

Accuracy and brevity in office case records / by Victor Cox Pedersen.

Contributors

Pedersen, Victor Cox, 1867-1958.
Royal College of Surgeons of England

Publication/Creation

New York : Surgery Publishing Co., 1913.

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**Accuracy and Brevity in Office
Case Records.**

by

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New York



Reprinted from the
AMERICAN JOURNAL OF SURGERY
August, 1913

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ACCURACY AND BREVITY IN OFFICE CASE
RECORDS.*

VICTOR COX PEDERSEN, A.M., M.D.,
New York.

The principle on which the following method of case records is founded is that of plotting the curve of efficiency, for example, in engineering work. It is manifest that one may not evolve a scheme by which the course of all symptoms may be charted as one charts temperature, pulse and respiration, but it is possible, with the aid of signs and symbols, to record the variations in the disease and the changes in treatment on single lines devoted to each important detail.

No signs may be found better than those used in algebra variously modified and adapted to the purpose, inasmuch as they not only express the meaning with definiteness and elasticity but also are comprehensible universally.

The key, therefore, of these charts, may be regarded as self-evident or might be printed across the top of each sheet in one or two lines:

Positive \pm	Distinctly weak $+>$
Strongly positive $++$	Very weak $+>>$
Very strongly positive $+++$	Unchanged $=$
Extreme $++++$	Variable \sim
Absent 0	Decreasing $>$
Doubtful ?	Increasing $<$
Weak \mp	Stopped $\#$

The history sheets are of ordinary letterhead size, $8\frac{1}{2} \times 11$, with the following features shown in the subjoined diagrams. In the original charts the lines are faint blue and faint red so that the eye is not

*Read before the American Urological Association, Boston, Mass., April 15th, 16th and 17th, 1913.

tried as much as it is in the black heavy lines of the diagrams which were drawn in for the purpose of photography.

The name is written in the upper left-hand corner and the diagnosis opposite this. The dates of visitation and treatment come next across the page, each date standing at the top of a column $\frac{3}{8}$ of an inch wide and each month standing over the first visit therein so that it is understood to apply to all the following dates until the name of another month appears. The number of date columns is such that 18 visits may ordinarily be recorded on a single sheet, which, in many cases, covers a long period of time.

The symptom column occupies the extreme left of the page from the top downward to about the halfway point, while the treatment column begins at the bottom of the page in the same space as the symptoms and extends upward. It is very rare indeed that both fill this column up completely, which contains 25 lines $\frac{3}{8}$ of an inch apart, which is usually spaced for two items between each pair of lines so that in all it is possible to make about fifty entries in the symptom-treatment column.

Symptoms are usually written first, rather prominently, and under each come the treatment applied at home by the patient. The course of the symptoms is set down in the line opposite each by algebraic signs as stated above, while the changes in the medication are inserted on the line opposite each. Thus it is possible by running the eye along the various lines from left to right to read off the variations from visit to visit in the symptoms, complications and treatment.

Where a new symptom or complication arises its

title and treatment are entered in the proper column at the left with all other items of this class but the date of its occurrence is noted in the column for dates on the day of its first appearance. The following charts show these points well. It follows from this arrangement, therefore, that it is not only possible to read the course of symptoms and treatments on single lines from left to right but also feasible to read the entire condition of the patient and details of his care on a single date from above downward in the column of that date.

Chart 1 is that for acute urethritis and shows in the upper section the common, acute symptoms and their ordinary management. The course of scalding for example is set forth during the dates from March 1 to 19, inclusive, in a single line, while its treatment with the bicarbonate of soda is on the next line, varying from 10 to 20 and back to 10 grains with the symptom and continued at the last dose for the rest of the chart. The decrease of the discharge from a very marked degree to a drop occurs on the next line between the dates March 1 and April 13, while the hand injection was begun March 16 and stopped April 2, when the signs of posterior urethritis were positive and the incident of left epididymo-orchitis was suggested.

The inspection of the urine is at the bottom of the page and shows only those conditions which obtain in acute gonococcal urethritis—namely, considerable uncertainty in control of the bladder and pus.

In the section of the chart above that set apart for the examination of the urine are several spaces devoted to the treatment of chronic gonococcal urethritis, which are necessarily blank in an acute case, as is here illustrated. Were the reverse conditions

present the section at the top of the chart would be nearly blank, while these lines would be filled with signs.

The middle section of the page is usually blank and adapted to complications, as is shown in Chart 1

JOHN JONES Chart 1 Ac. Gonoc. Ant-Post. Urethritis.

