

and interpretation of service statistics in home accident prevention, developed by the Public Health Conference on Records and Statistics in 1956 (*Public Health Reports*, June 1957, pp. 494-498).

With the help of a records analyst, nurses and sanitarians may discover how to study or supplement their records so as to learn what portion of their time is spent on home accident prevention and what they have accomplished. They may also learn from him to apply sampling methods or periodic studies so that the burden of paperwork will be lightened.

Uniform definitions improve communication and measurement. For this reason, the American Public Health Association, the Public Health Service, and the National Safety Council sponsored a Conference on Definitions of Accidents in April 1957. While the tentative definitions prepared by the conference should be useful, they do not contain the classifications needed to analyze data nor do they specify the criteria that may be used in counting accidental injuries. The question of what to count in surveys or special studies must be answered by those who conduct a home safety program.

A basic innovation of the definitions is the presentation of the concept of an accident as a sequence or chain of events growing out of interactions of numerous factors, rather than a single event arising from one cause. This is in keeping with recognition of the multiplicity of agents and forces that influence the occurrence of accidents and the severity of the consequences. The concept of a sequence of events in accident situations, by identifying component factors, helps to indicate where preventive measures will be effective.

Professional guidance is useful in designing simple and effective records. Also, it is desirable to put new or revised record forms through a test before broad application. The public health nurse and the sanitary engineer can help to spot flaws in the forms and suggest modifications. Dummy table forms will outline the end product of any scheme for collecting data and will show whether the information is in the desired form. It is self-defeating to seek more information than can be reasonably and meaningfully tabulated and analyzed.

The statistician provides technical assistance to health officials in collecting and interpreting the figures they need to plan their work. With their help, he supplies information for appraising the importance of home accidents, defining objectives, and assessing accomplishments.

Local Sources

ONE of the first questions raised in the planning of a community safety program is whether it is satisfactory to plan on the basis of information derived from national experience, as recorded by the National Office of Vital Statistics and the National Safety Council, or whether plans should be prepared according to conditions peculiar to the local region, as established by local house-to-house surveys. Certain health departments have gone so far as to develop detailed classification systems to aid in the coding and analysis of accident information.

In the past the buckshot approach has been successful in public health practice because, with a variety of afflictions and causes in a community, almost any constructive measure—sanitation, housing, nutrition, education, or immunization—was bound to have some salutary effect. Today both economy and effectiveness are served by programs that apply specific controls aimed at specific defects. Realization of this need to replace the blunderbuss with the sharpshooter has introduced the term “community diagnosis.” Community diagnosis reaches conclusions based on a comprehensive history of past conditions coupled with specific examination techniques for obtaining a current appraisal of public health status. The scope of its application is limited, however, by the persistence of obsolescent and empirical practices.

Such diagnosis would determine whether or not farm and home safety programs warrant more attention than others. It might reveal, in certain communities, that the greater mor-

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idity and mortality results from a lack of maternity welfare services, or even of an adequate water source.

At the same time, the house-to-house survey is not essential to community diagnosis. Adequate information on the region may be available in existing records, through slight modifications of current records, or through specialized surveys.

Sources ordinarily neglected include tables of information from death certificates, records of clinics for crippled children, housing-inspection forms, or records of home visitors. Valuable though the information on death certificates may be, it is unlikely to be analyzed by town and county for age, race, and sex unless local authorities undertake the task themselves.

In North Carolina, a spot check of records of crippled children's clinics found that treatment of children injured in accidents required 10 percent of the clinic time. The nature of accidents most costly to the patient and community also can be determined from such records.

In housing records and reports of home visitors are found notations about faulty wiring, defective heating systems, dangerous stairways, and other hazards that may be of more consequence than a deficiency of toilets, careless garbage disposal, or the presence of rats and other vermin.

Other sources of information include records of hospital admissions and emergency services, fire inspections, coroners, absences from school

or work, health insurance payments, and police calls. Agricultural extension workers and safety councils also prepare reports offering valuable information on home and farm accidents.

From such records it was learned that in one locality accidents were the third most frequent cause of hospitalization; that off-the-job accidents cost more time from work in one industrial center than on-the-job injuries; that of 2,453 persons seeking emergency treatment in a California community, only 197 were injured by a car, 324 in industrial employment, and 1,932 at home or in public places.

