NOTES*

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LIFE is rough enough without our trying superhuman feats of memory. Most of us remember the headlines of patients' illnesses, with occasional ghastly lapses. As we reach middle-age, our memory does not improve. Then, if not earlier, we have to choose between humiliating incompetence or good notes.

Not very much has been written about notes for ordinary non-research purposes, and it is easily summarized. Every meeting or prescription should mean a note. Any diagnosis except trivial ones should be boxed. Headlines of illnesses and sensitivities should be put on the back of the record card, or on a separate coloured sheet. Cards can be colour-tabbed for special diseases. It is simpler, and much cheaper, to keep records on handmade shelves on the wall, like books. That is about all.

Any of us, in a few hours, can do a bit of research on notekeeping: we all have the notes of hundreds of doctors. It would not help to publish our own results: enough to say that one does not need to be brilliant to suggest improvements.

The ideal, when meeting a patient either in his home or the surgery or in a general-practitioner hospital bed, is to have his record card. On the back of it is a summary of his important diseases and oddities, and his family history if it matters. Inside the envelope are two wads only: one of general-practitioner notes, the other of specialists' letters. There is then no fumbling about, no interference with observation or thought or time. This ideal is easy to achieve, after preliminary work by a secretary, and very easy to maintain.

The initial clean-up of each record envelope is done by your secretary. First she throws away any bare cards within it—there are often several. Then she puts the continuation cards in chronological order and clips them together by the top left-hand corner with

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a brass paperfastener. (They don't rust or get into clumps like staples, and new cards can be added, even at the bedside, without any machine.) She puts the wad of cards into the envelope with the most recent entry facing the back. From then on, the doctor keeps it that way himself.

Next, the specialists' letters: nearly all doctors keep them in a heap in the envelope, or (if voluminous) in a separate file which apparently often gets lost. Your secretary opens the letters flat and puts them in order, the oldest at the bottom, face up. She may throw away duplicates, and useless letters such as those confirming a past appointment. She may also condense a little: if on one day a blood count, blood urea, and blood sugar were done, she can add the results of the urea and sugar to the count and destroy two pieces of paper.

Then she trims all letters if required, so that they either don't fold at all or fold only once: NEVER more than once. For this, she has two templates of clear x-ray film: one the size of a NHS card (7″ x 4½″) and the other twice that size (7″ x 9″). Instead, she can use a photographer's trimmer with the appropriate sizes marked on its rules. (Trimming letters by eye, tight on the writing, in any old shape, doesn't work: a ragged mass ensues.) Very rarely, foolscap reports are too big to fold once only: such reports are bisected as convenient and then dealt with.

The letters are then fastened together. Vertical non-fold letters are brassfastened by the top right-hand corner: horizontal non-fold or squarish one-fold letters by the top left-hand corner. The secretary arranges them so that the oldest letter is at the bottom, fastens all together and then folds them with the writing outwards so that the outside of the wad is the newest letter, which can instantly be seen.

If now a patient's record card is laid on the desk face downwards, the back gives the headlines: of the two wads of contents, the face of one gives the newest general practitioner note and the face of the other gives the newest hospital letter.

When a patient is first seen, we read through the wad in his presence, underlining or boxing a few words as needed. This satisfies the patient as much as it does ourselves.

If the back of the envelope is not blank, the secretary sticks a plain label by its top edge to the back. We finish the sticking down when, later, we find that the notes already written on the back are worthless. If there is anything of importance there, it is copied on to the label, which is then stuck down.

So far, all work involved is for the secretary. If the reader would give this article, along with the next incoming batch of records, to

her and ask her to cope, he will see the extraordinary simplicity and neatness of the result. Chaos ceases to reign: so much so that most secretaries become seized with augeomania (the feeling which inspired Hercules) and they attack all the records. After dozens of wastepaper baskets have been emptied, files are much thinner and the notes are astonishingly comprehensible. The days of various kinds of wondering are over.

So much for the old notes. Next, one's own notes must be easy to read. They are not for oneself alone, but for partners and succeeding doctors. So, if an abbreviation is obscure, it is a failure. Even so, a sample with explanatory notes may be worth looking at. (This is very presumptuous, or perhaps childish: my only defence is that such notes would be more useful to the reader than many others which reach him.) (*See* page 220).

13 March. A dreadful day, so a very cursory examination. In noting drug dosage, dog Latin has little place. " 6 " is much clearer than " ii t.d.s."

15 March. A better examination. One of the main needs for notes is that we are often forced to examine people *in extenso*, not all at once as the consultant does. Notes are quicker than needless re-examination. One tick means that a thing is all right by ' ordinary ' examination: two ticks means that one has examined the thing with great care and it appears perfect. Odd how often the systolic pressure is written above the diastolic, taking up room and giving undue visual importance. Advantage was taken of a gap in the date column to put John's age.