Dates of Visits	MARCH 1913								April									
	1	4	7	10	13	16	19	22	25	28	1	3	5	7	10	13	15	
Scalding	++	+	+>	=	=>	±	0	*	*	*	*	*	*	*	*	*	*	
U. Disch. Neg.	10	15	20	*	*	*	10	*	*	*	*	*	*	*	*	*	*	
Discharge	+++	=	=	++	=	=	>	+	+	=	+>	+>>	±	=	=	drop	=	
Hand Inj.						10%	ATB	*	*	*	*	*	*	*	*	*	*	
Chordee																		
Dressing	Colo Comp.																	
Sedative	Aconite	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
P. Urethritis																		
D. U. times										Card	10	20	=	=	12	8	5	
N. U. times											2	5	=	=	3	2	0	
Control										+	±	=	=	<	+>	+>	++	=
Urgency											±	±	=	=	+	+	+	0
Tenesmus											?	++	=	=	+>	+>	±	0
Blood																		
Sedatives																		
Sitz Baths											*	*	*	*	*	*	*	*
Rectal Irrig.													*	*	*	*	*	*
Complications																		
Eal. Posth Dress.	+	+>	±	0														
AgNO ₃	2%	*	*	±														
Epi-Orch Strap.											?	Left	+	+	+	=	=	=
Aconite													*	*	*	*	*	*
V. C. Pedersen's Ointment Sd																		
Urethroscopy																		
V. C. Pedersen's Irrigating Sd.																		
Kobman Vesical Irrig																		
Massage P																		
Hangs' Instill																		
Retraction																		
Straight Sd.																		
Catheter Inqul.																		
Urethral Irrig																		
Reaction U																		
Retent. U	1	3	3	5	5	3	3	3	2	4	1/2	1/4	1/4	1/2	1	1	2	
Pus	1-2	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	
Phosphates																		
Carbonates																		
Blood																		
Pus Shreds																		
Mucous "																		

by balanoposthitis and epididymo-orchitis. The former running its course from March 1 to 10 and the latter beginning April 5 and continuing on to the next sheet of this history with its treatment of strapping and aconite.

If we desire to see the condition of the patient and his treatment on say April 5 we would note that he is taking bicarbonate of soda as a simple alkali, the discharge is very little, the posterior urethritis marked with 20 diurnal and 5 nocturnal

Chart 2.

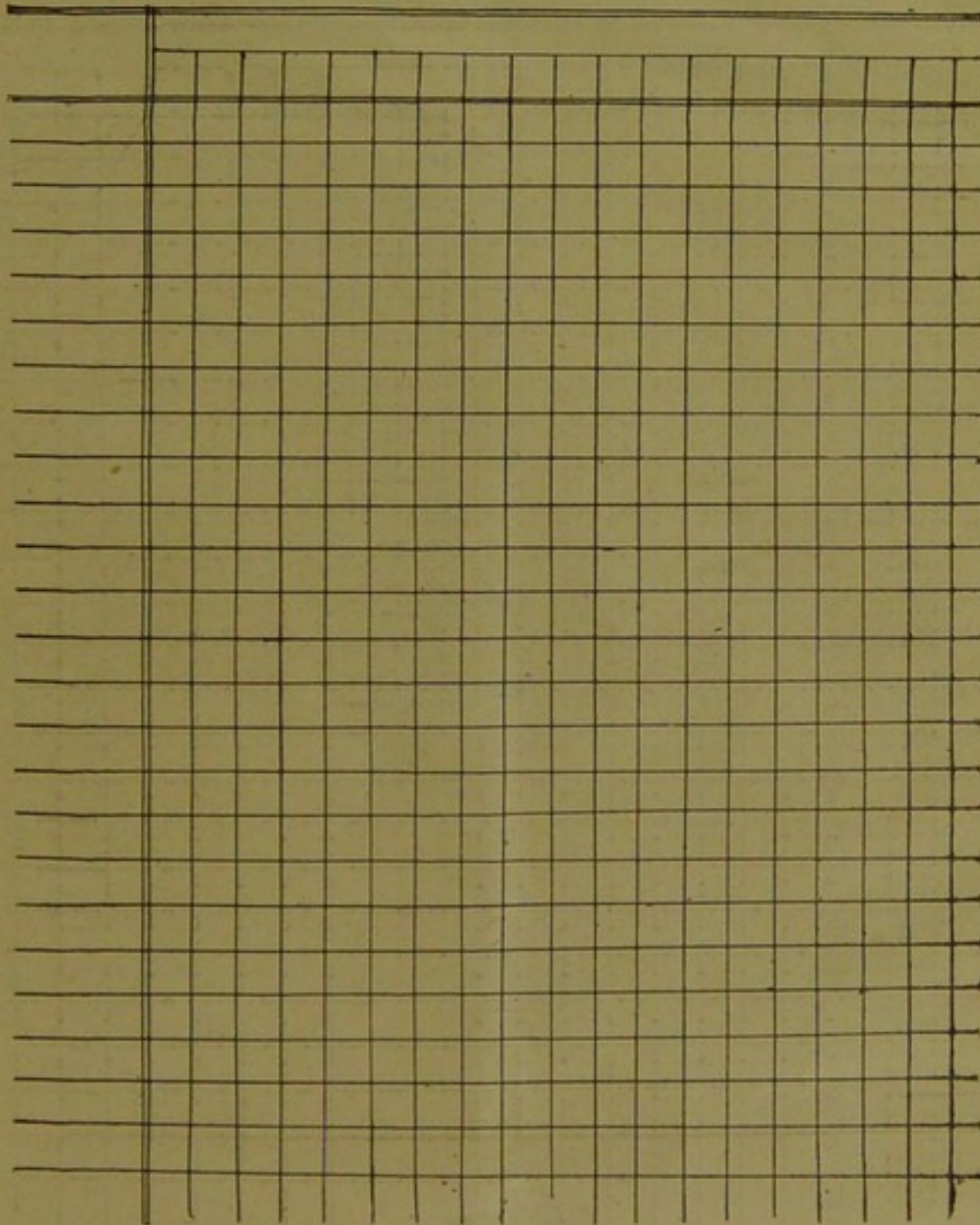
SAUEL BROWN		Syphilia II																			
Dates of Visits	JULY 1912										AUGUST										
	1	4	7	10	13	16	19	22	25	28	31	3	6	11	16	21	26	31			
Chancres	+	+	=	=	+>	=	=	>>	=	±	?	Ind	+	=	=	=	>	=			
Phimosis																					
Discharge																					
Irrigation																					
Stimulation																					
Dressing	Ungt. Hg	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Phagedena																					
Antiseptic																					
Agonitis																					
Dressing																					
Eruption	+	++	=	=	=	>	+	+>	=	=	>>	=	±	=	?	?					
Solve																					
Patches	+	=	=	=	>	>	=	±	?												
Cautic	Ag No	10%	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Wash	H. S.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Condylomata																					
Dressing																					
Alopecia																					
Solve																					
Headache																					
Relative																					
Odynia																					
Stimulation																					
Dressing																					
Styve Lesions																					
Weight (150)	155	150											152				153				
In contact																					
General Condition	+	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=			
Serodias	++																				
Anemia H. S.	90%			80%									+				85%	+>			
Urine	*												*					*			
BOB Intrap.																					
Internal					0.6																
Alteratives																					
Inunction																					
Fumigation																					
Injection	Salicylate	Mercury																			
R. U.	1"	1/2													1/2						
L. U.	1"															1/2					
R. U.	3"	1/2																			
L. U.	3"		1																		
R. U.	5"			1																	
L. U.	5"					1															
R. L.	1"							1													
L. L.	1"								1/2												
R. L.	3"									1/2											
L. L.	3"										1										
R. L.	5"												1								
L. L.	5"													1							

