LETTERS TO THE EDITOR

Department of Anaesthesia,
Westminster Hospital,
London, Ontario,
March 7, 1961.

SIR:

Dr. Douglas MacDonald's article, "An Anaesthetic Record," was very interesting, but I would like to plead for a return to simplicity. The teaching hospital has a large volume of work, and it is possible in a short period of time to arrive at statistically acceptable conclusions. The I.B.M. anaesthetic records, with their wealth of detail and symbols, are then justified.

In the majority of hospitals, the analysis of records and publication of conclusions must take second rather than equal place with good patient care. The anaesthetist has charge of treatment for a brief, acute period in the patient's illness. He must record such treatment in detail, but in such a clear and concise way that other physicians may look back at the chart during the postoperative period and know at a glance what the anaesthetist did and thought.

To this end the record sheet should have the minimum of printed words. If less space is taken to print drugs, techniques, and relatively infrequent preanaesthetic consideration, such as "cortisone," "full stomach," and more space is available to record correctly, without abbreviations, the anaesthetist's preanaesthetic evaluation and the actual anaesthetic agents and techniques employed. There should be adequate, but uncluttered space to record the fluid therapy, any problems encountered, and thoughts on why they were encountered. This is important to our colleagues who are assessing postoperative course in relation to an anaesthetic complication.

There is a tendency to design anaesthetic records so that every possible event in every possible operation can be ticked off on one sheet. The time has come to design a basic simple sheet for the average case, and a second supplementary sheet which can be used for recording the extra details of managament required in, say, chest surgery, cardiovascular surgery, and major abdominal procedures. Each record would then be comprehensible to all whom it might concern, present and future.

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SIR:

With regard to my recent letter concerning the effects of nitrous oxide, I am afraid that both my outlook and my intentions may have been misinterpreted. May I therefore write a few more words on what I consider to be a most important research problem.

To Professor Robson and Dr. Burns I apparently gave the impression of being offended that one should criticise the "obvious" (although this word was not used in my letter). If I indeed gave this impression I should like to correct it without delay: I am very willing to see anything criticised, although I may not be convinced by the criticism. Further, Professor Robson and Dr. Burns took exception to my remarks because they felt that I was criticising them for not being "content to explain analgesia by saying one has no awareness of pain because one is thinking of other things"; this again, I think, is a misrepresentation of my standpoint. I made no criticism of the work of Professor Robson's team in this context; in the relevant part of my letter I suggested that impaired concentration should be taken into account in the assessment of analgesia under the experimental conditions of which I have personal experience.

Most important of all, in their reply to my letter Professor Robson and Dr. Burns several times asserted their belief that it is "worth while" questioning subjective experience and common sense, their implication being that I hold a different view. In fact their statement is one with which I naturally agree: it epitomises a problem which has exercised the minds of psychologists since the time of Wundt, to say nothing of the controversies that have raged around philosophical idealism. The whole history of psychology, from the earliest days of Freud and Jung, has been interwoven with complaints like Professor Robson's —that "the commonly accepted methods in medical research" are being "attacked." Yet few people seriously doubt that introspection and psycho-analysis have made valuable contributions to our understanding of the mind, despite their "unscientific" and sometimes, dare I say, "common sense" approach.

The intention of my letter was not to advance a comprehensive theory in opposition to Professor Robson and his colleagues, but rather to suggest some of the limitations of the "commonly accepted methods," and to contribute some personal observations arising from a different, and perhaps neglected, approach to the same problem; for in the study of metal preformance, I hold Lord Cohen's view that "worthy and relevant information from any source is equally precious."

J. PARKHOUSE