THE NEED OF AN ANÆSTHETIC CHART.

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It is desired in this communication to point out the need of an anæsthetic chart. This should be used by all anæsthetists, thus enabling a record to be kept of every case that has to undergo the experience of an anæsthetic, whether it be for a short or a long major abdominal operation, the reason being that there are some useful clinical data likely to be recorded over a certain period when these charts are universal, which will help the clinician, or still more the anæsthetist, to determine what is known as the "risk" attached to a particular operation that a patient may have to undergo.

The following chart is suggested as an example, but it cannot be proved to be without fault until it has been used in over several thousand cases. It will be noticed that a space has been left at the bottom of the sheet so that other essential points that observers may think necessary can be added. This type of chart has been used in America for some considerable time, and a brief reference has been made in one or two of the Medical Journals to its value, but up till now there have been no definite points indicated by any one observer which will enable the clinician to ensure the operation of being a success.

The matter of oral sepsis has been stressed through the ages, as also the presence of other local sepsis, as loading the dice against the patient. In addition, a uniform warmth and even temperature of the patient, to be sustained from the time the patient has left his bed, during the operation, until the time he returns, are appreciated as factors of some importance, but their exact significance has not been measured. The latter, of course, can be secured by certain types of blankets, providing they do not interfere with the site of the operation. They may be electrically heated or they may be carefully bound round the upper and lower limbs. These are only some of the points on which such a scheme would enable definite opinions to be formed.

It was some years ago that a chart was made in one of the leading teaching hospitals of London, but it fell into disuse because either the anæsthetist or the house surgeon omitted to fill it in. With the presently described chart, however, the house surgeon or anæsthetist could fill in the essential details from the written report which comes with the case, but in private practice the anæsthetist would have to fill it in himself.

It is believed, say after twelve thousand charts have been completed, that it would serve a useful purpose for two or three referees to go carefully over them and not only see what indications they reveal, but also note the omission of any factors which might be of significance. These charts are now in use in several hospitals in London and in other cities, and it is hoped that in twelve months there will be sufficient data to permit of the plan suggested.

As a basis for discussion the following points are suggested:—

1. (a) The condition of the patient's mouth with regard to oral sepsis.
- (b) The relation of the above to chest complications, and
- (c) Its association with the duration of convalescence.

Hospital No.

ANÆSTHETIC RECORD.

Name Married Single

Address Age Sex

Referred by Weight Height

DIAGNOSIS.

Operation proposed.....

Operation performed

IMPORTANT PREVIOUS OR
ASSOCIATED DISEASES.

PREVIOUS OPERATIONS

Cardiac-vascular

Respiratory

Renal.....

Infectious

Alcohol, Drugs, Tobacco

OBSTETRIC EXPERIENCE

ANÆSTHETIC EXPERIENCE.....

GENERAL OBSERVATIONS.

SPECIAL OBSERVATIONS.

Airways (Nose and Throat)

Oral sepsis

Colour : { Pale
Plethoric
Cyanosed.....Habitus : { Obese
Thin
Average

Nervous

Phlegmatic

Invalidism—How long ?

Breath Acetone

Pulse rate..... Character..... Temp

Pulse Rhythm

Blood-pressure Systolic
Diastolic

Hæmoglobin

Blood Urea.....

B.M.R.

Albumen S.G.

Urine Sugar..... Reaction

Cells Volume

Casts Acetone

Brief Résumé of Case

Pre-operative treatment

Anæsthesia advised

Retention of Urine

Cystitis

72 Hrs. RECOVERY NOTES		CARDIO VASCULAR.			PULMONARY.	GASTRO-INTESTINAL.	C.N.S.
General.	Recovery Indices			Bronchitis Pneumonia Pulm. Collapse Infarcts. Abscesses	Nausea Vomiting Ileus Parotitis	Headache Psychosis Paralysis Paræsthesia	
	B.P. P.R. % E.I.						
	Before						
	After						
	24 hrs.						
	48 hrs.						
<div style="text-align: right;"><i>Anæsthetist</i></div>							

2. The effects of different anæsthetics upon patients and their effect on the convalescent period as well as the ultimate result, the method of anæsthesia being classified as below:—
 - (a) Nitrous oxide and oxygen combined with suitable premedication.
 - (b) Nitrous oxide and oxygen and ether.
 - (c) Spinal anæsthetics with inhalation anæsthetics.
3. To determine the results in an extremely nervous type of patient with or without premedication.
4. (a) To determine the results in the after-treatment of the patient following different types of anæsthetics.
 - (b) To suggest whether patients should be clad in blankets or electrically warmed clothes after certain types of operations.
5. To find out why some patients' blood pressure falls at different points during the operation and afterwards.

These are just a few points suggested for consideration which observers can work on, but no doubt other factors will occur at any general discussion, of what the charts reveal and what they might reveal.

It is considered that this piece of research is so important, that it is desired that the utmost endeavour should be made to find out even the smallest detail, so as to try and ensure the patient's condition and raise his resistance in order that the result of even the most serious operation may be as good as is possible.

The explanation of the various abbreviations employed in the Chart as shown on the opposite page is given below:

N ₂ O	Nitrous oxide oxygen.
C ₂ H ₄	Ethylene.
C.P.	Cyclopropane.
ChCl ₃	Chloroform.
INTRAVENOUS	Pentothal, Evipan, Nembutal, Pernocton etc.
SPINAL	Percaine, Stovaine, Novocaine crystals.
LOCAL	Percaine, Ethyl chloride etc.
AB	Anæsthetic begun.
OB	Operation begun.
AS	Anæsthetic started.
OS	Operation started.
B.P.	Blood Pressure.
P.R. %	Pulse Rate per cent.
E.I.	Energy Index—(Systolic + Diastolic B.P.) × Pulse Rate.
C.N.S.	Central Nervous System.
B.M.R.	Basal metabolic rate. $0.683 (P.R. + 0.9 P.P.) - 71.5$.
S.G.	Specific gravity.