urinations, poor control, great urgency, great tenesmus, treated by sitting baths and rectal irrigations. Also that the left epididymo-orchitis is positive and being treated with strapping and aconite and that the first and second glasses contain pus and that the

of the buttocks previously described by me in the *Medical Record*, 1905, and the *New York State Medical Journal*, March, 1909.

The middle section of the chart is devoted to the details of the patient's condition and shows the

Chart 4:



variations in the weight from the normal, 160 pounds for this patient; also the changes in his general condition with primary depression and subsequent improvement. The serodiagnosis is also noted from ++ to + and finally +>. The anemia varied be-

tween 90%, 80% and 85% and the urine was taken for analysis July 1, August 3 and 31. The condition of the patient on, say August 3, was induration of chancre positive with mercurial ointment as treatment, eruption faint or doubtful, black wash

Chart 5.

Urinalysis	Name
Casual Spec	Insoluble Crystals
24 Hour Spec.	
Physical Analysis	Acid Urine
Quantity	Uric Acid
Color	Urates
Odor	Oxalates
Reaction	Phosphates
Spec. Grav.	Hippuric A
Chem Analysis	Leucin & Tyrosin
Chlorides	Cystin
Ag. NO ₃	Bilirubin
Phosphates	Alkaline Urine
Acetic Acid	Tri. Phosphates
Carbonates	Calc. Phosphates
Acetic Acid	Bas. Mag. Phosph.
Sulphates	Gran. Phosphates
Urea	Ammonium Urate
	Calc. Carbonate
Branche Soda	Casis
Uric Acid	Hyaline
Mucoids	Waxy
Indican	Granular
Hcl-K ClO ₄	Epithelial
Acetone	Pus
Color	Blood
Iodoform	Cylind. Urates
Glucose	Cylind. Bacteria
Folding	Bacteriology
Phosphhydrazin	
Quantity	
Bile	
Iodine	
Fuming HNO ₃	
Diazo-reaction	
Albuminuria	
Boiling Acetic A.	
HNO ₃	
K-ferro-cyan	
Trichloroacetic	
Quantity	
Serum Albumen	
NaO II 2	
Serum Globulin	
Mag-Sulph	
Albumosuria	
Urinary Sediments	
Urates	
Phosphates	
Turbidity	
Chyle	

(B.W.) is being applied as the mouth wash, weight 150 pounds, general condition fair, blood test positive, and uranalysis done and salicylate of mercury 1 grain administered.

Chart 3 is a case of chancroid and bubo and may

readily be interpreted in the light of the foregoing explanations.

Chart 4 is blank and available for the purposes of cases which vary so widely that printed data are impossible; in fact, to many, Chart 4 might be the most attractive in that the practitioner may insert his entries in any method appealing to him. It would, at any rate, be especially suitable for cases of renal, ureteral, vesical and genital disease having scarcely two cases much alike.

Chart 5 is available for uranalysis records. It

Vesical Cancer N. B.—Please Show This Card With You at Each Consultation **Chart 6.**
OFFICE OF DR. VICTOR C. PEDERSEN
45 WEST 9TH STREET. TELEPHONE 2139, GRAMERCY.