When existing records are uninformative, slight modifications can produce the facts needed, as one Blue Cross organization learned. Many industrial health agencies have only recently begun to record off-the-job accidents.

Often special surveys may be obtained from physicians who have kept records to gain an insight into accident incidence and prevalence. More extensive surveys may reveal, as in the California morbidity survey of 1954-55, that accidents are second in frequency only to the "common cold" as a cause of acute illness. Respiratory infections caused about half of the illnesses, and accidents caused one-fourth.

With such opportunities, it appears that the health department can plan its safety program more intelligently if it taps the sources of information locally available.

Traineeships for Graduate Nurses

Grants totaling \$3 million have been made to 60 schools of nursing and public health throughout the country in the second year of a Public Health Service program to meet the shortage of nurses qualified for teaching and administrative positions. These institutions will award traineeships to qualified nurses interested in teaching in nursing schools, or in administration and supervision in hospital nursing services, nursing schools, and public health agencies.

About 800 graduate nurses will benefit from the grants. In fiscal year 1957, a total of 587 traineeships were made available to 56 institutions under a \$2 million appropriation.

publications

Bibliography of Writings by Great Names in Neurology

PHS Publication No. 554 (Public Health Bibliography Series No. 17). 1957. 80 pages.

Complete bibliographies of four great names in neurology—Joseph Babinski, Sir Victor Horsley, Sir Charles Sherrington, and Arthur Van Gehuchten—are assembled in this brochure. Each bibliography is preceded by a brief biographical sketch.

The brochure was prepared for the First International Congress of Neurological Sciences, Brussels, Belgium, July 21–26, 1957, by the National Institute of Neurological Diseases and Blindness, National Institutes of Health, Public Health Service.

Social Work in Hospitals

PHS Publication No. 519. 1957. 117 pages; tables and charts. 65 cents.

Basic factual information for 1954–55 on social service departments in an estimated 967 general and tuberculosis hospitals in the United States and their nearly 3,700 social work staff is set forth in this publication for hospital administrators and social workers. The survey, the first comprehensive one in this field since 1930, was a joint project of the American Hospital Association, the Medical Social Work Section of the National Association of Social Workers, and the Public Health Service.

Defining a social service department as one or more persons employed full or part time to perform duties that the hospital considers to be social service activities, the report covers these aspects of the subject: educational qualifications of social work staff, administration and facilities of social service departments, and major social service roles

of hospitals. It also gives the number of patients receiving social services and describes the various social service activities provided for patients.

A summary section presents major findings, conclusions, and recommendations concerning supply and utilization of social workers in hospitals.

National Venereal Disease Control Program

PHS Publication No. 56. Revised 1957. 14 pages; illustrated. 15 cents.

Originally published in 1951, this revision brings up to date a summary examination of venereal disease control problems in the United States, and of Federal, State, and local attempts to meet them.

Factors which contribute to the spread of the disease and hamper control measures are discussed. A historical background of the nationwide control program, including laboratory and epidemiological aspects, is presented.

Attention is given to organization and function of field personnel, with a description of their complex operation of case finding, treatment, and education. The place and importance of statistical control are explained.

Directory of State and Territorial Health Authorities, 1957

PHS Publication No. 75. Revised 1957. 96 pages. 35 cents.

This directory lists, as of April 1957, the title of each State health department and the name of the officer in charge, and organizational units of individual States with the names of officials directing the units. Also included are officials of State agencies other than health agencies

directing grant-in-aid programs, and State agencies officially designated for the administration of the Water Pollution Control Act and crippled children's services.

Personnel of the Public Health Service in charge of functions closely associated with State health departments are listed in the appendix.

Immunization Information for International Travel

**Summary of changes June 1956–
March 1957**

Supplement to PHS Publication No. 384. 1957. 23 pages. 15 cents.

This supplement brings up to date the immunization requirements for entering the different countries. The principal changes are the specifying of the age at which infants are expected to be vaccinated against certain diseases at the time of entrance into a country, and the elimination of endemic zones in relation to the yellow fever vaccination requirement. Also listed are additional yellow fever vaccination centers.

**WHAT YOU SHOULD KNOW
ABOUT ASIAN FLU.** *PHS Publication No. 561. 1957. 4-fold leaflet. 5 cents; \$3.00 per 100.* Prevention, symptoms, and treatment of Asian influenza are described briefly. Complications which demand medical attention are delineated.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications issued by other agencies.
