THE SOFT EDGES

General Practice Illnesses – Chris Ellis

There are many illnesses that occur in what Marshall Marinker refers to as "the nature reserve of the community" and not in "the zoological gardens of the teaching hospital". These conditions of general practice occur far away from the theoretical heavens of academic medicine.

In contrast to definite tangible pathology much work is done in the shade of theory. It is done in the early stages of disease often before it develops and thus one is never quite sure if it would have developed in the first place. One could perhaps describe it as a life of non events that might have happened but about which one will never know. Some disease we don't even see at all. This has been called "non disease" which is a diagnosis that frees the doctor from having to make a diagnosis at all. It releases him from the programming that, because a patient complains there must be something medically wrong. These are fitted in between plantar warts, a cherry pip up the nose and a spastic colon.

The list of general practice illnesses is a long one. Here are a few samples.

The Front Door in the Right Hand Flower Bed

This normally occurs on a Friday night at about ten. It is a call out to No 39 Railway Street. As you enter through the garden gate you notice that the front door is lying in the right hand flower bed and all the lights inside are ablaze. A neighbour or two are gathered in the garden. These are the initial signs of the disease and indicate that Mr Stoker is inside and is in furious mood.

Now there is nothing in Davidson's *Textbook of Medicine* on these signs and symptoms or how to proceed in a situation like this. In fact the only use the book might have in this situation is if you threw it at him. There's no mention about cautious footwork or keeping your head down because house calls are done in the nature reserve of the community and are part of the care of general practice illnesses.

The McLaughlins always have febrile convulsions

When I was a young and clinically innocent assistant in a rural Devonshire practice a call came in from a Mrs McLaughlin, aged nineteen, to visit her two year old child who had a fever. "You had better go now" my elderly principal said "the McLaughlins always have febrile convulsions."

My principal was a man of the earth and had spent a life time in gentle observation and avoiding trouble. By the time I got there the child was finishing its first ever convulsion. My principal had treated the mother at the same age for febrile convulsions and her sister and her cousin. He had acquired two of the cornerstones of the care of patients in general practice, a stored knowledge beyond the presenting symptom and a shared history.

Early and Late Tonsillitis

Some children present overnight with an acute onset of delirium and high temperature. When seen in the morning, they are a bit shaky, hot, perhaps a flushed face, occasionally slightly red eyes and a suspicion of a red throat and sometimes a touch of halitosis. If I used the vagueness of phrases such as, " perhaps a" or a "suspicion of" or "a touch of" I

THE SOFT EDGES

... General Practice Illnesses

would have difficulty with my case under the fierce scrutiny of the scientific bureaucocci, so like most GPs, I treat early tonsillitis in a secret sort of self justifying way. I know I haven't got the full diagnosis yet but the chances are (also a phrase I wouldn't use) if I leave it there will be another night of delirium and acute tonsillitis in the morning. The same goes for those mild cases of cryptic chronic tonsillitis with slightly enlarged tonsillar nodes. They are neither one thing or the other. Some children are changed from a lethargic irritable whiner into a normal child by tonsillectomy and some are not.

The Moving Pain of Africa

This is a pain of uncertain origin and uncertain destiny. It usually moves around the stomach. It can come out between the shoulder blades or out of the back of the neck. Occasionally it comes through the hips, down the legs and out of the feet. In Europe it is known as "And here Disease" because the pain occurs here and here and here. The moving pain is often the window to a hidden agenda like "the smiling pain" where the patient complains of stomach ache while smiling at you. The context of the message does not match the non verbal body movements or the tone of the voice.

Lactation Neurosis

I seem to end up with a number of young lactating women of low self esteem and uncertainty. In hospital they are told a different way to breast feed by each shift that comes on and the woman's journal gives another method which if not followed will lead to certain inadequacy and abject failure. There are in fact ten ways of feeding a baby viz: grandmother's, mother's, neighbour's, best friend's, clinic sister's, well meaning passerby's, makers of milk product's, general practitioner's and paediatrician's. The advice from the first eight is free.

The mothers have often recently moved home due to their husband's transfer. They are the children of a new age separated from tradition, mothers and culture. Weekly weighing time at the clinic is a make or break affair. Breast, formulas and soya have already been tried. There is a faint rash somewhere and immaculately clean clothes and talcum powder.

Sand Happy, Cabin Fever, and Bossies

General practice has a penumbra of vague psychiatric conditions that are unformulated and uncategorisable. These are conditions when isolation or stress or the winter solstice send the client a bit dilly. Outeniqua fever comes on in the mountains and Natal fever at the coast. In the desert they get sand happy and in the bush they go bossies. In the far north of Canada it's called Cabin fever. This occurs in the trappers who go up to the edge of the arctic circle for the winter months. It needs about two hundred square miles of northern territory to support one trapper who lives alone in his log cabin for almost six months. Each day they go out and set their trap lines until the whiteness of the snow and the complete silence sends them mad. This results in some singing, running around the cabin and skipping naked through the snow as the so called arctic flasher.

Telephone Diseases

Every GP must spend at least half an hour a day on the telephone. If that is added up country wide, it's a fair amount of time being used in consultation. The doctor/telephone relationship and its telephonopathies are not described in the literature.

I am Speaking on Behalf of

This is a condition in which the symptoms are presented by the neighbour of a patient who has collapsed with the vapours. No, she cannot come to the phone as she's too upset.

Yes, she realises that you're not on call but you are the one who understands her.

No, she can't come to the surgery as her husband is on night shift and the car is broken.

In fact her husband is the cause of it all. You will remember she phoned you last week starting with the request *please don't let him know that I've phoned you.*

I Hope I haven't Woken you Up, Doctor

This is a call between 2.00 am and 3.00 am in the morning. It is one of the unanswerable questions of life like what is the meaning of existence. I have never been able to fathom out why I answer No. It is in fact a useful question because it is a gauge of the degree of burnout present in the responding GP. A past professor of medicine once told his audience that he knew it was time to leave general practice when he replied to this question with "of course not, my dear, I'm mowing the lawn".

To end this small selection I have chosen one of the quintessential

THE SOFT EDGES

... General Practice Illnesses

general practice illnesses. It is also one of the telephonopathies.

The Small White Pills You Gave Me Last Year

This is a call that comes in at five minutes past one on a Saturday afternoon as you are just leaving the surgery. The surgery has just closed and so has the village chemist. The receptionist has already gone and your partner is already on the first tee.

It is a patient but she is actually a patient of a partner who has just gone on leave. Yes, she wants a prescription. You ask her name and initials and go to get her file. The file is missing. This is an essential element of this condition. You return to the phone.

Dr Turner changed her pills last week and she's sure the new ones don't agree with her. She wants to change back to the little white pills he gave her last year. She also feels dizzy, could that be the blood pressure? In fact, she needs some more blood pressure pills, the yellow ones. Could you put them on the prescription as well?

No, she doesn't know the name of them, but Dr Turner does. Is there anyone with her that would know?

No, she's alone and by the way, she's an old age pensioner.

Does she know her old age pension number?

No, her daughter does all that sort of thing for her and she is away at the moment.

Has she got any of the old containers with the names of the pills on?

No, she thinks she threw them away.

Well, could she not wait until Monday as the rooms were now closed and so was the chemist.

No, she took the last pill this morning.