URINATION CHART OF Peter Simmons BEGINNING May 1, 1911.

DATE	NOTE	HOUR	NOTE	HOUR	NOTE	HOUR	NOTE	HOUR	NOTE	HOUR	NOTE
May 1 1911		First	24 hours.					May 2, 1911	2nd 24 hrs		
	1 P.M. pain	7 P.M.		4:30		12:45		1:30			
	1:30	8	pus	5:10				2:10			
	1:45 pain	8:30	pain	6	pus			2:30			
	2:10	9:00	stop	7	tenes			3	pain		
	3	9:20		7:15	blood			4:05			
	3:15	9:30		7:30				4:55	blood		
	3:30	10		8				etc.	etc.		
	4	11		8:30							
	4:20	11:45		9							
	5	12:40		9:40							
	5:10	1		10:15							
	5:40	2		10:45							
	6	3		11	pain						
	6:20	3:40		12M	pus						
	6:35	4			blood						

requires, in addition to the foregoing key of algebraic signs, a set of abbreviations:

- | | |
|--------------|---------------|
| Clear=cl. | Acid=ac. |
| Turbid=tb. | Alkaline=alk. |
| Bloody=bdy. | Neutral=neut. |
| Pussy=pus. | Yellowy=y. |
| Red=r. | Orange=o. |
| Urinous=urn. | Fragrant=fgt. |
| Foul=foul. | |

It will be noted that not only may the curve or variations in a given element in the urine be entered and read off from left to right on the same line, but

also may the character of the specimen on a given date be noted from above downward in one column. It will be seen that this chart states not only the

Chart 7.
GONOCOCCAL URETHRITIS.

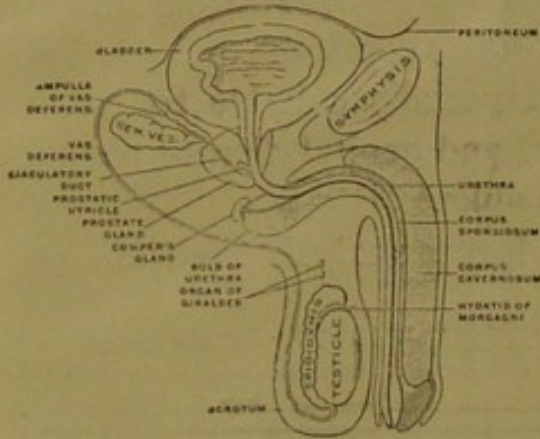


Fig. 1.

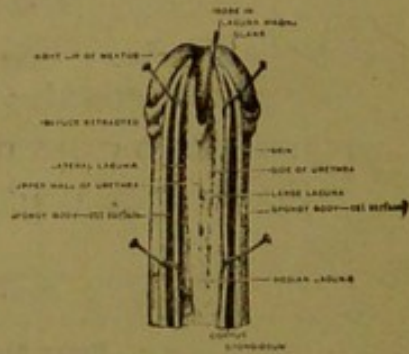


Fig. 4.

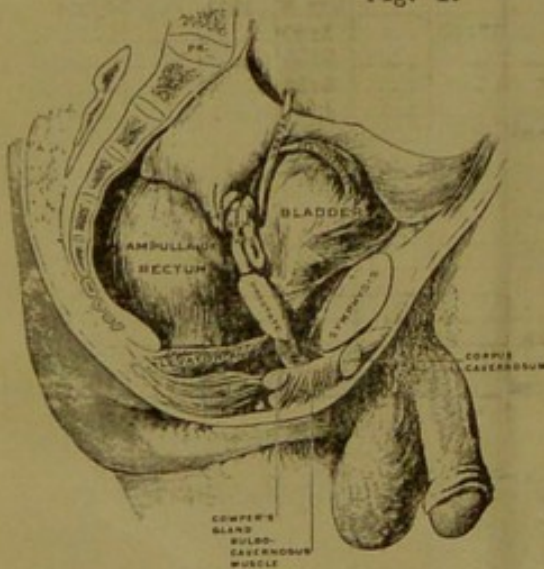


Fig. 2.

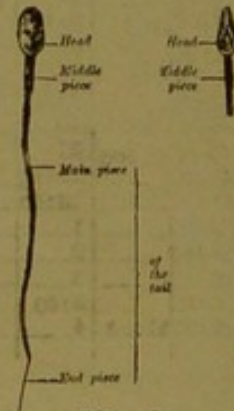


Fig. 5.

