

## In the Blink of an Eye



Long ago I did an assistantship in a small village in Devon in rural England. During my first week the general practitioner, who was my principle, was driving me through the village and I noticed a man, with a typical Parkinson's shuffle, walking along the pavement. I mentioned to my principle that he was a good case of Parkinson's disease. He immediately slammed on the brakes of the car because he had, at that moment, an "aha!" or "light bulb" moment. "I have been treating that man for twenty years" he said "and I hadn't noticed that he has become a Parkinson's disease". Luckily I had recently seen several cases in the hospital as a houseman and was "tuned in". I had "in the blink of an eye" picked him up from my visual script of Parkinson's disease.

My principle had been ambushed by the insidious onset of disease in a well known patient (and haven't we all been there). He knew the illness script of the patient but when the new disease script came along he didn't have the advantage of the newcomer who, in a flash, recognises the problem.

We pick up several conditions "in the blink of an eye" almost as they come into sight. It happens in what the Germans call an *augenblick*, a moment. I should think dermatologists and radiologists have them all day. Myxoedema in the GP's wife is another case of an insidious onset that is often missed. The general practitioner's son comes home from university and enquires of his father why his mother has such a puffy face and a deep voice and keeps on falling asleep at the dining room table.

Almost instant pattern recognitions occur when we see a wide variety of diseases such as a Down's syndrome, a basal cell carcinoma, or an abnormality on an ECG or Chest X Ray. The patterns are out of shape compared to those stored in our memory banks. As Louis Pasteur said "discovery comes to the prepared mind". I am told that when one is driving a car the driver is making over fifty decisions a second of which he is mostly unaware (how do they find this sort of thing out?). Along the same lines I would imagine that when a patient enters the door of the consulting room they may be sending out as many as fifty messages a second by just the way they move, are dressed and all the general non-verbal stuff.

We are picking the messages up in nanoseconds and replaying them to our cortical memory banks which are packed with experiential stuff, which, in turn, interprets these messages.

After the blinking of the eye comes the flashing of the lights and the waving of the red flags. The flashing lights in my brain occur when I recognise something in the history, examination or investigations which is significant but I can't remember exactly why it is significant. This seems to happen to me a lot recently. Maybe it all gets lost in my lacunae that are getting deeper and wider.

I think this is because I am suffering from hyperinformationaemia. The boxes in my cortex are stuffed with spam and my hippocampus is discombobulated. These flashing lights quickly fade as more information comes flowing in drowning my thoughts in an effluent of codes and caveats.

After a day of light bulb moments, blinking eyes and flashing lights I get home and sit down and all the lights go out. Thank you, Eskom.

**Chris Ellis is a family physician from KwaZulu-Natal**

**Correspondence to:** Dr Chris Ellis,

**e mail:** [cristobalellis@gmail.com](mailto:cristobalellis@gmail.com)