Excellent review articles related to the skeletal issues of children (short stature, idiopathic scoliosis, hip dysplasia, and skeletal trauma of child abuse-related injuries) are included in this issue of Pediatric Annals. All of these are important topics for primary care providers for children, and the information included here, guest-edited by Thomas M. Jinguji, MD, is useful and valuable in the practice of daily pediatrics.

**KIDS ON THE BATTLEFIELD**

We all have seen extensive coverage of the Newtown, CT school massacre (and of countless other massacres and killings related to guns in our society). But many probably have not become aware of the full scope of the epidemic of accidental shooting deaths of US children. In an absolutely stunning front-page story in a late September issue of The New York Times, reporters Michael Luo and Mike McIntire reviewed hundreds of childhood firearm deaths and found that accidental shootings actually occurred about twice as often as official records indicate, “because of idiosyncrasies in how such deaths are classified by the authorities.” In the eight states in which records were available, more than half of 259 accidental firearms deaths of children age 15 years old or younger were classified as homicides instead of accidents, even though many were clearly accidental. Several of those were presented in detail in this report, removing any doubt about their accidental nature. Additional data concerning the 259 gun deaths of children age 15 years old or younger from the eight states (or parts thereof) with public death records included California, Georgia, Minnesota, North Carolina, Ohio, and three counties in Texas, two in Florida, and Cook County, Illinois were presented. Forty-nine percent of deaths occurred at home and 35% at a relative’s or acquaintance’s home; 81% of victims and 93% of shooters were males; 60% involved handguns; 26% were self-inflicted and 72% involved another shooter. The age distribution of victims peaked at age 2 to 3 years and 12 to 14 years; the age of shooters peaked at 3 years and 12 to 18 years and older.

The importance of this report is that the marked underreporting of childhood gun deaths as accidental (for instance, a 9-month-old shot by a 2-year-old was officially classified as “homicide” rather than accidental) enabled the National Rifle Association to issue a fact sheet opposing safe gun storage laws by claiming that children are more likely to be killed by falls, poisoning, or environmental factors than by gun accidents. This is incorrect if the actual number of accidental gun deaths is substantially higher than reflected in official statistics. The New York Times’ report found that most cases related to children’s ready access to firearms.

As child advocates, we need to support efforts to prevent child access to guns by supporting safe storage and “smart gun” childproof weapons. Well-care visits are an invaluable opportunity to send this message home.

**THIS MONTH’S STAMPS**

The six stamps I have chosen to illustrate this column were issued in 2010 by the former Portuguese colony Cape Verde, a 10-island nation off the west
coast of Africa, and are devoted to the topic of fighting chronic diseases. The 10$ and 20$ stamps emphasize the battle against alcoholism, with a drink and an alcoholic shown in the left portion of the stamps, and interesting figures engaged in athletic activities (running, gymnastics, weightlifting) at the right. The 30$ and 40$ stamps relate to combating diabetes, depicting pills and needles, as well as exercise and proper nutrition.

The highest value stamps (50$ and 60$) highlight the fight against tuberculosis, with illustrations of a chest X-ray, PPD application, a cachectic patient receiving oxygen, and Robert Koch, MD. Dr. Koch (1843-1910) identified the causative agent of tuberculosis in 1882 and received the 1905 Nobel Prize for physiology or medicine for this monumental discovery. In addition, Koch is also well known for identifying the causative agent of anthrax (*Bacillus anthracis*), the first organism linked to a specific disease; for isolating the agent of cholera, *Vibrio cholerae*, in studies in Egypt and India; and for developing Koch’s postulates as requirements to link an infectious agent to a disease. He also developed the first solid medium for growing bacteria, using potato slices, and later gelatin with nutrients, and finally agar and nutrients, because the latter remains solid at 37°C incubation temperatures.

Acknowledging Koch on the heels of the recent naming of the 2013 Nobel laureates in physiology and medicine, James E. Rothman, Randy W. Schekman, and Thomas C. Südhof (who were named for their contributions in further defining the particulars of cell transport and disease development) is fitting; it is clear that while we have come a long way in the century or so since Koch’s award, there are still great paths of discovery ahead of us. Our ultimate mission is to protect our patients; like Koch and Rothman and Schekman and Südhof, we should stop at nothing until we have achieved that goal.

**REFERENCE**