CURRENT COMMENT AND CASE REPORTS

CURRENT COMMENT is a section in ANESTHESIOLOGY in which will appear invited and unsolicited professional and scientific correspondence, abbreviated reports of interesting cases, material of interest to anesthesiologists reprinted from varied sources, brief descriptions of apparatus and appliances, technical suggestions, and short citations of experiences with drugs and methods in anesthesiology. Contributions are urgently solicited. Editorial discretion is reserved in selecting and preparing those published. The author's name or initials will appear with all items included.

A SIMPLIFIED PUNCH CARD FOR ANESTHESIA RECORDS

Recently a new method of anesthesia charting and card filing has been in use by the Department of Anesthesiology at the Cleveland Clinic. The chief advantages of the card to be described are its small size ($3\frac{1}{2}$ by $7\frac{1}{2}$ inches) and the fact that all the information to be recorded is printed on the card, so that reference to a key is not necessary.* Aside from affording a means of comparing clinical findings in a variety of cases and conditions, the most apparent advantage of a filing system is the classification of agents and procedures at regular intervals, usually annually. The categories on the card are largely self-explanatory, but a few remarks may help to clarify the manner in which they are used.

It is obvious that combinations of different agents and methods could result in endless subdivisions. Therefore, it was decided to assign the procedure to the technique that was chiefly responsible for producing analgesia and relaxation, except in a few categories in which two or three agents share equally in producing the anesthesia (lower left corner of card).

The site of operation is indicated in the lower right portion of the card.

The procedures classified as "special" include nasotracheal and orotracheal intubations; spinal anesthesia (continuous spinal [Cont.] or single injections [Sing.]); blood transfusions (simple transfusion—Ven Blood), transfusion under pressure (Ven Pressure); arterial transfusion (Art Blood); and so on as indicated in the upper left corner of the card.

The agents used are marked along the top of the card (right side) in addition to being indicated under technique. This facilitates estimation of the total number of times a drug is used, whether as the sole agent or in combination with other drugs.

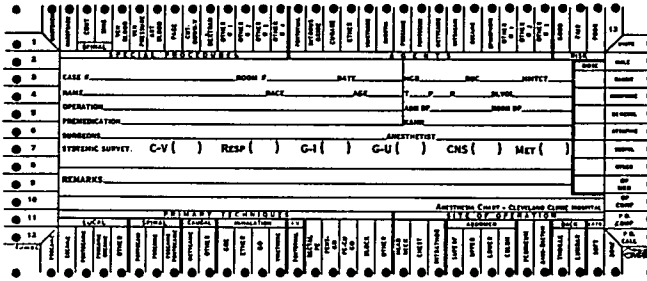
Risk is indicated in the upper right corner.

Sex, color, preoperative medication, complications, and postoperative calls are noted along the right edge. The "White" space is marked for a white patient and is not marked for a patient who is not white. Male is indicated by marking the space "Male," and female by not marking this space.

The upper portion of the anesthesia chart (size $8\frac{1}{2}$ by 11 inches) is identical to the filing card. The card may be placed under the anesthesia chart with a carbon paper in such a manner that all the information is recorded on both. The information is indicated simply by encircling the appropriate symbols or words. When the patient is discharged or sufficient time has passed to determine any anesthetic complications, the table on the back of the card is filled out. If any of the three upper spaces is checked, it is obvious that no postoperative call has been made. If a postoperative call has been made, it is indicated by marking the space following "Date P.O. day." If any complications have occurred they are entered. If there were none, nothing is written on this part of the card. This facilitates sorting, whereas such remarks as "no complications" are meaningless. After the card has been filled out, the indicated spaces are punched.

The cards are sorted by inserting the stylus through the specific hole in about 30 to 50 cards. As in any punch card system, the desired cards, which have been

* The cards and punches were obtained from the McBee Company, 295 Madison Avenue, New York City.



No post. op. call made	
Discharged before call	
I & O	
POST ANES. VISIT	
Date P.O. day	
Complications:	

punched, fall away, making two groups to be counted or further subdivided. Monthly totals are conveniently determined and are recorded in ledger fashion in columns that can easily be totaled in the annual report.

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A DEVICE FOR SUPPORT OF THE HEAD DURING TONSILLECTOMY AND ADENOIDECTOMY

In some sections of the country it is the practice to perform tonsillectomy and adenoidectomy with the patient in the sitting position. It is not the purpose of this paper to discuss the advantages or disadvantages of this position. The author wishes to present a solution to several of the technical problems involved in the anesthetic management of these cases.

When tonsillectomy and adenoidectomy are done with the patient in the upright position, the anesthesiologist must support the head and change its position to accommodate the surgeon. He must also maintain the airway and adjust the flow of anesthetic gases or vapors. If both his hands are involved in placing the patient's head in position, he finds it difficult and clumsy to control the anesthesia apparatus. The head strap described here enables the anesthesiologist completely and effectively to control the position of the head with one hand only, leaving his other hand free to regulate the flow of anesthetic agents.

The device shown in figure 1 is inexpensively constructed from 1 inch canvas