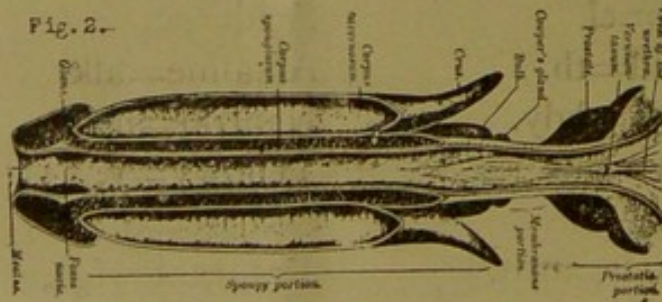


Fig. 3.

physical, chemical, microscopical and bacteriological features of the urine but also the usual tests involved. This is not necessary and will not be in-

Chart 8.
COMPLICATIONS OF GONORRHEA

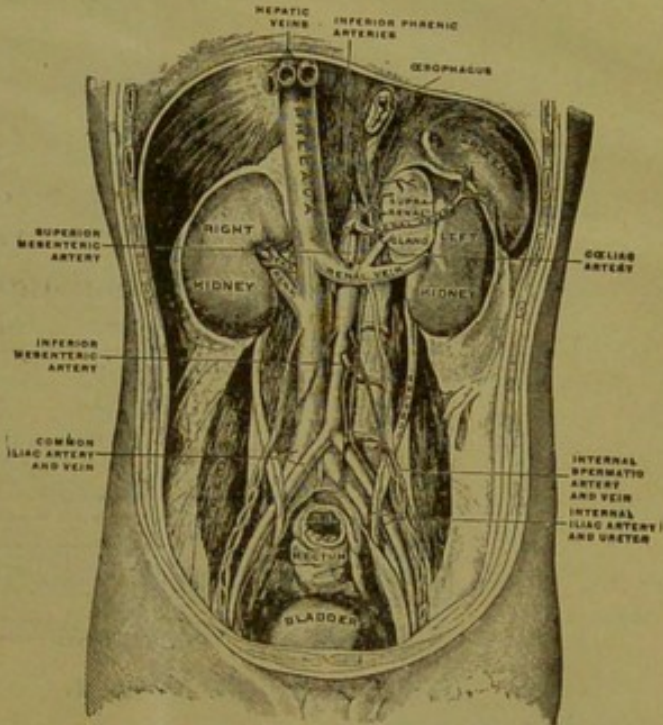


Fig. 1.

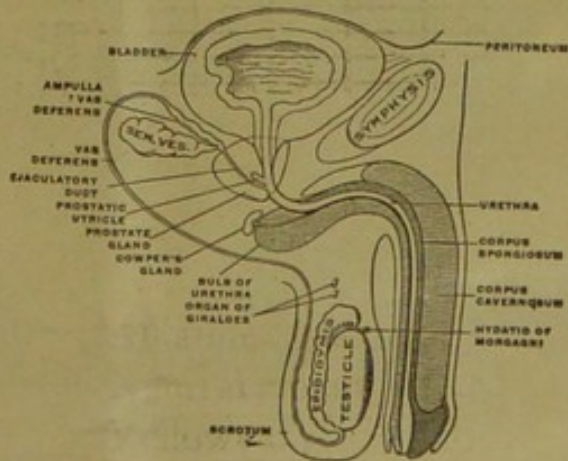


Fig. 2.

cluded in my next series of charts. They were originally inserted in order to permit accurate comparative study of uranalysis reports in long and

difficult cases. The entries in this chart are those of a case of syphilitic nephritis in a physician, innocently infected during a confinement case. All the

Chart 9.

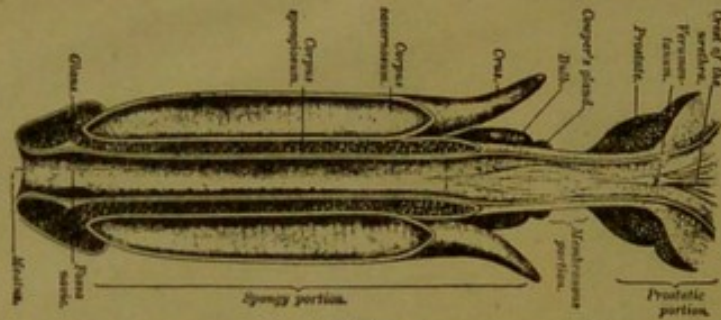


Fig. 1.



Fig. 2.

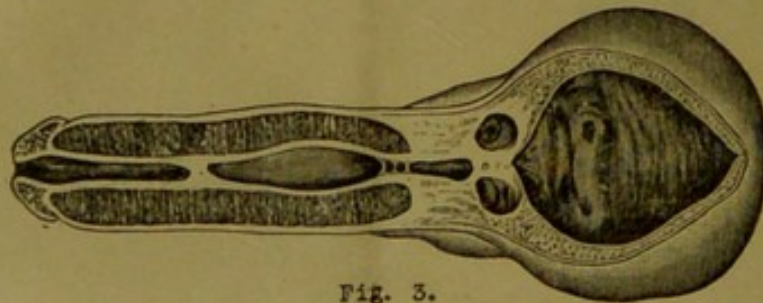


Fig. 3.

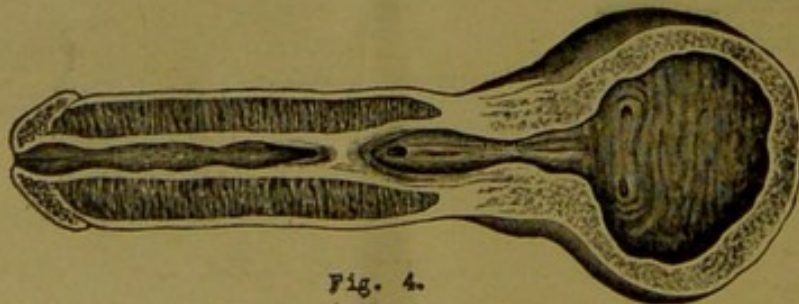


Fig. 4.

methods of entry are the same as in the foregoing charts and therefore need no further notice.

