of pre-eclamptic toxæmia. The loss of oedema may be accompanied by a reduction in blood pressure, but despite the improvement in the mother the outlook for the baby is not materially better.

Diuretics are of little value in the relief of lymph-oedema, oedema due to varicose veins or venous obstruction, or the puffiness of the ankles many women experience after standing on a hot day.

Choice of Diuretic and Dosage

In the initial treatment of oedema due to cardiac, renal, or hepatic causes either chlorothiazide or mersalyl may be given. A preliminary test dose of 0.5 ml. mersalyl should always be given. If there are no untoward reactions (rigor, nausea, vomiting, pain at the injection site, or rash), the full dose of 2 ml. is given intramuscularly twice (rarely thrice) weekly, being preceded by 1 g. ammonium chloride or 250–500 mg. acetazolamide to prevent the development of hypochloraemia. The injection should always be intramuscular, because a number of sudden deaths due to ventricular fibrillation have been recorded after intravenous administration. Although mersalyl may theoretically damage the renal tubules, in practice this is very rare unless excretion is delayed. Thus proteinuria is not a contraindication to its use, but a blood urea in excess of 100 mg. per 100 ml. is.

Chlorothiazide is as potent as mersalyl in most patients, and the ease of oral administration and the flexibility of dosage allows treatment to be readily adjusted to the patient's individual needs. Indeed, there is a temptation for too frequent dosage. The optimal daily dose is 2 g. (1 g. being given at 8.30 a.m. and 1 g. at 2 p.m.). As shown in Table I, the frequency of dosage can be varied to the needs of the patient. Twice or three times a week is often sufficient, but more seriously ill patients may require treatment every day. If chlorothiazide has to be given more often than twice a week, a supplement of potassium should be given as laid down in Table I. Not only does this help to prevent any tendency to hypokalaemia but it is valuable for replacing the potassium stores, which are often depleted in consequence of the metabolic disturbances that accompany cardiac and hepatic failure.

Maintenance Therapy

In cardiac, renal, or hepatic oedema initial treatment is continued until evidence of oedema has gone, and the diuretic response, as judged by daily changes in the patient's weight, has largely ceased. This usually takes two or three weeks, and then it may be possible to stop diuretics altogether. Not infrequently, however, there is an increase in weight and recurrence of mild oedema, so that maintenance therapy becomes necessary. The patient prefers drugs administered by mouth, and four, arranged in order of relative potency, are listed in Table II. Chlorothiazide is more effective than the others, which may fail to prevent the reaccumulation of oedema fluid. The action of acetazolamide is self-limiting, and if the dose of chlormerodrin is increased diarrhoea often follows. The frequency and dose of chlorothiazide can be adjusted to the patient's needs, but, if given more often than twice weekly, potassium supplements as indicated in Table II must be given too. The duration of treatment can be judged only by the patient's response, but in cardiac and hepatic diseases

and often in renal conditions diuretics may be necessary for the rest of the patient's life.

The same methods of treatment can also be used for the initial treatment of conditions which cause a milder degree of oedema. In premenstrual oedema, the diuretic is started as soon as the symptoms develop—usually 5–10 days before the period—and continued until menstruation is well established. In pre-eclamptic toxæmia treatment is continued until delivery, and in patients with steroid-induced oedema diuretics are often required until the steroid therapy is reduced or stopped.

DECORATION OF THE ANAESTHETIC ROOM: A STUDY OF PATIENTS' REACTIONS

BY

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Originating as a small annexe to the theatre, the anaesthetic room has evolved into an integral part of the operating-block. Unfortunately it has tended to acquire the coldly utilitarian lines of the theatre, and frequently is too small. The necessary floor space has been recommended as 140 sq. ft. (13 sq. m.) (Ministry of Health, 1937) and as 196 sq. ft. (18.2 sq. m.) (Ward, 1949). The new anaesthetic room at the Chelsea Hospital for Women occupies 216 sq. ft. (20 sq. m.), and this may be reasonably regarded as the minimum space necessary for modern anaesthetic techniques.

Steps taken to relieve the austerity of the room have been discussed. Ostlere (1950) recommends that the room should be divided by a curtain, with the necessary apparatus concealed behind it so that the patient does not see it. Hewer (1955) describes a painting of a soothing and tranquil nature on the wall and ceiling of the anaesthetic room.

The value of such steps is hitherto unestablished, since it rests on two unproved assumptions. Firstly, that all or most of the patients on arrival at the anaesthetic room are sufficiently awake to see and be conscious of their surroundings. Secondly, that, if so, they are in any way appreciative of or influenced by them. The trouble and expense involved are wasted if the patients are all asleep or, alternatively, are totally indifferent to their surroundings. The object of this paper is to discuss the aims of such decorations and to assess their value by observation and questioning of a sample of patients who have been through the new and decorated anaesthetic room at the Chelsea Hospital for Women.

Aims of Schemes of Decoration

At first it might reasonably be supposed that the aim should be to exert a soporific effect on the patient and so enhance the effect of the premedication, such a painting being of the nature of that described by Hewer (1955). Alternatively, it may quite feasibly be thought that, if the drugs used for premedication have not succeeded in making the patient sleepy, it is unlikely that any form of decoration will be able to repair this deficiency. Thus, what is needed is something to amuse

and distract the mind of the patient whose sharpened degree of apprehension has been such as to vitiate the effect of the opiate. This happily allows of a wide choice and variation of subject matter of any painting or form of decoration.

