METHODOLOGY
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Since antiquity, trauma patients, particularly victims of war, have been interest to physician. In World War I anaesthesia personnel provided pain relief, but little or no resuscitation or life support: surgical anaesthesia probably often contributed to mortality.

During World War II the speciality of anaesthesiology as it evolved in United States and Britain, made some life saving contributions.

Since 1950's trauma has been recognized as, “The neglected disease of the modern society”. In between 50’s and 60’ National research Council Committees concerned with setting standards for resuscitation and EMS.

Then the scope expanded of trauma care beyond surgery to help improvement in trauma care by encouraging Anaesthesiologists and other specialists to become reanimatologist, intensivists and community wide leaders of EMS.

Although trauma oriented general surgeons have lead in the development of trauma teams and trauma centers in the United States, most surgical sub-specialities also have emergency and traumatology components.
Research has become a force for integrating fragmented disciplines of acute medicine into trauma system.

Medical specialists in industrialized nations have a duty towards humanity to help distribute resources and advances more evenly around the globe. The common goal of medicine is to help more human beings to live full lives with healthy minds and healthy bodies. An estimated ¼th of those who die pre-maturely are candidates for resuscitation by services, advanced through promotion of traumatology. Those with special expertise interest and availability to promote advances in trauma care, particularly, various surgeons and anaesthesiologist, should jointly pursue this goal.

Since mid 1980’s medical profession has recognized trauma as a specific disease entity. They have become more aware of the magnitude of the problems, young age and productive years of life lost and the high cost of long term rehabilitation.

The problem remains unsolved; this is partly because there are many myths prevalent regarding the control of injuries. Most people think that injuries are mainly a problem of rich countries, this is not so. The data available from developing countries suggest that in every sphere of activity the proportion of persons, who are killed or injured, is similar to or higher than that in industrialized countries.
By keeping in mind / to achieve above mentioned aims and objectives various required information was collected by providing a detailed ready reckonor in the form of following proforma:

**PROFORMA:**
Phase I – Collection of data / Suggestions / Recommendation

Name of the institute:

Name of the authority:

Designation / Qualification and/or specialty:

Residential and/or postal address:

Phone: Fax: (if any)

Year of establishment:

Draining Area:

Population of the district:

No. of Hospitals:

Name of the hospital:

Age distribution:

No. of beds:

No. of total surgical beds
a. General Surgery
b. Orthopaedics
c. ENT
d. OBGY
e. Superspeciality (if any)

Avg. no. of OPD patients per week or per month or per year:

Avg. no. of Indoor patients per week or per month or per year:
Avg. no. of Surgery or Ortho indoor patients per week or per month or per year:

Staff distribution (in general) Class I to Class IV:

Are there specialized units:

Are you having trauma centers or trauma beds:

Nature of injuries:

Line of treatment - operative / conservative:
(Details are to be given)

Approximate no. of vehicles in the district / town / village:

Type of vehicles:
(Bullock Carts / jeep / tractors / ST Buses / Autorikshaws / Ambulance)

Common mode of transport:

Duration taken for arrival (Max. / Min.):

The lag for starting the treatment (Max. / Min.):

Type of vehicular accident:

First - Aid Facilities:

Facilities for advanced treatments:

Past track of mass casualties / disasters handled:

Any preparedness available:

How many patients need referral (per year):

Any specialized budget for trauma patients:
The traffic culture:

Any on sight care available:

Any care during transport:

Having qualified anaesthetist available: (if yes, no.?)

How many ambulances:
Visceral Anatomy of (facilities available in) ambulance:

No. of paramedic staff:

The fire fighting system in the city:

Communication facilities:

Anything has been planned about trauma management till today:

How is blood bank:

Frequency of head injury patients:

Annual trauma fatalities:

Equipments in OT:

Budget of the year:

No. of beds in ICU/ICCU:

X-ray facilities:

Is there any spinal injury center (if yes, no. of beds):

Space for valuable suggestions / recommendations:

Keywords:
Injury; trauma; polytrauma; Epidemiology; Aetiology; Injury Severity Score (ISS); Abbreviated Injury Scale (AIS); Polytrauma Key (PTS); Glasgow Coma Scale (GCS); Revised Trauma Score (RTS); TRISS; EMS;
Indian drivers rank second among Asia's traffic offenders

MUMBAI: Many of Asia's bustling, booming cities are infamous for their traffic nightmares. But crippling rush-hour bottlenecks are just the beginning in some countries, where a mad menagerie of vehicles, pedestrians, and even animals, jockey for position on overcrowded streets. With lax law enforcement and a rampant disregard for the rules of the road, many motorists take their lives in their hands every time they dare to take a seat inside a car, minibus, motorcycle or autorickshaw.

