# <u>Car Accidents</u> <u>Salim Majeed Al-Shamma</u>

## **Introduction:**

It is obvious that car accidents are increasing all around the world, and especially in the developing countries like ours.

Only a few papers were presented concerning car accident casualties in Iraq. Details of which centred upon types and modes of high and low velocity forms of car accidents.

Here I intend to present such casualties as received in the military side only. The importance may be appreciated while trying to analysis the clinical findings and discussing the etiological factors of such casualties.

## Material:

509 cases were admitted to Mousl Military Hospital during the period between January 1965 – December 1968, all of which were the result of car accidents. The distribution among the years is seen in **graph (1)**.

## **<u>Clinical Presentations:</u>**

Injuries resulted from car accidents may be put in the following categories according to their frequencies, graph (2):

- 1. Bones and joints injuries, these contribute about 39%, also included here limbs and fingers injuries that needed amputation.
- 2. Soft tissue injuries, these include wounds, lacerations, deep cuts, bruises...etc, all of which account to about 36%.
- Head injury, which contributes about 20% of all cases, 11% showed transient concussion resulted into complete recovery.
  2.5% showed fracture skull without early subsequent complications.
  5% showed gross cerebral injury either primary or secondary to subdural

6.5% showed gross cerebral injury either primary or secondary to subdural hematoma

- Chest injury: here I included only those cases which needed surgical interference like gross hemothorax or flail chest, and they amount to about 3%.
- 5. Abdominal injury: included here case needed laparatomy, which contribute about 2% of all cases.

## Treatment:

Almost all cases were given immediate medical care, when received in the hospital this was possible because:

- 1. We were notified about the accident before by authorities, while the injured men were on their way to our hospital so that beds were prepared for them.
- 2. The number and severity of the injured men and the time accident were known, thus surgical staff, laboratory staff and operative theatres were put ready for immediate use.

Serious injuries were segregated and fully examined, and cared for and are watched every minute around the clock. Primary sutures were done whenever possible, a cover antibiotic, A.T.S and antigasgangrene injection, fluid and blood were given whenever needed.

## **Results:**

Of all the 509 cases admitted to hospital, 13 died all of them had multiple injuries complicating severe head injury, **graph (3)**, this gives mortality rate of 2.5%. It should be put in mind that not less than 15 cases were dead before reaching the hospital that may raise the death rate to 5.5%.

Morbidity rate were 34% most of which were the result of bone and joint injuries which amount alone to 20% of all cases.

Complete recovery occurred in the rest of cased, which contribute about 63.5%.

#### **Discussion:**

The aim of this paper is to put on some light on the causation of so much injuries which are due to car accident, thus one should consider the various factors contributing in this matter, among them are the following:

1. <u>The Driver:</u> experience and training are so important, responsibility and fear of punishment are further factors. The age of the driver may play certain role here.

Many army drivers, I fear to say lack good training, high technical knowledge had little experience in driving trucks anyway rough ways and he is usually a youth. He is unable to be fully aware of the responsibility and careless for punishment. On the whole he is as a truck driver needs more training and teaching.

- 2. <u>The Car:</u> usually and every truck or car in every unit in the army is a direct responsibility of one driver, he has to make his truck or car fit and ready at any time in every aspect epically the engine brakes and lights, but altogether there is an officer in each unit who supervise the cars conditions, one would thus presume That all cars were in good shape in every aspect. Some of the accidents are proved to be due to some technical error which has happened only along the road
- 3. <u>The Road:</u> it is well know that roads around Mousl area are narrow, tortuous and not level as they traverse mountains. But this does not give the whole answer as a high number of casualties resulted from car accident took place in the roads of the city of Mousl itself. These constitute about 48% of all area, **graph (4)**, while about 44% of such cases resulted in the roads from Mousl leaving to Imadia and to Zakho, and only 8% of cases resulted in wounds leading to Akra and Arbil.

It is evident that factors other than road state and condition, contribute to play even more important role, and it may be either on both. The condition of the car and the driver himself and this should be opened for more speculation. Moreover, one may put in consideration that roads leading to Arbil and Akra are better in some aspect than those leading to Duhuk, Zakho and Imadia. Putting in mind that traffics were more in the later than in the first group of roads.

