MATERIAL AND METHODS
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The study has been conducted in patient and outpatient departments of M.L.B. Medical College and associated hospitals, Jhansi among the cases of accidental injuries. Epidemiological aspect of injuries has been studied during one year from January, 1989 to December, 1989 covering 1,000 cases of accidental injuries.

The study has been carried out with special reference to extent of injuries and period of hospitalisation and other relevant factors. Information has been collected in pretested proforma. All cases of accidental injuries, numbering 1,000 personally interviewed. They were socio-economically classified by the criterion suggested by Verma et al (1980). Disabilities were evaluated as a result of accident. In cases of unconscious patients, the relevant information was collected from close relative or friends who stayed with patient and later on modified when patient was able to respond.

In case of very young children information was almost completely taken from the parents or close relatives. The answers were accepted as such unless there was reason to believe otherwise.

All these subjects were followed up in wards and out door patient department of orthopaedics till discharge, death or absconding.
LIMITATIONS

Some cases were not in a position to be interviewed because of early death, immaturity or deaf mutism. In such cases possible information was collected from close relatives.

It was impossible to get correct and reliable information about personality. In the case of some important questions like those dealing with the patients, personal life or attitudes, honest answers could not be obtained. Their delicate and personal nature was something the unsophisticated (mostly rural) persons could neither understand nor respond. While there was no manifest uncooperation except few cases. The answers to those key questions were what they considered "proper" or desirable rather than truthful.

This difficulty through suspected earlier was fully realised only often the study was well in progress. It was soon evident that the personality assessment was not only futile, but even worse. Because wrong data was being collected. Ultimately it was decided to delete this part from study rather than arise at incorrect conclusions.

A similar tendency though to a smaller extent was present in assessing the responsibility and some of the contributory factors. But this was circumvented largely by indirect questioning.
This patient sustained severe compound fracture right tibia with soft tissue injury.
Traumatic amputation of right thigh and forearm in railway accident.
Patient sustained simple fracture shaft femur right side run over by jeep.
Compound fracture of both bones of leg with severe crushing injuries to soft tissue.
Crush injury of ring and little finger by machinery. Only dirt and grease are present over hand.
Severe crushing injury of hand by thresher during operation. Multiple pieces of metacarpal and carpal bones are exposed.
Severe lacerated injury of shoulder, arm and disorganisation of right side of elbow by belt of machinery. Articular surfaces of elbow joint are exposed.
Fracture of both bones of forearm with lacerated injury of flexor aspect of right forearm, by edge of tractor trolley.
Right forearm is chopped off in thresher during operation.
Patient sustained severe injury by Electrocution.