

Editorials

PATIENTS TALKING

WHEN people talk about their illnesses they expect to be listened to. The audience may be the neighbour from over the road, the nurse at the clinic or the assistant at the chemist. They express themselves in the only way they can, using their vocabulary to the full, with varying degrees of accuracy and aptness.

Patients talk to their doctors, and those in general practice listen. To the family doctor who knows his patients, their thoughts and culture patterns, and something of their fears and hopes, the manner in which symptoms are presented, conveys its own message. Symptom-presentations are diagnostic leads which we should follow whenever we observe them.

The presentation may differ markedly as between organic and emotional disorder. "When I move my knee like this, it locks" is clear, as are descriptions of many kinds of pain of organic origin. There is a flavour of genuineness about the description of cardiac pain "across my chest and down the inside of both arms". Sensations of emotional origin are presented differently, as described by MBANEFO. A dramatic vagueness enters the description, which seems designed to impress rather than to instruct. Simile and analogy "like a hundred knives inside" tend to be florid and larger than life.

Since subjective sensations probably vary little between people of different race and culture it is no surprise that verbalizations and descriptions of them have much in common. Among West Indian patients the opening gambit "I feel all weak, doctor, all weak in the stomach" is a formula introducing emotionally induced disease. In Britain the globus syndrome, in its varied descriptions, is more usual "I have a lump in my throat—it starts here and moves all over me", accompanying gestures being made with both hands.

Few purely hospital trained observers listen and watch. There is 'no time' in hospitals, and in any event the early evidence of incipient disease is not presented there. By the time the patient reaches a hospital clinic he has adorned and dignified his symptoms with scraps of medical jargon, announcing that he has bronchitis, or that his ulcer is troubling him. The study of the presentation of illness is, without doubt, a problem for general practice, and it is likely that knowledge gained in one population culture may be more applicable to another than we have hitherto believed.