20 March. The APC given for his rusty knees made him sick. Note on the back of the envelope, ' not acid aspirin '. R and L should not be ringed, as students do. It gives the side too much importance and is quite often wrong! In several examples in my files, the ring has been written with such verve that the side is undecipherable.

23 March. Paracetamol was harmless but useless, so the crossouts have an 0 at the end. Such negative records are valuable in chronic cases where one is struggling to find an effective symptomatic treatment.

26 March. Soluble aspirin suited him. Repeated his digoxin and phenobarbitone. ' Rep ambo ' or ' rep omnia ' take much more space and time than just underlining the drug and taking a line downwards with a little blob against the date.

3 April. ' Off ' can mean ' off work ' or ' off the sicklist ', exact opposites. ' Fit ' is definite.

21 April. John sent his wife in for more tablets. Our secretary got me to repeat them at once. O means ' patient not seen ', often a valuable note.

MALE | Surname: BROWN | Christian Names: John

Address: 47, Crescent | National Health Service Number: Bricklayer

DATE	★	CLINICAL NOTES
13.3.64	Vc	Breathless, dizzy.
		Fibrillating at 116 Digoxin 6
15..	V	✓ p.90 Hb 4½ out
(62)		210/110 V✓ retinae ✓ Phenobarb ½ x 3
20..	C	Oth Knee R>L ABC
23..		Vomit ↓ Paracetamol
27..	C	p.70, reg. 190/100 Arg.sol✓ ½ 2
4.4.	Hc	
21..	O	2 2
7.5.	N	4 hours colic: Pethidine
		sudden: vomit³ Pethidine✓
		99.5°, R.24. chest✓ Hc✓
8..	Vc	✓ icterus± V, bile±
9..	V	✓ .. .. V, bile+
		Cholecystectomy
11..	V	✓ ap. 170/90
		Caldwell: L✓
15..	C	✓ Hc✓ Hb 72%. 2/5 2 2
22..	C	for operation wind Ferrodic✓
30.5.64		Cholecystectomy
		Stones ++: none in bile duct

* This column has been provided for doctors to enter A, V or C at their discretion.

Form EC7

7 May. A night visit. Putting dots on a sketch of the abdomen can give considerable detail quickly.

8 May. ± seems the best sign for ' dubious ', ' trace '.

9 May. + is definite.

11 May. A ticked L against the name of a consultant means ' letter written '. If his name means nothing to later doctors, it doesn't matter. It might be important to partners. We usually make a copy of typed letters to consultants, using yellow x-ray wrapping paper, and clip it on the letter-wad.

Occasionally, after the patient agreed to see a consultant, I have thoughtlessly returned the record to the file: then, of course, nothing was done. Now I keep a few long strips of cardboard in a drawer and put one in the envelope as soon as a specialist is mentioned. It is physically impossible to file the record with the strip in it.

Finally, one needs some means of carrying notes to the patient's home—still done by only a minority of doctors. Something the size of a bootbox is needed, divided by heavy cards into the headings; Today; M,T,W,Th,F,S: Chronic. On Thursday, say, the secretary gives one the cards for the new calls. They, and the cards for repeat visits already under Th in the box in the car, are put into the Today space. Some heroes say that they can then dispense with a visiting list: we dare not go quite as far as that.

There are many ways of carrying the box, each with good and bad points. The cards must face you without your craning, even after dark. The box should fit any car at once. These two points rule out most types.

For twelve years, the following scheme has worked well. A fiveply box was made, 6″ deep, 4½″ wide, and about 14″ long. It sits along the leading edge of the passenger seat, athwartships. To keep it in place, two legs of narrow mild steel (or bits of railing) about 24″ long were screwed to the frontfacing side. The legs run downwards for a few inches and then bend slightly forwards to touch the car floor. Such a box will fit any car and is stable enough to keep itself and the visiting bag on the seat during emergency braking. If the seat is needed to give somebody a lift, the box can be put on to the back seat with one hand, unless (I suppose) the car is very big. If it is not wanted at all, as during holidays, it stands against any wall on its legs.

To generalize: good notes are of course invaluable in cases of compensation or anything legal. Perhaps as important is the peace of mind that full yet uncluttered notes can help to produce. The secretary likes them because she no longer has the worry of nobody knowing what the patient is talking about. Patients like them, seeing

that the doctor has 'got them taped': they regard it as much less of a catastrophe if somebody else has to do their own doctor's work. Good notes by a partner make his absence on holiday much more bearable. On the other hand, lack of notes coupled with a poorish memory can lead a busy doctor into the very shoddiest work.

Some of this applies also to hospital notes, which are often verbose and almost never have diagnoses or important findings boxed, so that the important facts can become lost in a mass of normals.

Summary

Suggest giving this article to your secretary, only reading it if she advises it.