CONCLUSION
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The present epidemiological study pertaining to accidental injuries (Locomotor system) has been undertaken in M.L.B. Medical College and associated hospitals, Jhansi. The study comprised of 1,000 cases of accidental injuries admitted in this hospital who were interviewed and followed up throughout the period of hospitalization.

The observations have led to following conclusions:

- The motor vehicle accidents were found to be maximum 32.70% whereas gun shot accidents were minimum (1.2%).
- Maximum accidental cases (61.40%) were found in age group of 16-44 years. Among them males were more than half (52.80%) and females were 8.60% only.
- Accidental cases were found to be maximum (92.50%) among Hindus whereas Sikh and others it was only 0.8%.
- Illiterate patients had maximum (46.60%) accidental injuries whereas primary level educated patients had minimum (15.40%) accidental injuries. Motor vehicles accounted for 41.90 percent accidents in college/higher level educated patients. Accidents caused by fall were found to be maximum (66.77%) in illiterates.
- Accidents were found to be maximum (71.30%) in rural area while it was 28.70% in urban area. Accidents caused by machinery were found to be maximum (82.46%) among rural patients.
Social class III accounted for highest (60.20%) accidents whereas social class I contributed minimum number of accidents (1.20%). It was found that gun shot accidents accounted for maximum (83.34%) in social class III also.

The percentage of accident was found to be maximum (68.40%) among married patients and minimum (1.40%) in widows. Accidents by other causes accounted for 78.67 percent were found among married patients.

Higher percentage (28.90%) of accidents was observed during evening hours (2-7 PM).

Accidents caused by explosion were found maximum (41.38%) during early night hours (7-12 PM) among all types of accidents.

The road accidents were maximum (50-60%) whereas railway accidents were found to be minimum (2.40%), motor vehicles accounted for maximum (96.33%) in among all types of road accidents.

In present study the accidental patients were found maximum (16.70%) due to slippery floor among all contributory factors but inadequate light accounted for 58.62 percent in explosion type of accident.

Higher percentage (30.35%) of accidents were observed due to fall from steps stairs or ladder among all types of fall.
- Tractors accounted for maximum (26.30%) accidents among all type of motor vehicles whereas minimum (0.30%) accidents was due to autorikshaw.
- It was found that 47.06 percent accidents were observed due to bullock carts as non motor vehicle accidents. Similarly accidents caused by cycle also.
- Among farm machinery accidents were found to be maximum 75.44% percent due to tractor while accidents caused by threshers were 21.93 percent.
- 53.33% accidents were observed due to strike of lathi/iron rods in other causes of accidents.
- Accident of lower limbs was found more than the upper limbs. Accidents of lower limbs (59.60%) was found more than the upper limbs (37.80%).
- In present study the temporary disability was found 75.00 percent, permanent disability was found 21.90 percent while such types of disability was found to be maximum 80.70 percent only machinery accidents among other deaths occurred 3.10 percent in all accidental cases.

(91-100%) range of permanent disability was found in 37 patients out of 219 permanent disabled cases, and 1-10% permanent disability was in 29 cases. However, 30 patients were of 61-70 percent permanent disability in farm accidents.
SUGGESTIVE MEASURES

Accidents have now assumed an important place as a cause of morbidity and mortality in both developed and developing countries.

Various suggestive measures comprise the following:

1. DATA COLLECTION

Without adequate data collection, analysis and interpretation there could be no effective counter measures, evaluation and strategies for prevention.

2. SAFETY - EDUCATION

There is wide spread belief that accidents are inevitable. This fatalistic attitude must be curbed. Safety education must begin ... with school children. The drivers need to be trained in proper maintenance of vehicles and safe driving. Young people need to be educated regarding risk factors, traffic rules and safety precautions.

3. PROMOTION OF SAFETY MEASURES

a. Seat Belt

The use of seat belts reduces the number of fatalities and non fatal injuries by approximately 50-60 percent each. They should be made compulsory for car, light trucks and similar vehicles.

b. Safety Helmets

The helmet reduces the risk of head injury by
30 percent on average and that of fatalities by 40 percent. They prevent laceration of scalp to great extent. Recently the full face integral helmet become very popular.

c. **Leather Clothing and Boots**

Leather clothing reduces risk of extensive superficial soft tissue injury. Leather boots can, to some extent, protect lower leg and feet. Their use should therefore be encouraged.

d. **Children**

Another safety measure is to ensure that children remain seated when they are in vehicle. They should be prohibited to take the front seats of car. A few countries introduced laws which require that children of under 12-15 years in cars be in rear seats.

e. **Others**

These comprise use of door locks, proper vehicle design, use of laminated high penetration resistance wind screen glass etc.

4. **ALCOHOL AND OTHER DRUGS**

Alcohol impairs driving ability and increases the risk of an accident as well as the severity of its consequences. Several countries have shown that alcohol is the direct cause of 30 to 50 percent of severe road accidents. Although the legal limit is 80 mg/100 ml, impairment from alcohol can occur at blood alcohol levels as low as 50 mg/100 ml and accidents risk rises
5. PRIMARY CARE

Emergency care should begin at accident site, continue during transportation and conclude in the hospital emergency room. At any of these stages a life may be saved or lost, depending upon the skill of the health care worker and the availability of needed emergency equipment. There should be an accident services organisation and one fully equipped specialised trauma care hospital in all major cities.

6. ELIMINATION OF ADDITIVE FACTORS

The factors which tend to cause accidents must be sought out and eliminated i.e. improvement of roads, imposition of speed limits, marking of danger points, reduction of electric voltage, provision of fire guards, use of safety equipment in industries, safe storage of drugs, poisons and weapons etc.

7. ENFORCEMENT OF LAWS

Legislation embodies codified of rules. These are enforced by the state to prevent accidents. These include driving tests, medical fitness to drive, enforcement of speed limits, compulsory wearing of seat belts and crash helmets, checking of blood alcohol concentration, road side breathtesting for alcohol, regular inspection of vehicles, periodic examination of drivers over the age of 55 years. In addition, there are factory and industrial laws to ensure safety of the people at work.
8. **REHABILITATION SERVICES**

Rehabilitation consists of a number of elements which each injured person should benefit. These are medical rehabilitation, social rehabilitation, occupational rehabilitation etc. The aim of rehabilitation is to prevent, reduce or compensate disability and thereby handicap.

9. **ACCIDENT RESEARCH**

The future of accident prevention is in research. Such research will be concerned with gathering precise information about the extent, type and other characteristics of accidents, correlating accidents experience with personal attributes and the environments in which accidents occur, investigating new and better methods of altering human behaviour, seeking ways to make environment safer, and evaluating more precisely the efficiency of control measures. This area is now termed as accidentology.