

## EXPERIENCE WITH A PAIN CLINIC\*

J. EUGENE RUBEN, M.D.

*Philadelphia, Pennsylvania*

Received for publication February 26, 1951

THE Pain Clinic at the Philadelphia General Hospital was opened in September 1948 because requests for the type of service which it could offer had become so numerous that it was impractical to continue to treat patients on the ward or in the operating suite. This communication is a summary of experiences with this clinic.

The staff of the clinic consists of the Chief of the clinic, one resident in anesthesiology, two interns assigned to the dispensary service, a secretary, orderly and maid. Graduate students in anesthesiology, and residents and interns on other services in the hospital who have been interested in this work have helped to treat the patients.

The clinic is held in a suite of seven rooms. A large number of treatment rooms is important to permit treatment of the patients in a reasonable period of time and to provide facilities for a rest period afterward, which is often necessary. In addition to the syringes, needles and drugs used in block anesthesia, it is desirable to have available resuscitating equipment for artificial respiration, endotracheal intubation and circulatory stimulation. A large tank of oxygen with a reducing valve in place is in the clinic at all times. A 2.5 per cent solution of pentothal is also readily available in a syringe. Syringes and needles are wrapped and autoclaved for the clinic.

The card † shown in figure 1 was devised for keeping the records of this clinic. It was adapted from the Keysort Anesthesia Record (1) because of the difficulty encountered in evaluating and summarizing the results of the work done in the clinic when the records were kept on ordinary cards or plain paper. On the patient's first visit the front of the card is completed and necessary notes on the history and physical examination are made on the back. Subsequent visits are recorded on the plain back of the card. Should a former patient report more than two months after discharge, with a new condition or with a recurrence of the original condition, a new card is made out. The cards are punched at a convenient time. Because of the alpha name code at the top, they may be easily filed alphabetically after they have been used.

\* From the Pain Clinic and the Department of Anesthesiology of the Philadelphia General Hospital, Philadelphia, Pennsylvania.

† McBee Co. of Akron, Ohio.

With the plan described most approaches to the diagnosis and treatment of pain by anesthetic methods have been adapted to the ambulant patient in the clinic. These include: (1) regional somatic nerve block in any portion of the body except block of the semilunar ganglion; (2) regional sympathetic nerve block for diagnosis or treatment; (3) local infiltration and (4) intravenous infusion of procaine. Subdural blocks for the relief of intractable pain by injection of alcohol, or differential spinal blocks (2) for estimating preoperatively the response to thoracolumbar sympathectomy have been done only on hospitalized patients in the operating room.

An adequate diagnostic study by the referring physician is imperative before nerve blocks are undertaken. Many patients have

**FIG. 1.**

The form contains the following information:

- Patient Info:** AGE 70, SEX M, COLOR W, HAIR B, EYES B, BLOOD GROUP O, RELIGION C, L.S. A.
- Diagnosis:** INTERCOASTAL NEURITIS
- Procedure:** Procaine 1% (AGENT), Technique: INTERCOASTAL
- Anesthesia:** ANESTHESIA (checked), HYPERSTHESIA, HYPOSTHESIA, REMARKS.
- Diagram:** A human figure with dots indicating sites for anesthesia on the face, neck, chest, back, and limbs.
- Untoward Reaction:** A grid for recording reactions at various sites (FACE, NECK, HEAD, etc.) using different agents (LOCAL ANESTHETIC, SYMPATHETIC, etc.).
- Operator:** Dr. A.

been sent to the Pain Clinic for whom nerve block therapy was not indicated. Complete study often revealed that more definitive therapy was available for such patients in other branches of medicine.

The large variety of diseases which have been seen in the Pain Clinic fall into several groups. Acute, recurrent and chronic diseases of the peripheral vascular system, and diseases of the central and peripheral nervous systems account for more than half. Such dysfunctions of the sympathetic nervous system as causalgia, phantom limb and postherpetic neuralgia form a third group. Osteo-arthritis, post-traumatic and rheumatoid arthritis, as well as the painful shoulder syndrome, make up a fourth. In the miscellaneous group are included patients with intractable pain from inoperable malignant disease, cer-

tain types of pleural pain, painful postoperative scars and so forth. Improvement in some measure has been obtained in about 85 per cent of the patients treated. This improvement has varied from complete and permanent relief to subjective or objective improvement in function.

If only those patients who are permanently and completely relieved of their symptoms are listed as obtaining good results, the results in a Pain Clinic will not be very satisfactory. If it is realized, however, that most of these patients have been adequately treated by standard methods before being sent to the Pain Clinic, and if any improvement is accepted as a good result by the physician (as it is by the patients), this work will be very gratifying.

The Pain Clinic is a device to treat many patients in a reasonable period of time. It provides a means for bringing to the attention of the staff and the student the advantages of nerve block therapy, and is an excellent medium for clinical teaching.

#### REFERENCES

1. Conroy, W. A.; Cassels, W. H., and Stodaky, B.: *The Chicago Kesort Anesthesia Record, Anesthesiology* 8: 121-133 (March) 1948.
2. Sarnoff, S. J., and Arrowood, J. G.: *Differential Spinal Block; Preliminary Report, Surgery* 20: 150-159 (July) 1946.

---

#### THIRD ARGENTINE CONGRESS OF ANESTHESIOLOGY

The Third Argentine Congress of Anesthesiology will take place in Buenos Aires, October 21-27, 1951. A cordial welcome is extended to American Anesthesiologists to attend and participate in this Congress. The official topics are:

"Muscular Relaxants"—Dr. Gil Soares Bairo (Brasil).

"Anesthesia in Pediatrics"—Dr. Francisco J. Nesi (Buenos Aires).

DR. ITALO NUZIATA,  
*President*, AND  
DR. JOSE C. DELMORE,  
*Secretary*.