With so much congestion and confusion on the region's roadways, which country should be crowned the kingdom of Asia's Worst Drivers? According to the October 1998 issue of Reader's Digest, China's motorists top the list of on-street offenders, followed closely by India, Korea, Indonesia and Thailand.

Out of 11 countries and municipalities surveyed, the magazine ranked Japan and Taiwan as the safest places to ply the roads in Asia, followed by Singapore and Hong Kong. It says people are 100 times more likely to die on the road in India than Japan; and 32 times more likely to die on mainland China than in Taiwan.

Key statistics revealed that more than 73,000 people died on China's roads in 1997 while 64,000 died on the road in India. Even a place as tiny as Taiwan reported nearly 3,000 road deaths, and around 250 people died on the roads during the 1998 Lunar New Year holidays in Malaysia.

In ranking the worst of Asia's drivers, the magazine conducted a four-month survey that included desktop research and fieldwork. It took into account such key statistics as traffic fatalities per 100,000 vehicles. Staff writer Joseph Reaves also conducted interviews with over 200 people.

Among them were police officers, vehicle drivers, traffic authorities, driving instructors and safety experts.

Mr. Reaves then carried out on-site observations on busy roadways. He cruised the capitals of Asia's most notorious nations for a first-hand account of life on the busy roads as a passenger in taxis and buses and stood along roadsides and intersections as an observer to complete the survey.

* CHINA: The same explosion that has fuelled China's tremendous economic growth has also erupted in a wave of new drivers on the country's increasingly busy boulevards. The reputation of this nation of inexperienced motorists has been further tarnished by an all-too-common penchant for reckless driving. One theory says the game of 'chicken' has collided here with the pervasive Chinese concept of 'face'. The deadly fusion has produced hordes of aggressive, speed-crazed drivers who are unwilling to yield for anyone or anything.

* INDIA: Although India has only about the same number of vehicles as Thailand and Taiwan combined, the country accounts for more than 10 per cent of the world's traffic fatalities each year. As elephants and cows are given just as might right of way as drivers and pedestrians, traffic jams are a way of life. But lax safety standards and the need for speed are what earn the country's streets a high ranking among the world's most dangerous.

* KOREA: Each year, one in ten traffic accidents in Korea involves drivers who have been drinking — translating to one of the highest per capita traffic fatality rates in the world. While one taxi driver admits, "I won't drive between midnight and 1 a.m. or 2 a.m. when the bars are closed," the U.S. embassy in Seoul warns of "excessive speed, frequent lane changes, running of red lights, aggressive bus drivers and weaving motorcycles."

* INDONESIA: In Jakarta, where public minibuses are known as 'Red Devils', no one seems safe on the streets. Least safe, perhaps, are the passengers of Indonesia's reckless public transportation vehicles, which compete like racecars in a chase for customers. One bus driver was spotted steering dangerously with his forearms, while his munched on a bun with one hand and slurped purple juice from a plastic bag in the other.

* THAILAND: The scorching heat and ever-stalled traffic of Bangkok could possibly make Thailand's capital the worst place in the world to be in a hurry to get somewhere. When traffic stops move, motorists routinely weave between cars, motorists stop in the middle of the road to bargain with street-side shop owners, and long-haul truck drivers pop pills just to stay awake behind the wheel.

But as Mr. Reaves reminds us, even those countries that didn't make the top five have their own fair share of horror stories. He writes, "Drivers are doing crazy things all across Asia."
MUMBAI: More than 75,000 people are killed, nearly 350,000 are injured in road accidents in the country every year, according to the Road Safety Programme Implementation Committee report.

The report said from 3,00,000 vehicles on road network of 4,00,000 km, the growth in number of vehicles has gone up by nearly 170 times till the year 2000. Goods traffic and passenger traffic have gone up by more than 110 times while road infrastructure could not be expanded beyond nine times, thus creating huge gaps between demand and supply. The disparity was not only causing serious traffic congestion, wastage of fuel and the resultant pollution, but was also responsible for the horrid road accident scenario in the country.