Trap-gun injuries – a menace in rural agricultural areas

About 200 victims are admitted every year to General Hospital, Anuradhapura (GHA) with trap-gun injuries (TGI). The first reported case of such injury in Sri Lankan medical literature was in 1888 [1]. Trap-gun is a smooth-bore, long-barrelled, muzzle-loading type of a firearm, firing low velocity projectiles [2]. Although the weapon is primitive, sequelae and complications of injuries from it may range from trivial abrasions to septicaemia and death [3]. These injuries account for a significant proportion of trauma related morbidity in rural settings of Sri Lanka. The management of these victims requires special clinical instincts, and demands a wide range of infrastructure facilities.

Our study population consisted of 77 patients with TGI, consecutively admitted to GHA during a five-month period. The patients and the relatives were interviewed and the documentation on hospital records were obtained, using a data collection sheet. Ages of the victims ranged from 10 to 70 years, and 52 (67.5%) were breadwinners of the family. Fifty-nine (76.6%) were farmers. Firings had occurred round the clock, but two distinct peaks could be observed, corresponding to the times farmers are in transit. Twenty (26.2%) injuries had occurred a distance of more than one kilometer from a human habitat. Thirty-one had reached a local hospital within one hour.

The trap-gun victims represented a wide spectrum of injury pattern. Compound fractures were seen in 50 (64.9%). Mean hospital stay was 13.8 days. Twenty-nine (37.8%) of victims had sequelae such as disfigurement, amputations and chronic osteomyelitis. There was one death during the course of five months.

Trap-gun injuries are a problem specific to rural settings, where facilities for emergency care are poor. Unfortunately, a majority of the victims were healthy young males capable of active occupation. The psychological trauma and the costs involved in hospital stay, operative treatment, drugs and rehabilitation are enormous. It is an occupational hazard faced by the agricultural community of Sri Lanka. We suggest a notification system similar to industrial accidents with regard to TGI too.

The manufacture, possession and assembly of trap-guns are illegal according to the Firearms Ordinance of Sri Lanka [3]. The victims appear to accept the injuries passively, indirectly encouraging the continued practice of this illegal weapon. Although this problem exists in several other districts such as Polonnaruwa, Moneragala, Matale, Badulla and Ratnapura, the national data on TGI are unsatisfactory. The Police Department maintains separate records [4], but TGI are grossly under-reported. Separate control programmes exist for malaria and dengue fever, but no such preventive strategy has so far been implemented with regard to TGI. In our view, the solution to this health hazard should be a collaborative effort of the Department of Health, Department of Wild-Life Conservation and law enforcing authorities. Only this kind of approach would safeguard wild-life as well as human beings who live in the vicinity of forests.

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References


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Routine analgesia after episiotomy and perineal tear

Traditionally obstetric analgesia has focused on the management of labour pain, and more recently on analgesia after caesarean section. Management of pain after episiotomy or repair of perineal tear is important but less acknowledged. Pain within the first 24 hours following perineal tear or episiotomy can affect up to 85-95% of women [1], and lead to poor mobility in the immediate postpartum period, difficult defecation or micturition, and affect mother-infant interactions [1].

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