

HEAD INJURY CHART

THE LEVEL OF CONSCIOUSNESS IS THE MOST IMPORTANT SINGLE SIGN IN CASES OF HEAD INJURY. IT MUST BE OBSERVED IN ALL CASES.

KEEP THE AIRWAY CLEAR

- POSITION**——The patient should be nursed on alternate sides, turning every two hours with the nose and mouth clear of the bed.
- RESTLESSNESS**——If the patient is very restless, padded side walls should be used, and the knees and ankles padded. Remember that restlessness is frequently due to a distended bladder. Protect the patient from injuring himself but do not hold him down by force.
- SKIN**——Turning two hourly and padding pressure points should be started from admission. Keep the skin dry.
- MOUTH**——Swab the mouth from admission, do not irrigate.
- EYE**——Protect the cornea by keeping the lids covered with saline soaked swabs.
- FEEDING**——If unconsciousness is prolonged for more than 24 hours tube feeding may be required. A fluid balance chart must be started. (Oesophageal tube No. 15 in the stomach).
- URINE**——Portex "layflat" nylon film tube gauge C may be used in the male. A fine self retaining catheter may be used in the female.
- WOUNDS**——Keep the wounds protected with a minimum of dressings and firm bandages. **BE ON THE LOOKOUT FOR OTHER INJURIES:**

CODING OF THE LEVEL OF CONSCIOUSNESS

0. Fully conscious.
1. Confusion (**1A**—Mild) Inattentive and depressed. Plausible and inaccurate statements.
(**1B**—Moderate) Answers simple questions, drowsy and irritable.
(**1C**—Severe) Almost inaccessible, may respond to commands.
2. Semi-coma (**2**) Postural tone present, no response to commands, eyelash reflex present. Urinary incontinence with reflex emptying. *Responds to painful stimuli.*
3. Coma (**3**) Postural tone lost, but decerebrate rigidity may be present. Pupils dilated and do not respond to light. Cannot swallow and will drown in own secretions if left flat on back. *No response to painful stimuli.*

Signs of increasing intracranial pressure:—

The pulse rate usually falls
The blood pressure usually rises
The temperature usually rises
The respiratory rhythm usually alters
A fall in the level of consciousness
An alteration in the pupils.

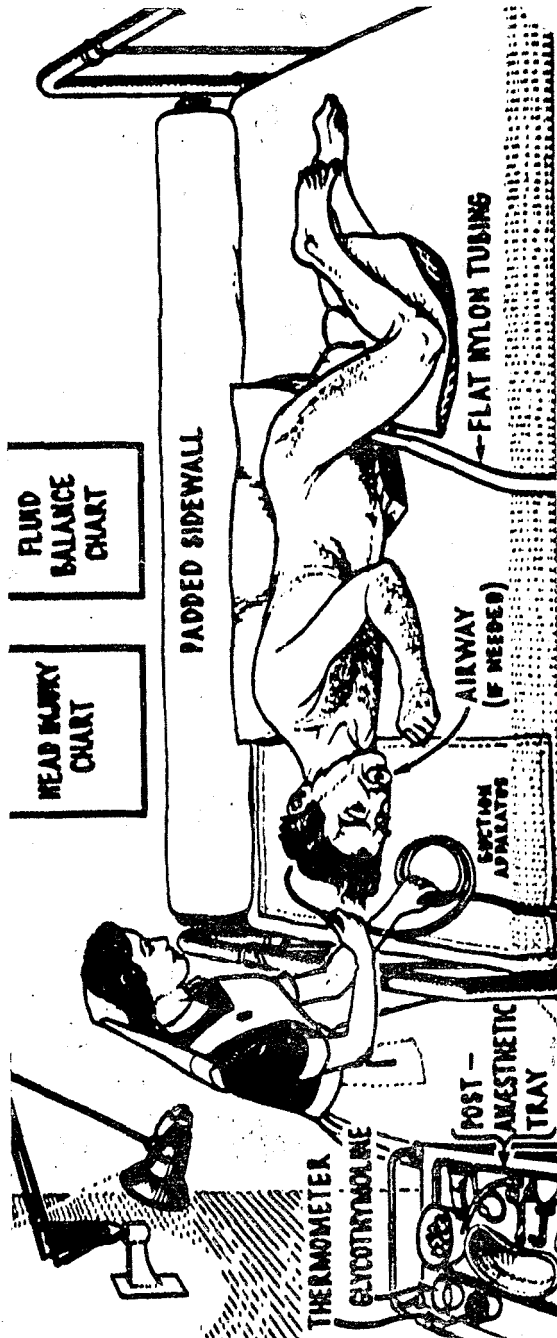
ANY RAPID ALTERATIONS OF THESE SHOULD BE REPORTED..

Carcinoma and on Myocardial Infarction. Mr. G.E. Camilleri of the Dentistry Department gave a lecture on the differential diagnosis of swellings of the jaw.

It was the first Summer School, but on the whole it was rather a success and for this we are indebted to the four guest Professors and the local consultants who took part.

We are also very grateful to the Minister of Health, Prof. V.G. Griffiths — Dean of the Faculty of Medicine and Surgery — and Prof. G.P. Xuereb for their constant help and encouragement.

We would also like to express our gratitude to Prof. A.P. Camilleri, Prof. A. Craig, and Prof. J.V. Zammit Maempel for the use of their respective departments.



MATHEMATICS

I have quite a lot of wishes;
Among them, my great ambition
Is to be a famous doctor,
And not a mathematician.

Hosts of formulae and problems,
Each sunrise brings more and more:
At the end of a Maths. Lecture,
How I stagger for the door!

Permutations, combinations,
Sines and cosines by the score;
Tan squared alpha, Cos squared beta,
Cube root eight and square root four!

Every day I have to tackle
Work which I strongly detest:
Dakin, Porter, Durell, Tranter—
All against me, at their best.

I try hard to concentrate me
At the work before me laid,
But my mind is twisted crosswise,
And no progress, none, is made.

In my mind a place is vacant,
I know, for all science topics,
But Maths, is not here included:
Why, I'd prefer reading comics!

A whole year of mathematics...
Makes me scream and tear my hair!
What if I should fail my finals?
Mummy! That would be a scare.

The whole prospect is so fearful
That I dare not meditate:
I'll be ready, calm and cheerful,
And reconciled to my fate.

VICTOR E. SAMMUT