AN EXPERIMENT IN THE RECORDING OF SURGICAL AND

ANESTHETIC DATA IN MILITARY SERVICE

THE ADAPTATION OF HOLLERITH PUNCH CARDS, USED AT SECOND
ARMY MANEUVERS, 1940 *

CAPTAIN C. P. WANGEMAN, Med.-Res. Corps, Madison, Wisconsin

IN 1936, the Educational Committee of the American Society of Anesthetists, Inc., realizing the chaotic state of reported appeathetic statistics. thetists, Inc., realizing the chaotic state of reported anesthetic statistics appointed a committee to devise a system for collecting and tabulating data with standardized interpretations that might be of value to men bers of the society who were interested in preparing statistical studies (1). A system was recommended which had been in use sind 1932 (2. 3). This system facilitates the convenient collection of perts nent clinical data and enables rapid, accurate, mechanical tabulation. provides complete factual material for statistical analysis of actual clin ical experience. During the intervening years, the method has been modified and improved through the efforts of the committee. It is now suggested that by placing the anesthetic record on the reverse side of the Hollerith punch card, a compact system for the keeping of records make be evolved which will be applicable to field conditions in time of war.

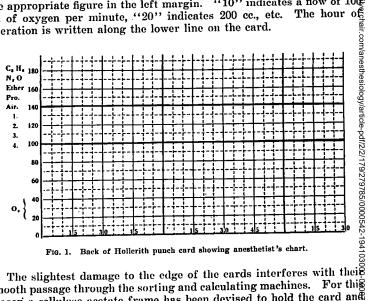
Such cards were printed and used with satisfaction during the See ond Army Maneuvers this year for 33 anesthetic administrations.

The code used and the description of the front of the card, with the exception of identifying data pertinent to the Army alone, have prev ously been described (1, 2).

It is the purpose of the writer to describe the reverse side of the Hob lerith punch card which makes it practicable for Army use. 1.) The anesthetist's usual graphic chart has been printed with approx priate figures indicating duration along the abscissa in five minute in tervals for a two and a half hour period. The figures along the ordinate from 0 to 200 may be used to represent systolic and diastolic blood pres sure in millimeters of mercury, respiratory rate per minute, and pulse rate in beats per minute by placing characteristic marks at the proper By common consent check marks indicate systolic and diastolize blood pressure in millimeters of mercury. Small dots are used for pulse rate in beats per minute and small circles indicate respirator¥ rate per minute. The beginning or end of anesthetic administration is recorded by a properly placed x mark, and a dot inclosed in a circle des notes the beginning or end of the operation. Roman numerals are used

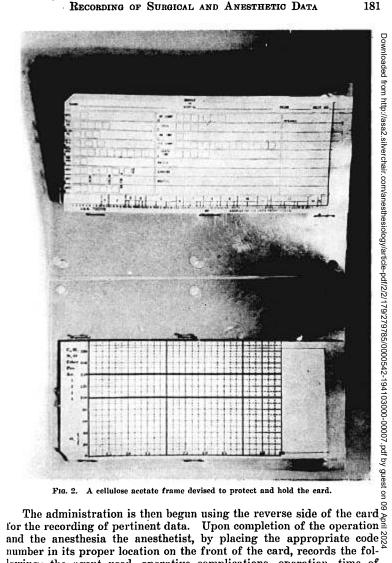
^{*} From the Department of Anesthesiology, State of Wisconsin General Hospital, Madison, Wisconsin.

to indicate time of occurrence of interesting happenings during an administration and are explained by brief remarks to be written in the space at the extreme right of the card. Straight lines connect the above symbols and thus result in a graph running from left to right across the card. Agents which were used may be indicated by a solid line opposite the name or chemical symbol which appears on the extreme left Plane of anesthesia is indicated by a line running across the card fron left to right at the appropriate level opposite the number 1, 2, 3, or 4 The amount of oxygen added per minute is indicated by a line opposite. the appropriate figure in the left margin. "10" indicates a flow of 10@ cc. of oxygen per minute, "20" indicates 200 cc., etc. The hour of operation is written along the lower line on the card.



smooth passage through the sorting and calculating machines. reason a cellulose acetate frame has been devised to hold the card and permit recording of code numbers on either the front or the reverse side of the card. (See Fig. 2.) The frames are made from used x-ray films punched to fit conveniently into a loose leaf notebook.

A photographic copy of the code in booklet form is available to the (See Fig. 3.) When a patient is to be anesthetized, the anesthetist should enter the name, Army serial number, rank, company organization and hospital number on the first line on the front of the card. Geographical location, case number, month, year and day, age sex, physical status, physical findings (including diagnosis), and promedication with its administration time are also recorded, using proper code numbers.



and the anesthesia the anesthetist, by placing the appropriate code number in its proper location on the front of the card, records the following: the agent used, operative complications, operation, time of anesthesia, anesthetist, surgeon, conduct of anesthesia, induction com-

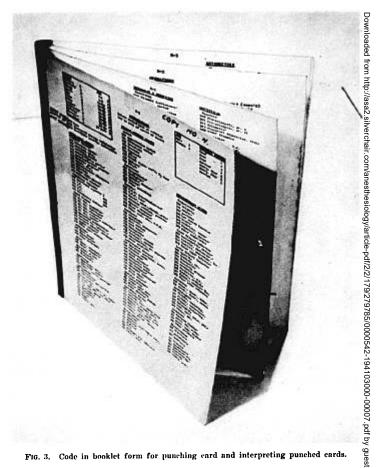


Fig. 3. Code in booklet form for punching card and interpreting punched eards.

