
THE SOFT EDGES

The Eight Senses of General Practice

– Chris Ellis

In an ordinary day the general practitioner uses many sensory and extrasensory aids. The five special senses of sight, hearing, touch, taste, and smell are almost put on automatic pilot. Sight, sound and touch are used to such an extent that at times they are performed unconsciously. Taste is the sense that is least used unless you are still sipping urine samples for the late harvest sweetness of diabetes.

The next least used is smell, but olfactory clues are subconsciously registered in almost all consultations. There is the earthy wood smoke smell of the rural dweller and the sweaty odour of the bus ride in. The smell of nervous perspiration mixed with deodorant against the synthetic shirt of the executive is a common signal of stress and the excessive perfume of the sales representative imperceptibly accompanies the pitch. Halitosis from alcohol, cigarettes and dental decay all trigger a memory or response and the feel of a gastro baby and the hint of the smell of *E coli* almost makes the diagnosis before words are spoken.

Our visual sense is perhaps the most inherently automatic. Inspection, as we have been taught, is the first vital part of the examination. The general appearance of the patients is a fascinating study. Take for instance the make-up of a woman, which a friend of mine refers to as facial polyfilla. Does it have any clinical significance? A heavily polyfilled patient makes me feel uneasy and somehow more reluctant to examine. I am afraid my couch will crease the sprayed and coiffured elegance.

I had a patient once who was a splendour of elegance to the eye. She gladdened my heart. Her smile had

an inlay in each upper incisor in the form of small gold stars. They lay twinkling in the middle of each tooth. The smile extended to her ears, each of which had four earrings ascending up the lobe. They hung down like silver flower baskets. When she giggled it set off its own chiming orchestra.

Her colours were yellow and purple. It began at the top with succulent purple lips and went down to her finger nails that were painted longitudinally – one half yellow and one half purple. Each finger had a ring of gold and twirls and pearls. The ensemble was completed by a dress of yellow and purple horizontal stripes which she wore like a marquee over 120 kg of good humour. It was a sight not to be gazed upon in full sunlight, for fear of retinal burn out.

She was the opposite of a heart sink patient, in fact I looked forward to seeing her as a levator *cardia superiores*. I cannot begin to think what the clinical significance of her sartorial message was.

Perhaps it was what Robert Burton, sitting in his study in Christ Church, Oxford in the year 1620, meant when he wrote that there were five outward senses:-

“touching, hearing, seeing, smelling and tasting to which may be added Scaliger’s sixth sense of titillation, if you please”.

I think I would have added that “if you please” myself if Burton had not already done so. He was obviously referring to the purple lips and the flower baskets.

Burton went on to add that speech is the sixth external sense and that there

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are three inward senses: *common sense, phantasy, and memory.*

All these special senses collect the various forms of data we need. In each consultation the general practitioner collects and collates a wide variety of diffuse clues and stimuli. He then organizes them subliminally in his image, experience and factual banks. These banks have prodigious storage facilities for retaining encoded information. The information received is mixed in a complex procedure by his personal interests and talents. This is then repeated with each consultation and is a highly individualized process in each case, as one reacts to each patient and the changing relationship with that patient.

Now you know why you're so tired at the end of the day. You draw on the vaguest of information, on the slightest inflection of speech and facial expression, even on the decor on the walls and the smell in the room. These unarticulated mental processes automatically isolate information that is important to you, and reject the irrelevant by virtue of the facts and images already encoded in your cerebral computer.

To all of this hard data and fact is added a phantom – the sixth sense. This sixth sense is a complicated business. It is the “feel” or “hunch” of intuition.

Logicians deprecate the fuzziness of intuition because it is not built up step by step, as in logical reasoning. Instead it is grasped as an insight. It is an instantaneous integration of unexpressed human thoughts. Marcel Proust in *Time Regained* said “intuition alone, however tenuous its

consistency, however improbable its shape, is a criterion of truth”.

Intuition is one of the truths of general practice.

The seventh sense we use is also difficult to define. It is common sense.

“Common sense” said Robert Burton “judges and censures all the other senses”. It is the instinctual sense of nature uncluttered by learning. John Berger in *A Fortunate Man* found it to be a logic that is compounded from items of religion, superstition, empirical knowledge and protective scepticism. Common sense can never be taught as such, and can never advance beyond its own limits. It is part of a deep atavistic instinctive feel for a situation.

So with five special senses, a sixth sense and some common sense, all you need to complete the picture is to add the eighth sense – a bit of *nonsense*, if you please.