

Editorials

NO HEART TO POKE POOR BILLY

“I was five years old. Susannah did not consider that nothing was well hung in our family,—so slap came the sash down like lightning upon us. Nothing is left, cried Susannah, nothing is left—for me, but to run my country.”—
Tristram Shandy, vol. V, chap. 17.

The invention of metal windows, the dearth of nursemaids and the ubiquity of mod. cons., make it unlikely that similar accidents will often be encountered today. In their place is a host of modern inventions which have become the potent causes of accidents in the home: electric irons, hot-plates, unprotected radiators and loose gas fittings have taken the place of the spluttering fires, the basins of boiling water, and the cracked chamber-pots as the chief enemies of the home-dweller. In spite of vigorous propaganda by the Ministry of Health, a few enlightened local authorities, and the Royal Society for the Prevention of Accidents, far too little attention is paid to this subject.

The drama surrounding a road accident has news value, but more people are killed in their homes than on the roads. In the second quarter of 1957, the total number of accidental deaths was 3,253: of these 1,396 were due to home accidents and 1,015 were from road accidents. Three hundred and ninety-three of the road fatalities were pedestrians, whilst 929 of the fatal accidents at home were due to falls: more than twice as many people fell to their death in their homes as on the roads. Expressed another way, every day in Great Britain 45 people die as a result of accident, 14 on the road, 17 inside their homes and seven more in everyday pursuits outside and around the house.

This is not the whole story. The amount of pain and suffering, of physical and psychic disability, and of time lost from useful employment consequent upon accidents, cannot be accurately assessed. From sample hospital returns it is probable that 60,000 to 70,000 home-accident cases receive inpatient hospital treatment and over a million receive outpatient hospital treatment yearly.

In an endeavour to find out the number of causes of non-fatal home accidents, the Health Department of the London County Council sought information from the London Ambulance Service, from health visitors and district nurses. The ambulance services were concerned with only severe cases necessitating removal to hospital, yet they reported 7,795 home accidents, an average of just over 21 a day. The number who never reach hospital but

who are treated by district nurses, first-aid workers, and family doctors must be enormous.

The part which the family doctor can play in accident prevention is far greater than is usually realized. A glance at the type of accidents most commonly met and the ages of the victims will at once show how true this is. Seventy per cent occur in people over 65, and 11 per cent in children under five. These are age-groups for which the general practitioner accepts the fullest responsibility. Of the 61 per cent who die by falling, the chief victims are old age pensioners, and of the ten per cent who die by suffocation, the great majority are under one. Burns and scalds, which account for a further 11 per cent, are almost equally divided between the very young and the very old.

The Royal Society for the Prevention of Accidents has striven vigorously to bring the subject of home accidents before a lethargic general public. They have in a measure succeeded. During October three events concerned with home accidents were held. The Medical Society for the Care of the Elderly held a symposium on " Falls in Old People " at which in the opening paper DR C. A. BOUCHER, Senior Medical Officer at the Ministry of Health, stated that the mechanism of falls stemmed from labyrinthine failure, bad vision, looking up or down, physical weakness, bad feet, trips over objects at floor level, slips and cardiovascular failure. The National Safety Congress organized by the Royal Society for the Prevention of Accidents was addressed by MR MICHAEL TEMPEST on the prevention of burns and scalds in young children—" a study in social responsibility." " Here," he concluded, " we have a problem that we know to be largely preventable. The remedy may not be an exciting new drug or a complicated surgical manoeuvre, but rather an exercise in social medicine in its widest sense, an exercise which is full of excitement, interest and reward." The exhibition organized by the London County Council in Charing Cross Underground Railway Station as part of Home Safety Week, presented to the public a visual demonstration of the dangers that careless living entails.