Chart 6 is called the urination chart but could be

CHAPTER 10.
HYDROCELE AND VARICOCELE.

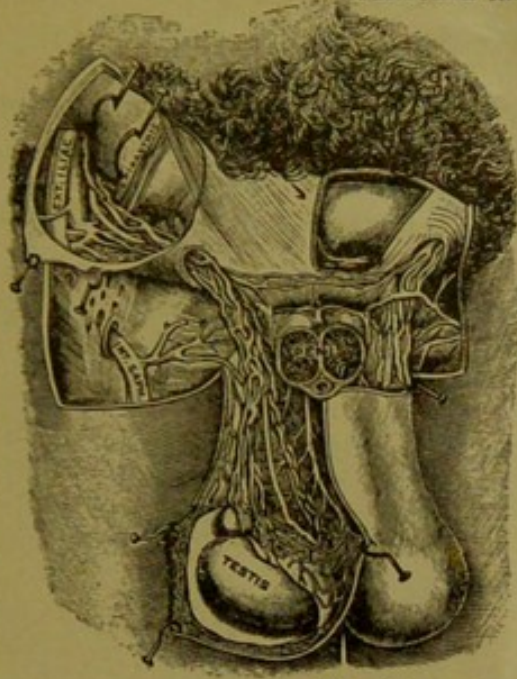


Fig. 1.

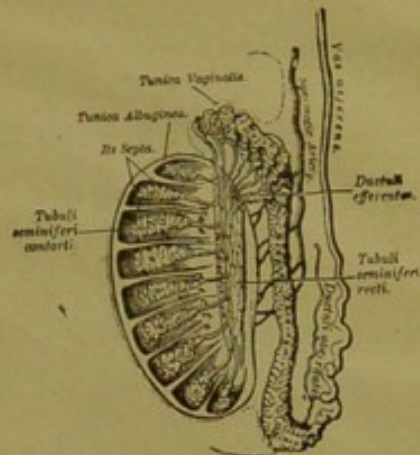


Fig. 6.

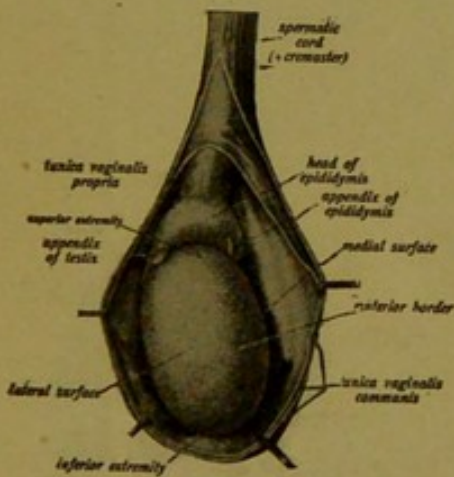


Fig. 2.

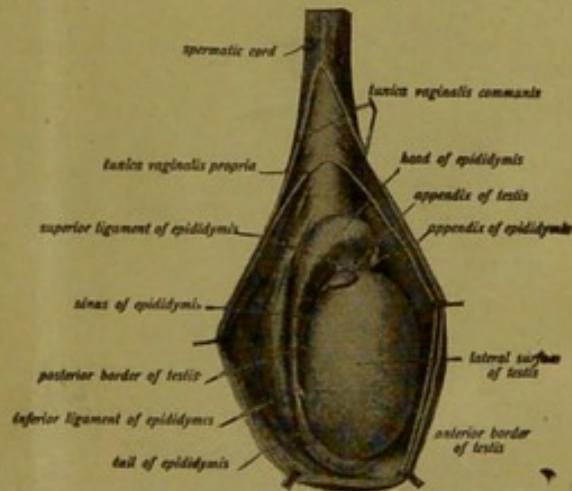
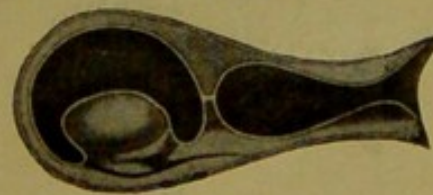
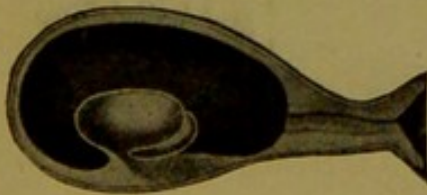


Fig. 3.



applied to other prominent symptoms if desired. A glance will reveal its application. It is ruled into six primary columns at the top of each of which the date is written or the beginning and the ending of

Chart 11.
KIDNEY

NAME _____

DATE _____

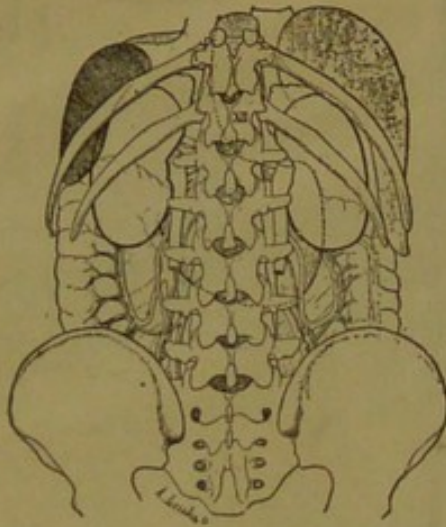


Fig. 1.

