

BRITISH MEDICAL JOURNAL

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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Who Cares for Head Injuries?

SIR,—Professor Bryan Jennett in his stimulating paper (2 August, p. 267) asks "Who cares for head injuries?" He reviews existing practice and suggests improvements. Among these he presents the case for the admission of these patients to special wards and the need for continuity of care until the end of rehabilitation. These principles were followed in the establishment of the Military Hospital for Head Injuries at Oxford during the last war with its auxiliary hospital for rehabilitation near by, the patients being under the care of the same medical officers throughout, and there was no doubt of the value of this arrangement.

Professor Jennett, seeking the answer to his opening question, appears to have little doubt that the care of head injuries should be under the management of neurosurgeons. But how many patients with head injuries require the services of a neurosurgeon? I believe the proportion to be a very small one. The late Professor Norman Dott disliked the title neurosurgeon and preferred to speak of surgical as opposed to medical neurologists. Though this nomenclature has not been generally accepted it may be useful in the context of the present discussion.

The chief requirement for the doctor who cares for head injuries is competence in the recognition and assessment of brain damage, and this applies to both the acute and the subsequent stages. I submit that the medical neurologist should be, and generally is, better fitted for this task than his surgical counterpart. Free from the distractions of the operating theatre, his daily routine involves him in the use of all the methods available for revealing impairment of brain function, and this in all kinds of disease. He is concerned not only with the elicitation of

physical signs and the recognition of focal disorders such as aphasia but also with tests for orientation, memory, calculation, and learning capacity and with assessment of the conscious level. I conclude therefore that the strategy outlined by Professor Jennett should be under the direction of a neurologist from the first and continuously thereafter.

Except for cases of compound fracture of the skull and of rapidly progressive intracranial haematoma, which will be admitted directly under surgical care, and patients with multiple injuries, who will gravitate to the surgical or orthopaedic wards, all patients with head injuries should come at once under the care of the neurological team. The assistance of a general surgeon will be required for scalp repairs and there must be good x-ray facilities. There should be an intensive care unit available. A neurosurgeon should be on call but not necessarily under the same roof. The head injury unit would presumably be at a large general hospital able to supply specialist help of all kinds, including psychiatry.

I have supported my case so far with the argument that the medical neurologist is best fitted by training and experience to direct the strategy of head injury care in continuity. I would add that to load the surgical neurologist with this charge would be poor economy. The technical skills of his special qualification would be largely wasted and his time occupied to a quite illogical extent by work that has nothing to do with surgery. Properly employed, he will continue to be indispensable in a relatively small number of cases both in diagnosis and treatment.—I am, etc.,

C. P. SYMONDS

London N.W.1

SIR,—Professor Bryan Jennett (2 August, p. 267) is surely talking about brain injuries and not head injuries. It is the brain injuries that matter. Who should look after the brain-injured survivors need not be a controversial topic. The indications are plain. But let us first consider the present set-up.

If you, Sir, should unfortunately be run over by a car, drive your car into a tree, rashly put your head out of the window of a moving train, suffer a period of anoxia during anaesthesia, suffer carbon monoxide poisoning, go for a swim in the sea and be pulled out half-drowned, what will happen to you is likely to be this. Admitted into a general hospital you will be placed under the care of a general physician if you are in coma, an orthopaedic surgeon if you have an obvious fracture, a general surgeon if you are thought to have a torn viscus. If you require neurosurgical treatment and the hospital has no neurosurgeon you will be promptly dispatched to the nearest neurosurgical unit. Thence, when the neurosurgeon has finished with you, if you have not recovered you will be transferred back to the general hospital whence you came, to be readmitted under the physician, orthopaedic surgeon, or surgeon who first looked after you. He may have no particular interest in lesions of the brain. You are likely to have multiple disabilities, to be mentally impaired, to be paralysed, possibly to be speechless. You are now in an acute ward where doctors and nurses have no time to look after you and probably have not much idea how to care for a person with chronic handicaps. Though you are suffering from a neurological lesion, you are not likely to be transferred to the care of a neurologist. You will not have your faculties assessed nor a training programme planned by a clinical psychologist. In the better hospitals you will get some physiotherapy. You are not likely to get much else. Your tracheostomy, which you do not need, may not be closed. You are fed through a tube though you can swallow and can be taught to feed yourself. Your bladder is emptied with a catheter though you have control of it. You are allowed to develop severe contractures. Months pass by. Your distraught relatives get no answers to their questions. You may think I am exaggerating, but all these things have happened to patients of mine.

Five years ago, when I was the physician superintendent of St. Lawrence's Hospital,