

**A simple mode of tabulating symptoms in clinical records : with a schedule for taking cases / by W. Ogle.**

**Contributors**

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Wellcome Collection  
183 Euston Road  
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## XX. A SIMPLE MODE OF TABULATING SYMPTOMS IN CLINICAL RECORDS; WITH A SCHEDULE FOR TAKING CASES.

By W. OGLE, M.D. CANTAB. DERBY.

THE object of this paper is to exhibit a very simple method by means of which the symptoms in any clinical record may be clearly tabulated, under any number of headings, without destroying the continuity of the history.

The following schedule, which I have used for many years, will not only illustrate this method, but will set forth other incidental advantages.

### SCHEDULE.

#### 1. *General observations :*

Date; name; age; sex; married or single; residence; occupation; how long ill? how long off work? how long confined to the house? to bed? general aspect; any other striking feature of the case, *e.g.* as to condition of the patient on the whole, or in respect only to some one part.

#### 2. *Cutaneous system :*

Skin; hair; nails.

Colour; degree of moisture or dryness, generally or locally; odour; eruptions, character, time of first appearance, continuance, disappearance under pressure, result, sores.

#### 3. *Nervous system :*

Pain: seat of it, character, *e.g.* 'dull,' 'aching,' 'sharp,' 'cutting,' 'stabbing;' time of occurrence; duration; assigned cause;\* how long since first attack?

Sleep; refreshing or not; dreaming.

Mental condition—memory; delirium; stupor.

Special senses—touch, pricking, pinching, heat; taste; smell; hearing, tinnitus; sight, condition of pupils, examination with ophthalmoscope.

Convulsion-fits; symptoms (premonitory, and subsequent), frequency; squinting.

\* In recording any symptom, the time of its first occurrence or cessation, and the presumed cause, should be stated; also the remedies tried hitherto, and the apparent effect.



4. *Vascular system :*

Colour of . . . lips, ears, cheeks ; venosity, general or local.

Pulse, character, frequency (on standing, sitting, lying) after exertion, at rest.

Heart, situation of apex-beat ; regional dullness ; stethoscopic signs, situation of any abnormal sounds ; pulsations, wherever visible.

Edema.

Under this heading may also be conveniently given any constitutional eventualities (such as general or local wasting ; previous illness, *e.g.* an attack of fever ; residence in unhealthy climate, &c.) which may be thought worthy of mention.

5. *Respiratory system :*

Decubitus ; respiration, frequency, character ; degree of expansion of different parts of chest, comparing like portions of the two sides ; degree of resonance.

Percussion ; degree and kind ; vocal thrill.

Auscultation ; murmur (inspiratory, expiratory) ; other sounds ; the same on taking a deep breath ; vocal resonance ; whisper-resonance ; cough-sounds.

Expectoration, character, quantity.

Hæmoptysis, time of first occurrence ; presumed cause ; frequency ; colour of blood, quantity.

6. *Alimentary system :*

Teeth ; tongue ; fauces ; deglutition ; appetite, sensations after food ; nausea ; sickness ; state of bowels, ordinarily and after medicine ; general condition of abdomen ; local tenderness ; tympanitis ; fluctuation ; measurement.

Jaundice . . . . . Liver—dullness, tenderness.

Spleen.

7. *Urinary system :*

Pain . . . . . in loins ; swelling.

Urine ; frequency of passing, by night and by day ; accompanied by . . . . . pain, when and where ? . . . . . quantity ; general appearance, examination of by nitric acid, and by heat ; deposit (1) as seen in vessel, (2) under microscope.

8. *Generative*

*system :*

The vari-

ous points need not be specifically enumerated.

The temperature is best recorded on a ruled chart, when it is to be noted every day or more than once a day. But when a single observation only is required, a 'margin'\* midway between (4 and 5) the circulatory and respiratory 'margins' is convenient.

This mention of the word 'margin' will probably disclose the method if it has not been previously discovered.



It will be seen at once that the method for tabulating consists simply in this: that each group of symptoms has *its own proper margin for the first line of the sentence, but for the first line only*. The second and all subsequent lines are, in all the groups alike, to be written completely across the whole page. If, however, in writing under one group the facts might with equal propriety be assigned to another group, the sentence is to be broken at a convenient place, and carried on by dots only, until you arrive at the margin proper to the second group. Instances of this are given in the schedule under 4 and 7.

To keep the margins true, the corresponding numbers (1, 2, 3, . . . . 8) may be written at equal distances at the top of the page, and lines ruled vertically down from the top to the bottom. But this is not necessary; it comes to the same thing, and is preferable as leaving the paper clear, if the numbers are written at their proper intervals on another piece of paper, or on a card, that is exactly the width of the page of the note-book. This card, with the numbers marked on the upper edge, laid across the page just below where the note is to be written, gives the proper margin as accurately as ruled lines would do.

As to the schedule itself, any merit that it possesses is not due to its completeness; for to pretend to that virtue in so small compass would be absurd; but it is simple and definite, and that which is specially noteworthy is, that it possesses these qualities by reason of an underlying naturalness which pervades every part of it. In the first place, it is constructed upon a simple anatomical basis, which obviously will suit all cases, and which gives, on the whole, very well-defined groups of symptoms. But, further, there is in the groups themselves an order followed which, being the *natural* one, is easy to remember, and for the same reason, viz. that it is natural, gives greater unity and completeness to the observations. In all the aim is to arrange the symptoms in the order in which they come most readily under observation. This natural order is well shown in groups 5 and 6; *i.e.* what can be seen is recorded before what you learn by touch, touch before hearing, and in hearing note natural before forced breath-



ing, breathing before voice, voice before cough. Again, teeth before tongue, tongue before throat, throat before stomach, &c., instead of *vice versâ*, or without any order.