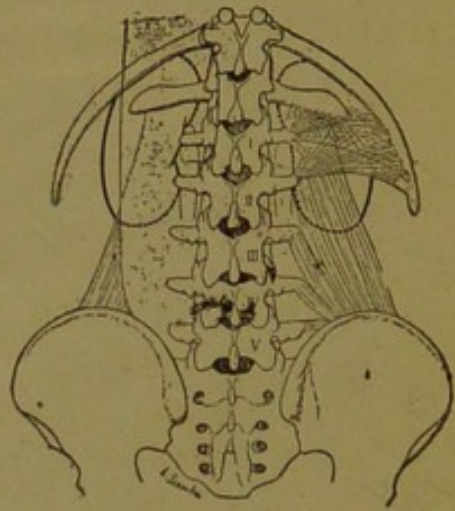


Fig. 2.

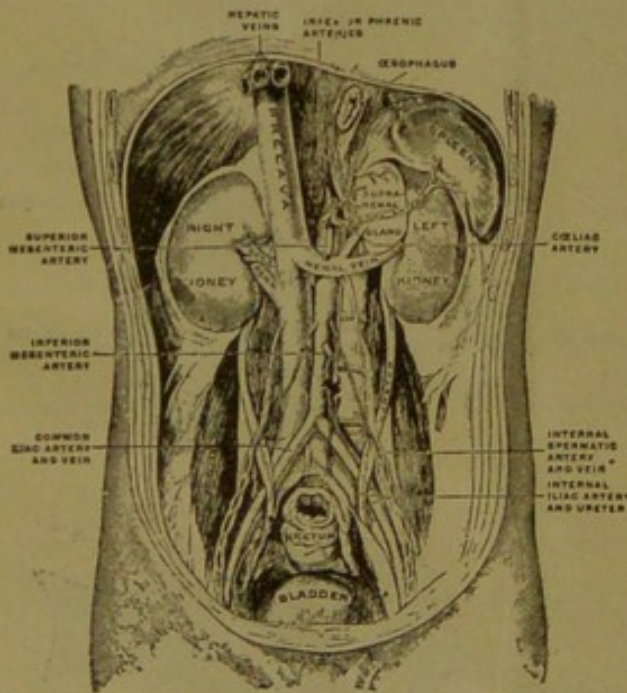


Fig. 3.

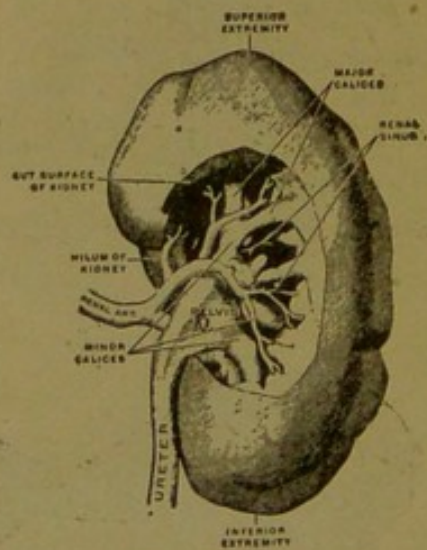


Fig. 4.

each 24-hour interval. The primary columns are subdivided into two secondary columns, the left of which is headed by the word "hour" and the right by the word "notes." The patient therefore enters in the card the approximate time of the symptom or

urination and any special features and thus is able to bring to the office a report free from guesswork and error. The diagnosis is never entered in this

Chart 12.

PROSTATE AND SEMINAL VESICLES.

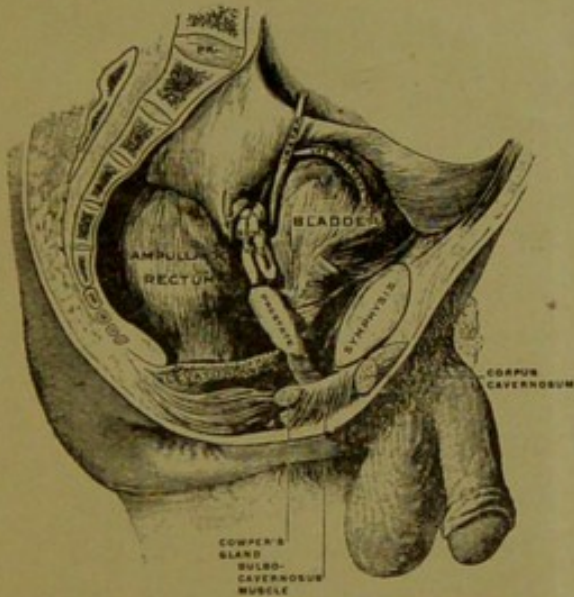


Fig. 1.

