Author's response to reviews

Title: Use of GIS to study Trauma Epidemiology: A pilot study conducted at a Trauma Care Unit.

Authors:

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Author's response to reviews: see over
To

The Editor,  
Journal of Trauma Management & Outcomes.  

(Sub: MS no: 7313013931404742 revision)

Respected Sir,

Please find enclosed herewith the revised manuscript No MS: 7313013931404742 titled Use of GIS to study Trauma Epidemiology: A pilot study conducted at a Trauma Care Unit. We have also enclosed a point to point clarification on referees comment.

We look forward to publish the article in your esteemed journal.

Thanking You.

Sincerely yours,

Dr Vaibhav Bagaria.  
Saurabh Bagaria  
Dated: 18.08.2007
RESPONSE TO REVIEWERS COMMENTS:

General

The presented study shows how an analysis of injuries in a certain area could be helpful to prevent accidents. Although the idea of the study is very convincing the method of the scientific analysis is poor. Several questions have to be answered conclusively before publication can be considered.

Response:

We thank the reviewer for his appreciation for the idea behind the study. We have modified the manuscript to overcome the shortcomings in the scientific analysis. The point to point response to reviewers queries follow.

Questions:

Who took the data and how the information about the exact location of the injury was retrieved in the retrospective study?

Response:

The data was obtained by the study physician and the staff nurse. In all cases of injury the location of the injury is accurately recorded as a protocol at the centre, therefore it was possible to obtain the information on retrospective basis.

Are the authors able to give more detailed information about the 166 patients?

Response:

The master chart containing the detailed information of the study is also enclosed with the revised submission.

Why did the authors not take additional important parameters like: time of injury, injury severity score, revised trauma score, etc. – maybe a place with more important recurrent injuries was ignored?

Response:

All the parameters as per the protocol of the center were recorded. These included time of injury, whether under influence of alcohol, informant, fate of the accompanying person. Additional parameters like Glasgow Coma Score (GCS), systolic BP, and respiratory rates were also recorded but revised trauma score and Injury severity score was not calculated as this was not the usual protocol at the centre. All accident and trauma cases with their location was included.
Where there other places with a higher rate of accidents and were these sites analyzed? In the map there are other areas with a higher density of accidents.

Response:

All the sites were analyzed and I agree with the reviewer that the thematic map shows at least three areas with higher accident rates. However, there was only one location cluster (that was defined as a perimeter of 50 m form the given point) that showed high density of accident. The apparent clustering in the enclosed figure is because of the scale of map, in which even largely separated areas appear closer. The scientific analysis that was done using software, ensured that only those high accident location cluster that confirmed to the set criteria of 50 m perimeter were picked up.