

4. Specific plans to interest individual physicians in accident prevention. This was thought to be the key to home accident control.

Because of these interests, it is a source of satisfaction to note that definite progress is being made in the reduction of the number of accidents occurring in industry. In the *Monthly Labor Review* for October 1950, the Bureau of Labor Statistics of the United States Department of Labor reports that the number of work injuries in the United States decreased during 1949. This is the first time that the accident rate for all manufacturing returned to the low level of prewar years. In the manufacturing group there was an average of 15 injuries for each one million employee-hours worked, compared with 17.2 in 1948. In the nonmanufacturing industries the record showed less improvement.

The injury severity rate as determined by averaging the number and the seriousness of accidents for all manufacturing decreased slightly from 1948 to 1949. This was due entirely to the relatively large decrease in the number of accidents, which counteracted a 12 per cent increase in the average days lost per case. The highest severity rate among the manufacturing industries was found in logging. Other industries with high severity rates were sawmills, breweries and cut stone products. For all construction the average severity rate was 3.9, compared with 1.4 for all manufacturing. This, however, represents a substantial improvement over the rate of 5.0 recorded in 1948.

With production schedules rapidly increasing in response to the needs created by our declared state of national emergency, a real challenge is presented to reduce the injury rates beyond the prewar levels which have just been attained. Authorities in the safety field agree that roughly 85 per cent of all accidents are now due to human failure. Reduction of the number of accidents caused by these human failures can be effected by the application of the points cited above as jointly enumerated by the National Safety Council and the Council on Industrial Health. On the local level, physicians and safety organizations must integrate their skills and efforts if we are to combat successfully this drain on our effective work force.

SPECIAL NOTICE

For the general information of indexers, catalogers and library personnel with reference to the listing of the new title of this journal, we advise that the *Quarterly Cumulative Index Medicus* policy be followed. The *Quarterly Cumulative Index Medicus* with its volume 49 (January-June 1951) will list this journal under the new title, so that the letters A. M. A. will be included as an integral part of the title. For the completion of volume 48 (July-December 1950) the *Quarterly Cumulative Index Medicus* will continue to use the old title, without adding the designation A. M. A.