

Editorials

EPIDEMIOLOGY OF COLLISIONS ON THE ROAD

ANY doctor who is called upon urgently to attend the victims of a road 'accident' can scarcely avoid a sense of the waste, the human tragedy and yet of public indifference to the whole affair. If an infectious disease or even a smog had killed one hundred people over Christmastide, harming many others, the Ministry of Health would have been bombarded with inquiries to learn what was being done to prevent a recurrence of the epidemic. Because the killing was done by moving man-made objects, however, its study and prevention is left to the Ministry of Transport.

So long as the spread of disease and death by vehicles on the road is thought and talked of as due to 'accidents', rather than to avoidable collisions, little headway will be made towards a full-scale epidemiological study of this twentieth century plague. Police inquiries aimed at punishing "the guilty party" can no more solve the problem of road accidents than a study of fatal or paralysed cases could give a true picture of the epidemiology of poliovirus infection. The brilliant achievements of preventive medicine in this century and the last were not founded on the punishment of those who spread smallpox, tuberculosis, typhoid, diphtheria or poliomyelitis. Yet in their day these infections have each killed as many as does the motor-car now.

What is needed is not stiffer penalties but a new epidemiological approach to the prevention of collisions on the highway. More—much more—information is needed about collisions which do *not* cause injury and death as well as about those which do. Such information must be gathered, as in other fields of preventive medicine, by a system of confidential notification. Gathered from where? A vast amount of epidemiologically valuable information lies in the files of insurance companies, about almost every collision in which a vehicle is damaged, even when human injury has not occurred. These statistical data, devoid of names and addresses, should be statutorily notifiable by insurance companies to a central

unit concerned with 'collision-ology', perhaps jointly under the Ministries of Health and Transport.

This new body would soon find itself studying such problems as the relative collision-rates for different makes and types of cars (Do Jags, Minis or taxis have the highest collision rate per number on the road?); the importance of momentum in collisions between similar and dissimilar objects at various speeds (is it better to be in the fast or the slow car in a head-on collision?); if higher speed is associated with an increase in the injury rate and death rate per collision, what is the best way of preventing a vehicle being made to travel faster than x m.p.h.? If all objects on the highway at night ought to be illuminated, what is the best way of lighting pedestrians who use the road after dark? Under what circumstances does alcohol contribute to an increase in the collision rate or the injury rate per collision, and how can each of these be prevented?

The answers to these and a host of other epidemiological questions will never come out of police inquiries. That is why the Ministry of Transport has had to have a special investigation into the accident figures for Christmas and the M.1 fog. Now let 'Transport' call 'Health' into consultation and let these "special investigations" mature into a permanent and fruitful liaison between preventive, social, and industrial medicine. For only thus can disease and death due to collisions on the highway be reduced from their present terrifying stature. Punishment is not enough; the call is for prevention.

GENERAL PRACTICE AS SEEN BY THE USER

THE Research Institute for Consumer Affairs is an independent non-profit making organization set up by a group of distinguished persons "to conduct research to determine whether goods and services—commercial, professional and public—at present offered are adequate to the wants and needs they claim to meet". After investigating the affairs of estate agents this institute has now turned its attention to general practice. Its report which has been prepared by Miss Enid Hutchinson is now published as a 32 paged pamphlet. It is divided into three parts, What the patients think, Room for improvement and Bringing the Citizen in, and is not claimed to be a research document but an essay written from the