
CURRENT THERAPY

OF TRAUMA - 2

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PREFACE

Since the appearance of the first volume of *Current Therapy of Trauma* there have been very few changes in health care delivery to diminish the effect of trauma as a health and social issue. It is still the number one cause of death in those under 40 years of age. A white male aged 15 years has a risk of 1 in 110 of dying from a motor vehicle related injury by the time he is 30 years old. A black male aged 20 years has a 1 in 50 risk of dying from homicide by the time he is 35 years old. One in every eight hospital beds is occupied by a trauma patient. Only 1 in 10 critically injured Americans has access to a rehabilitation program. Although these statistics point out the social consequences of trauma, this book is primarily directed to the acute treatment of the trauma patient.

The present volume has been expanded substantially in scope and in authorship. The purpose is to broaden the trauma management concepts and at the same time provide opinions that might differ somewhat from our own at San Francisco General Hospital. Consistent with our original volume we have continued to provide what we consider the best treatment and have avoided alternative treatments, particularly if they are controversial. In all instances we have presented a treatment modality that will offer the best and most consistent results both in an academic and community practice.

In contrast to our first volume we have introduced a number of illustrations and tables. We have avoided references and extensive bibliography since the purpose of the book is to provide a quick reference to current treatment rather than an extensive review of the literature or alternative methods. The intent of the volume remains to present a simple, direct means of describing what we consider optimal management of the trauma patient.

We gratefully acknowledge the cooperation and forbearance of the publisher in bringing this book to fruition. We particularly wish to thank our new coauthors and our original contributors who are colleagues and members of the "Trauma Team". Finally, we must give particular thanks to the many surgical residents who have worked with us through the years. Not only did they provide most of the direct care involved in managing the severely injured patient at our institutions, they also led us to improved therapy through their questioning and skepticism of established practices.

Donald D. Trunkey
Frank R. Lewis
December, 1985

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