Lighting and Decoration of the Anaesthetic Room of the Chelsea Hospital for Women

With the exception of three overhead lights in a recessed portion, and one spotlight for emergency use, all the lighting is indirect and is thrown from two battens on the walls up on to the picture, which is painted on the ceiling and occupies the greater part of it (Fig. 1). The subject of this picture is a composite farm scene (Fig. 2), the treatment being in the nature of a gentle and light-hearted parody. Sheep are jumping over a fence; pigs are peering over their pens; the cows are being driven home; and various other activities are seen. The whole thing is cheerfully coloured, and, whilst it is not claimed that it has any high aesthetic value, it is bright, it catches the eye, and it is pleasing and amusing to look at. No attempt has been made to divide the room into two compartments, since the lighting and the picture together succeed in creating the suggestion of a warm and friendly atmosphere.

Investigation and Questionary

One hundred patients, almost all of whom had received the same premedication, were closely observed

FIG. 1.—Diagram showing lighting of picture on ceiling.

as they came into the anaesthetic room and were assessed as being in one of three categories: awake, sleepy, or asleep. Attention was not drawn to the painting, but the patients were watched to see whether or no their attention was caught by it. Spontaneous comments were noted as being favourable, unfavourable, or not made. Apprehension was noted as being marked, moderate, or absent. The next day the patients were visited and the incidence of amnesia was estimated by asking if they remembered seeing the picture: their previous remarks were confirmed or altered and further comment was invited.

Results

Two notable features emerged from this survey. Firstly, the large majority of patients noticed the picture;

FIG. 2.—Photograph of painting.

and, secondly, they liked it and frequently were fully appreciative of its purpose, thus proving the value of such an idea (Fig. 3).

FIG. 3

Ninety-seven of the patients were premedicated with "omnupon," $\frac{1}{2}$ gr. (20 mg.), and scopolamine, 1/150 gr. (0.43 mg.): the other three had pethidine or morphine and atropine.

Fifty-two were marked as being fully awake on arrival at the room, 48 were sleepy, and none wholly asleep.

Apprehension was noted as absent in 70 instances, moderate in 25, and marked in 5 patients.

Of the 88 patients who had noticed the picture, 77 made spontaneous comment on it and 11 obviously focused their attention upon it. Twelve patients apparently did not notice it at all, though this estimate appears to be incorrect, since two patients put in this category later stated that they remembered having seen it.

It was soon realized that these latter groups of figures could not be claimed as representing a true picture of patients who, under the influence of narcotic drugs and without any prompting, would notice the picture. Though the patient's attention was deliberately not directed to it, it was found that they had generally been briefed in the ward beforehand by others who had already seen it. One patient raised quite vigorous objection to having her thiopentone in the corridor, on the grounds that she did not want to be done out of seeing the picture that she had heard so much about in the ward. While this unexpected development certainly detracts from the value of the observation as such, it provides ample proof of the appreciation by the patients.

Amnesia.—The degree of this, as estimated by questioning the patients next day, appears to be surprisingly small. In only four instances did those who had noticed it at the time have no recollection of it the next day. Again it is necessary to treat this figure with reserve, since talk in the ward may well have rekindled or reinforced the patient's memory.

Remarks and Comments made by Patients

The remarks made in the anaesthetic room were graded as: favourable 73, unfavourable 4, nil 23. Twenty-four hours later these were slightly modified to: favourable 81, unfavourable 2, nil 17.

Of the unfavourable remarks or comments, one patient said that she had been worried at the time and that the painting did nothing to divert her thoughts; another "just didn't like it"; a third thought the subject matter more suited to children, but later did not substantiate this.

The favourable comments which were made not only proved the justification of the idea but also threw an interesting sidelight on the patient's outlook. In the large majority the comments were of the well-known stock variety: "Ever so nice," "smashing," "terrific." Of those who expressed their opinions more clearly, the almost unanimous observation was that it was a helpful form of distraction: "Takes the mind off worry," "off the operation," "off things," "something to think about." The most interesting type of remark came from a handful of patients some of whom were actually questioned after this series had been completed. These remarked with quite sincere and ingenuous candour that what surprised them most was that the doctors should think sufficiently about the patients' feelings to consider doing such a thing for them. "I knew the doctors were nice, but I didn't know they thought that much about us." "Fancy the doctors thinking about us that much." "If you think enough about us to do that for us, this must be a good place." There was no sense of complaint in these remarks: they merely expressed genuine surprise, and, serving as a salutary fulfilment of Burns's desire that we might see ourselves as others see us, should make us wonder to what extent the unspoken suggestion of lack of humanity may be justified.

Discussion

The equipment of our hospitals daily becomes more involved and techniques more scientific, but these cannot be appreciated by the patient, and it would be a pity if such advances were accompanied by a loss of those human touches which are of such comfort to him. The mind of the person waiting in the anaesthetic room is particularly receptive to external impressions, whether unpleasant or agreeable—and the latter are correspondingly more particularly appreciated. Moreover, the patient who is in a state of considerable anxiety at this stage thereby constitutes a more serious risk. Any reasonable steps taken to minimize this are justified.

Summary

A description of the lighting and of the painted ceiling of the anaesthetic room at the Chelsea Hospital for Women is presented. The aims of such decorations are discussed. Observations on patients show that a large majority notice it and appreciate its purpose. It achieves its object of distracting the mind from worry; the financial expenditure is thus justifiable and commendable.

As in the case of the Bart's picture, the artist was Mrs. Pamela Johnstone. My grateful thanks are also due to the resident anaesthetists, Miss M. Simpson and Miss J. Casserley, for their considerable help in completing the questionnaire.

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