.

The tragedy of injuries is how often they harm children. Children and adolescents are more likely to die from injuries than from anything else. The number of children age 1 to 4 who die from injuries is more than the number who die from cancer, heart disease, congenital anomalies, influenza, pneumonia, and sepsis combined.

Rightly, pediatricians and family physicians make injury prevention a routine part of child health supervision. A well-child examination typically includes a conversation about injury threats for the child's age group: car seats, choking hazards, smoke detectors, the hot water temperature, syrup of ipecac, the poison control telephone number, and so on.

The chief priority should be making children less vulnerable in cars, where most injury deaths occur. Studies and police spot checks often find car seats improperly installed, and too many children are unrestrained altogether. Doctors urging parents to properly use car seats is vitally important but not enough. They must also remind parents that older children who ride without fastened seatbelts are at increased risk of death (p 396). Buckling up is not sufficient for children age 4 to 8. Mickalide et al explain that the seatbelt cannot safely restrain children of this age unless they are in a booster seat (p 376). Yet only one out of three 4 year olds rides in such seats.

The sounds of summer echo with the splashing of children in swimming pools, lakes, and rivers. Drowning is the second leading cause of injury death from age 1 to 14. Brenner (p 377) shares the news that drowning rates among older children have diminished, but infants and toddlers remain at risk: infants in bathtubs, toddlers in swimming pools and ponds. Perhaps a doctor's advice to install pool fencing, the only intervention of proven effectiveness, can avert a tragedy. ♦