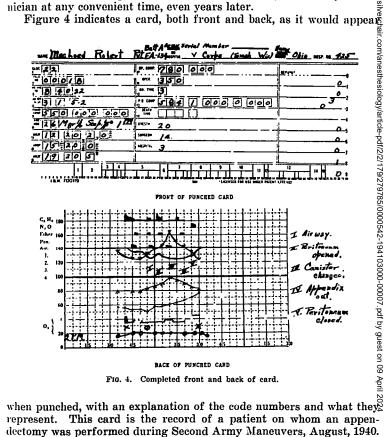
plications, beginning of anesthesia to beginning of time of operation, (that is, time from beginning of anesthesia to operation), treatment operating room, endotracheal technics, position on table, recovery a operating room and data for a special file.

The only vacant spaces now left are for postoperative complications, postoperative treatment in the hospital, cause of death and time of The card with its holder is placed in a notebook where it is available for recording this information when it is obtainable on postopera tive rounds.

When the patient is no longer of interest from an anesthetic stand point, the card may be removed from the cellulose acetate holder and filed in a card box, and the holder is available for a fresh card.

The last step in this system of recording is punching the card fron the numbers recorded above with a key punch (provided with the equip ment of the tabulating machine method). This may be done by a tech. nician at any convenient time, even years later.

Figure 4 indicates a card, both front and back, as it would appear



represent. This card is the record of a patient on whom an appendectomy was performed during Second Army Maneuvers, August, 1940.

Death Time Anesth. Surgeon Hospital

Nombers on ones		
Geog.	22	Geographical location; No. 22. (Number assigned for each location.)
Case No.	18	Case number; 18.
Mo. & yr.	8-40-22	Date; 8 month, 40 year, 22 day.
Age. Sex. Ph. St.	3-1-5-21	Age; 20–30; male, physical status, good; done as an emergency; age 21.
Preop. Comp.	550-000-000	Preoperative complication; acute appendicitis, no other
Premed.	26	Premedication, morphine and scopolamine (1/6 and 1/150)
Anest.	12-20-2-0	Agent, cyclopropane; absorption technic; 2nd plane aneso thesis; by choice of anesthetist.
Anest.	15-20-0	Ether, absorption technic; by choice of anesthetist.
Anest.	19-20-5	Nitrous oxide, absorption technic, for comfort of patient.
Op. Comp.	780-000	Complication during operation: carbon dioxide excess; neg
Op. Comp.	100 000	other complication.
Oper.	350	Operation: appendectomy without drain.
An. Time	3	Anesthetic time: between 30 and 60 min.
P. O. Comp.	584-1-000-000	Postonerative complication: nausea and emesis 12 hours of
		less postoperative; no other complications.

NUMBERS ON CARD IN FIGURE FOUR DECODED

less postoperative; no other complications.

sth. 20 Anesthetist: Wangeman.
geon 14 Surgeon: Curreri.
pital 3 Hospital treatment: Opiates.
0 Conduct of anesthesia: satisfactory.
10 Induction complications: none.
20 Beginning of anesthesia to beginning of operating times.
10-15 min.
0 Treatment in operating room: none.
10-15 min.
0 Position: supine.
0 Position: supine.
1 Recovery in operating room: yes, reflexes present without complications.
0 Not for special file.

DISCUSSION

The use during Second Army Maneuvers of the modified Hollerities.

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O Not for special file. punch card has been described. It does not indicate the flexibility of the method. A short list of additional possibilities are outlined.

1. With the mechanical equipment now in existence, duplication of & card once punched may be made electrically by placing a card in a duplicating machine.

2. There are available spaces on the card for additional information It is also obvious that certain spaces now used could be used to bette advantage for Army purposes, by changing the interpretation of the code; that is, columns 1, 3, 7, 8, 9, 76, 78, etc.

3. The available spaces on the card could be used to advantage to describe more completely surgical procedures or treatment. If desired the entire medical record could be recorded on this card.

4. The cellulose acetate card holder has been made to fit into the hospital jacket (Form 52d Army Medical Department), and if necessary the postoperative condition of the patient along with any desired additional information could be coded by the ward masters.

5. By writing on the front of the card any information not found in the code, complete details of material not codable may be recorded.

Conclusions

The Hollerith punch card with modifications is a satisfactory, con-

CONCLUSIONS

The Hollerith punch card with modifications is a satisfactory, concise, practical and convenient means of preserving clinical information concerning surgical operations during war. Storage space for such records will be minimal.

The use of such a card system will make possible accurate statistical studies at any future time.

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