One other advantage of the schedule and method in combination is, that the greatest possible accuracy is facilitated, and that with a brevity that must be seen to be fully realised. For instance, in the out-patient room, without any assistance from pupils, at the rate of forty patients in the hour, I can take notes that are of material assistance. A symptom when first recorded occupies, it may be, several lines in writing, but ever afterwards it may be condensed into a few words, or even letters. Thus,

T. cl.; b. r.

in this its proper place, signifies not only 'tongue clean; bowels act regularly;' but also implies that any unfavourable 'alimentary' symptoms previously noted are now absent.

I conclude this brief paper by the following pertinent and important extract from the *Autobiography of the late Sir Benjamin Brodie*, p. 55:

'During the summer of 1804 a friend of mine, of the name of Jeffreys, was house-surgeon of the hospital, and my intimacy with him enabled me to pursue my studies there with great advantage. He had more knowledge of his profession than most young men of his standing. In the early part of the day I was always with him in the wards; and in the evening we were generally together. It was from him that I first learned the importance of keeping written notes of cases, a practice which I continued ever afterwards. These notes I have carefully preserved. They now form many thick quarto volumes of manuscripts, to which (and even to the earliest of them) I not unfrequently refer with advantage even at this advanced period of my professional life. My custom has been to take *short notes at the bedside of the patients in the day, and to expand them with the aid of my memory in the evening*. Thus they became an exercise of the memory, and instead of weakening tended to strengthen that important faculty. After an experience of nearly fifty years, I am satisfied



that no one can be well acquainted with his profession, either as a physician or a surgeon, who has not studied it in that manner. . . . I have always, during the many years in which I was a teacher and a hospital surgeon, endeavoured to impress on the minds of my pupils the necessity of making and preserving such written records of their experience; and *I have been often pained to observe how small a proportion have followed the advice which I gave them.* Some of them find a difficulty in doing so from . . . .’

One reason not mentioned by Sir B. why so few comparatively take notes as students, and still more why of those few so many leave off the practice in after life is, that they find it so difficult to make any use of their notes; and this is so, both because of the discursiveness of their attempts, and also because it is so troublesome to hunt through a long history in search of any particular fact to which they may wish to refer.

A schedule, whether it be the one given here or not matters little, provided it be a good one, is the remedy for discursiveness; and the tabulation of the symptoms is what is wanted to make reference easy. By the method here described, in any record, extending it may be over several weeks, I can tell in an instant, without reading a single word, whereabouts any particular fact will be found. And for the purpose of analysis and comparison, any particular group of symptoms may be read off by themselves, by simply running the eye down the margin that belongs to that group. I hope, therefore, that the result of this paper will be to make bedside work more general among students in hospitals, and to help even busy practitioners to take valuable notes at comparatively little cost of time and trouble.

The following case from my note-book, taken at random, will further illustrate this paper:

1873, Oct. 24. B. J., 37, m., living at A——, born at N——, an iron-monger, Applies for examination from a Life office.  
His father had paralysis one week before he died;  
. . . . . suffered also from ossification of heart, as  
noticed three years before death; he was also . . . . .  
. . . . . rheumatic, died æt. 75.



Mother died after three weeks' illness from disease of heart, from which she suffered one year.

She had also difficulty of breathing and spinal deformity in youth, from an accident.

Has three brothers, all older, all living.

Had two sisters, twins, who died in infancy.

Had smallpox mildly at twelve years after

vaccination.

Was revaccinated two years ago.

Had scarlet fever and measles in childhood.

Had 'inflammatory fever' with cough and . . . . . pain . . . . . in left side (1863); was confined to bed two weeks, and in house one week more.

P. 84. R. 24. T. cl.; app. good.; b. r.; takes a little brandy-and-water every night.

I find nothing amiss on examination of chest.

The l. postr. aspect looks a little tubby, but the resonance on both sides is equally good.

T. 98°.

Urine gives a deposit, on addition of nitric acid, like albumen, but it is formed on the top of the fluid, and not at the junction of the urine with the acid; also it is redissolved on excess of acid, and by heat, and it is not formed by heat alone.

I pass him, recommending more outdoor exercise, and to leave off brandy-and-water.

It matters not what headings are chosen, and it signifies very little how many they are. When once the *method* is understood, the tabulation may be made (even on the page of an ordinary-sized note-book) of twenty groups of symptoms almost as easily as of ten. The same method, for instance, serves for indexing the diseases, or for the names of the patients. They may be written, and in writing may be tabulated, on one and the same page, till it is full, instead of on one, two, or more separate leaves for each letter, *e.g.*

Albuminuria, page 60.

Marasmus, 4.

Diabetes, 7, 32.

Neuralgia, 53, 74. Whooping-cough, 6.

Colic, 94.

Jaundice, 5, 43.

Quinsy, 9, 13.

Hæmaturia, 17.

Tetanus, 11.

&c. &c.