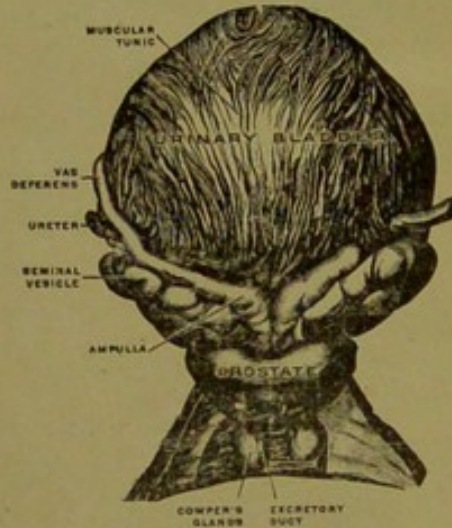


Fig. 2.

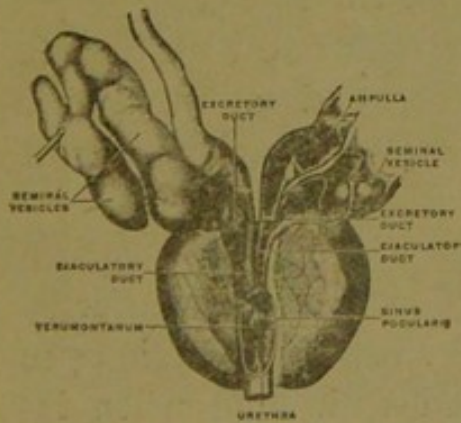


Fig. 3.

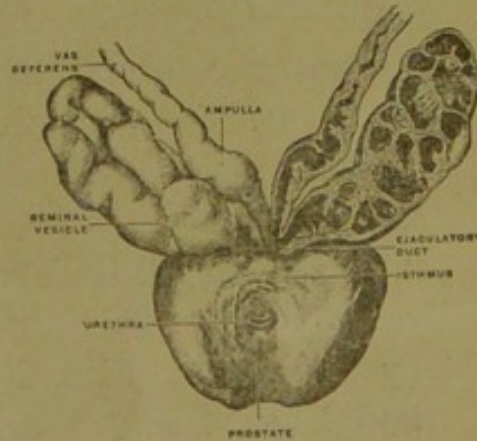


Fig. 4.

card as shown in the figure until after its surrender by the patient.

Cognate and consonant with accuracy and brevity in office records are clearness and definiteness of ex-

planations to patients concerning the main features of their anatomy as effected by urogenital conditions. Through the courtesy of Messrs. Lea and Febiger I am permitted to show the following anatomical drawings taken from their works and very available for these purposes.

Chart No. 7 relates to gonococcal urethritis. Its Fig. 1 is a diagram permitting one to plot any ordinary lesion with little chance of failure of comprehension by the patient, which is further aided by Fig. 2 showing the organs in situ. Figs. 3 and 4 exemplify the complexity of the mucous membrane and its tendency to invite penetration of the gonococcus. Fig. 5 needs no explanation and meets a number of needs not infrequently in both sexes.

Chart 8 teaches the complications of gonorrhoea. Its Fig. 1 presents the hydraulics of stricture of the urethra upon the entire urinary tract behind it, up to and including the kidney. Fig. 2 allows one to show exactly where the stricture is located and Fig. 3 the pathological results of an extreme case.

Chart 9 continues the same topic and with Figs. 2, 3 and 4 shows varieties of form, situation, closure and results of stricture. The value of its Fig. 1 is self-evident.

Chart No. 10 is devoted to hydrocele and varicocele. Its Fig. 1 diagrams the venous plexis affected by varicocele. Figs. 2 and 3 show the sac laid open and Figs. 4 and 5 distended with fluid when involved with hydrocele of the testicle. Fig. 6 outlines the complicated structure of this organ and is serviceable in demonstrating the ease with which disease processes damage it.

Chart 11 deals with the kidney. Its Figs. 1 and 2 develop the topography and the reason why pain in the back is usually below the kidney zone. Fig. 3

shows the relations of kidney, ureter and bladder and Fig. 4 some of the internal structure of the kidney.

Chart 12 concerns the prostate and seminal vesicles. Its Fig. 1 reveals the relations of these structures to each other, the bladder and the rectum and their accessibility to treatment through the latter. Fig. 2 shows the base of the bladder with these structures *in situ*; while Figs. 3 and 4 show dissections of the ampulla of the vas deferens and seminal vesicle and the ejaculatory duct as it passes through the prostate to the colliculus. This particular chart is of value not only with men but also with women—especially those who cannot understand why the male has a sexual cycle usually in as many days as the woman's cycle is in weeks. Hers is characterized by the production of the ovum by the ovary, accompanied with menstruation. His is characterized by the filling up of the seminal vesicles with semen accompanied by very strong sexual passion. Neither sex can, by act of will, control these processes, although of course, the mere gratification of sexual impulse may be so controlled.

The use of the record charts after a little familiarity and practice is most convenient and facile and the application of the anatomical diagrams, can hardly be improved for the purpose. The writer feels reasonably certain that every one adopting the same plan will be equally as well pleased.

45 West Ninth Street.