How should this great problem be approached by the family doctor? Writing of accidents to old people, DR RICHARD SCOTT said: "All action should stem from a conviction that the preventing of accidents cannot be effectively divorced from any efforts directed at the promotion of the health and welfare of the aged." And this is true for all ages. In old age much can be done by the family doctor to correct those physical conditions which when they afflict young people would be regarded as trivial, but which in the frail may cause so great a hardship as to become a prime factor in the causation of accidents. Callosities and bunions may tempt the sufferers to wear old, ill-fitting, tattered slippers, or—worse still—

to discard them altogether in favour of a bundle of rags tied round the tender feet, so that they easily trip over things which otherwise would be no difficult hazards. Mild degrees of stiffening of the neck, easily corrected, may bring instability to a weak old person, and cause him easily to fall. Dimness of vision due to ripening cataracts may fail to be counteracted by adequate illumination. A long list of similar conditions could be compiled; DRs RONALD GIBSON and ANNIS GILLIE have drawn attention to many in these pages. Care in the placing of mats, furniture and shelves is rewarding not only in the prevention of accidents, but in the provision of that little extra comfort so much needed when the world is beginning to close in upon us.

The District Nursing Association of the London County Council, in the inquiry mentioned above, reported 105 accidents from falling that occurred in old people over 60 in the year ending March, 1956. The underlying causes given by them ranged from old age (43), illness (12), poor eyesight and blindness (9), poor lighting (4) through various causes to old slippers (1), apple peel (1) and untidy homes (1). The commonest cause of burns and scalds in the aged is the hot-water bottle, that constant companion of the old. Rubber perishes at a uniform rate, time, for the old, slides even more rapidly away; the need to replace her "dolly" regularly is understandably not realized. Turning to the under fives, the most frequent causes of accident are suffocation in the first year of life, and burning and scalding, and poisoning by tasting forbidden fruits when the toddler begins to venture into ever-widening horizons. Of 93 burns reported by the London County Council district nurses, 29 were due to open fires and 21 to electric irons. As regards electric irons they found that few children pulled the flex; the burns almost always came from touching the hot iron. Many of the accidents were stated by the mother to have occurred whilst she was answering the door. Of 92 scalds, 35 were due to tea, usually from a cup pulled off the table and 33 were due to kettles. Only two mothers scalded babies in their baths.

The problem here is rather different. The education of the mother by the family doctor must be reinforced by help from the health visitor and the district nurse. He alone is able to walk freely into any part of the house; he is not an "inspector"; and his advice and warnings perhaps carry more weight on that account. Teamwork, however, can reap the greatest rewards in this field. The family doctor can help the domiciliary nursing services, keep them aware of the problem, and add when need be the weight of his authority.

The general pattern of all home accidents is inexperience of the young, inattention of the adult, infirmity of the aged. Accidents

will happen, doubtless, but every accident should be the subject of an enquiry by the team, and the lessons learnt applied not only in the home of the victim, but in all other houses where it may profitably be taught; for we still come across a callous indifference to the dangers which are thoughtlessly allowed to exist.

That there is apathy on the part of the general public cannot be denied. The barbs of Harry Graham's arrows stick; to many still the attitude is one of superficial concern and—

“ Now, although the room grows chilly,
I haven't the heart to poke poor Billy.”

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THE RESEARCH NEWSLETTER

Starting in 1953 with three cyclostyled sheets, the *Research Newsletter* of the College has slowly grown in size. Last year its four quarterly issues contained 360 pages of editorial matter, ranging over all aspects of general and clinical practice.

The *Research Newsletter* was the first essay by the College to stimulate object (E) of the Memorandum of Association, which reads, “ to encourage the publication by general medical practitioners of original work on medical or scientific subjects connected with general practice ”. The content of the newsletters and also the number and quality of the papers now being contributed to the established medical journals marks how well this object is being achieved. While it may be argued that there are already too many journals being contributed to by too many authors, the general practitioner has in the past often found it difficult to get his views published. In fairness to editors it must be said that the number of papers submitted has and continues to be much larger than it is possible for them to publish, and the general practitioner has not been neglected; many journals—particularly *The Practitioner* and *The Medical World*—have gone out of their way to encourage him to publish his views.

The *Journal of the College of General Practitioners* will continue to reflect the work of the College, and the work of all general practitioners, as the *Research Newsletter* has done in the past.