4. <u>Time:</u> It is evident that number of accidents occurs more around 7:00 am when the drivers were still sleepy, the lighting was unsuitable for driving, and it did increase around 2:00 pm where the driver had been driving for a long time and is already tired.

One might notice too, that accidents rate increase during the month of July, **graph (5)**, this might be due to the heavy traffic at this time to the year, and it also coincide with the peak of the hot weather.

#### **Summery:**

509 cases of injury were admitted to Mousl Military Hospital resulted from car accident during the pried between 1965-1968.

The clinical presentation mode of management, were discussed, the result stated which were not bad at all, only because we now about the accident, the number of the injured, and the type of injury before evacuation of the injured men to our hospital and the rapidity of evacuations is another factor.

Discussion of the causes, of the accidents and analysis and attempt of evaluation of various factors are tried.

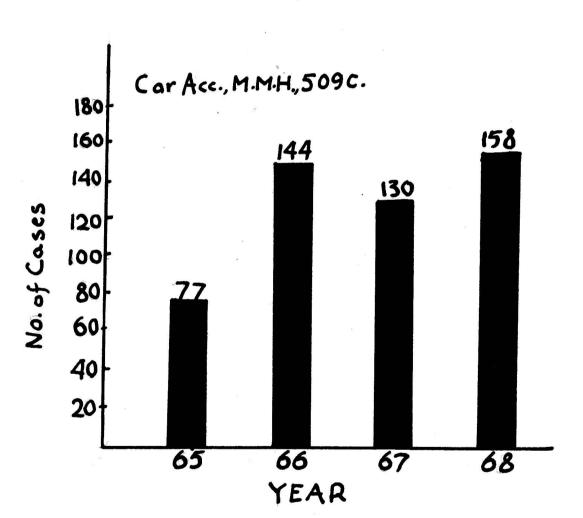
#### **Conclusion:**

The purpose and value of this paper, I hope, is really only to throw some light, and as a first step to the way from which one may start for a proper study and evaluation of the accidents, and then attempts to reduce such accidents both in military and civil traffic.

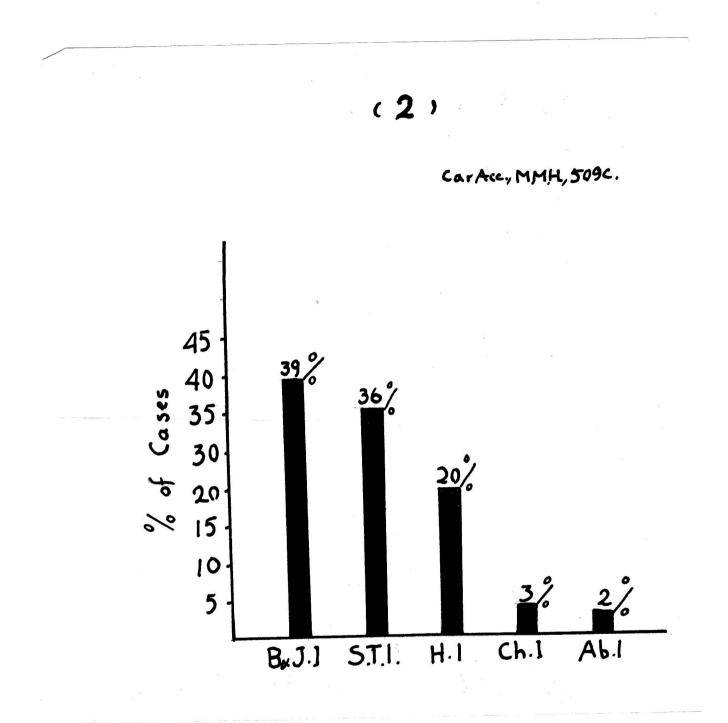
#### **Acknowledgment:**

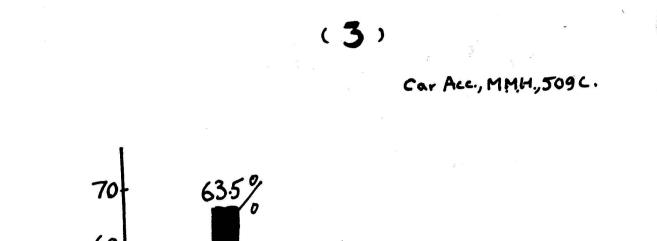
I would like to extend my gratitude to the Mousl Military Hospital management commander and staff for the great help in getting the recorded cases ready at my hand, which enable me to present this paper.

