

RARE DISEASES

ONE of the great axioms of general practice is that common diseases occur commonly; the corollary is that rare diseases occur rarely. It follows that there is inevitably a tendency for general practitioners to leave the study of rare diseases to specialists.

At first sight this seems logical because specialists by definition, in dealing with a smaller field will acquire a greater experience of rare conditions. However, some diseases are not only rare but may affect many different parts of the body. This may mean, owing to the artificial boundaries of the medical specialties, that even such cases that do exist may be divided between specialists in different fields. Melanoma is an example and may present either on the skin, when it will usually be seen by dermatologists and surgeons, or in the eye when it may be dealt with by ophthalmic surgeons.

General practitioners have concentrated during recent years on common diseases, partly because these were not previously taught in medical schools and partly because the generalist needs to stress the importance of their recognition and management in the community (Gardner, 1970; Watts, 1972).

Nevertheless, even in rare conditions the generalist may have a scientific role. Watson (1972) believes that one of the greatest needs in general practice today is to 'study the single case'. He quotes the experience of Mackenzie in witnessing the death of a single patient in childbirth and believes that general practitioners have still much to offer by examining carefully all the characteristics of a single patient—even one with a rare condition.

We publish today a paper that illustrates these themes in relation to malignant melanoma. This is certainly a condition that is regarded as 'rare' in standard textbooks.

Dr Clout has found no fewer than nine patients in seven years in a single practice of 9,300 patients. He has, however, gone further than describing their clinical characteristics and pursued the study of this condition using computer access to the South Metropolitan Cancer Registry. Such relatively new epidemiological methods strengthen the position of the generalist and help him to advance knowledge in the field of clinical medicine.

This paper includes many tables giving the crude survival rates for patients with primary lesions in different parts of the body. These are given in detail as they now represent some of the most up-to-date guides to the prognosis for this condition in the United Kingdom.

This paper is therefore of interest both for its content and for its methods. It shows how a single general practitioner, working clinically with a small group of patients and given help by interested colleagues in other branches of medicine, with computer access, can clarify the incidence and prognosis of even rare diseases and, furthermore, speculate usefully on their aetiology.

REFERENCES

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