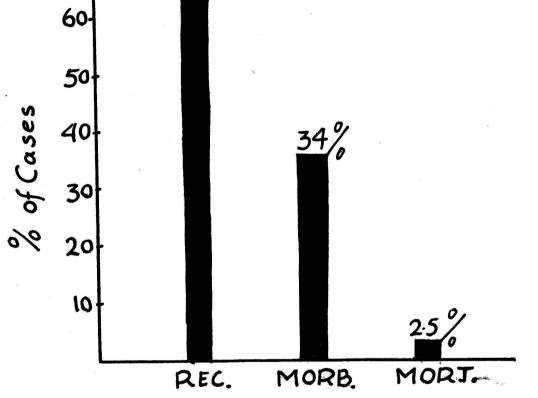
\* Paper presented in the 3<sup>rd</sup> Mousl spring Medical Conference in 1972

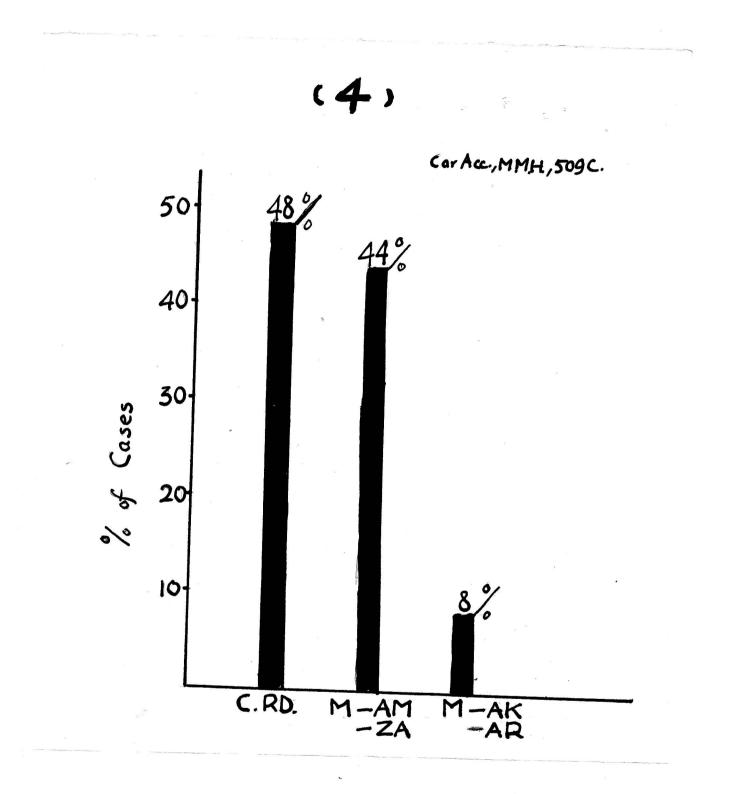


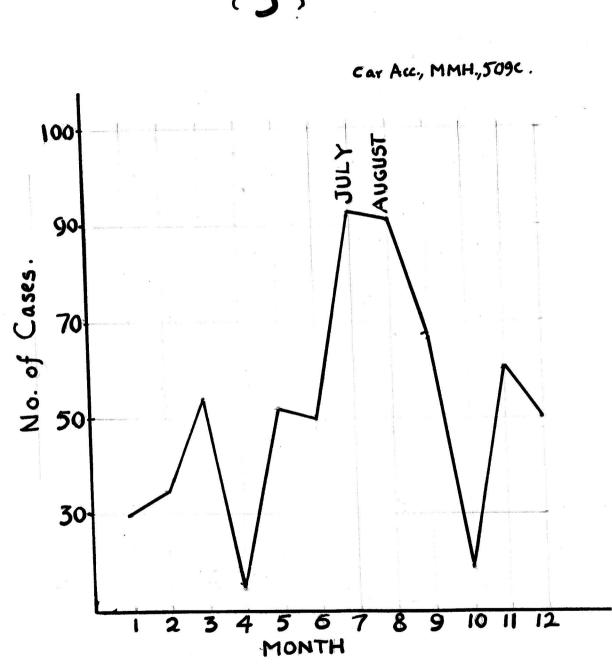
(1)











(**5**)