

## WHAT IS A PATIENT?

Sir,  
I have not found myself beset with the doubts expressed by your editorial on this subject (August *Journal*).

A patient is a person who comes to a doctor because of a condition from which he is suffering or is at risk of suffering which he thinks may require medical attention—and it doesn't matter at whose instigation he comes or if he merely requires reassurance.

For National Health Service purposes, however, a "patient" is defined in NHS regs. 1974 Schedule 1 Part 1 Par. 4 and is roughly speaking any person for whose treatment a doctor is responsible under the NHS. Thus a private patient is not a "patient" for NHS purposes—at least not of that doctor, whilst a person he may never see but who is registered on his list—is.

So provided we keep NHS rules and common sense apart (a good idea anyway) there should be no confusion.

Medical treatment is not defined in the regulations or anywhere else as far as I can make out. I have always worked on the following definition: Treatment is what a doctor does for a patient with a view to preventing, curing or alleviating any form of ill-health from which the patient is suffering or is at risk of suffering. It includes advice and physical treatment. For NHS purposes (and ethically for all patients) it also includes certification.

Ear piercing carried out at the patient's request without medical indication would not under this definition be treatment. Mutilation if you like—but not treatment. The subsequent care of such an operation would be treatment.

A. LEWIS

190 Sutherland Avenue,  
London, W9.

## REFERENCE

*Journal of the Royal College of General Practitioners* (1974). Editorial, **24**, 513-514.

## CONFUSION OF COLOUR VISION

Sir,  
I was interested in your editorial *Confusion of colour—a significant social handicap* in the August *Journal* as I have recently reorganised the pattern of the Isle of Wight School Health Service and now test colour vision at 4½ before school entry. In fact the Ishihara does not depend entirely on the child's recognition of numerals as it is possible to ask the child to trace the coloured pathway. I find that 90 per cent of 4½-year olds are able to do this. Very few under the age of three are able to be sufficiently accurate with their finger pointing for a conclusive result to be obtained. The child may understand what is required but finds the procedure too difficult.

I agree with you that diagnosis should be made as early as possible but would like to comment

that colour vision has always been part of vision testing during school medical examinations. It is true that in many areas this was postponed until the age of 11 on the grounds that children did not know their numbers before this.

It is unfortunate that so few colleagues in general practice or in hospital are apparently aware of the content of the school medical examination.

M. V. BURRAGE  
*Area Specialist for Child Health*

Isle of Wight Area Health Authority,  
Community Services Division,  
County Hall,  
Newport, Isle of Wight,  
PO30 1UD.

## REFERENCE

*Journal of the Royal College of General Practitioners* (1974). Editorial, **24**, 514.

Sir,

May I make two points? Firstly many, if not all, school health services carry out a test of colour vision on male pupils. Certainly this is done here in Buckinghamshire and a space exists on the computer-based school health record for recording the result of the test.

Secondly, it would appear that the Ishihara test is over sensitive. In this county there have been at least two firemen who have failed the Ishihara test but subsequently been passed when referred to a local Royal Air Force unit for testing with the slit lamp.

D. P. B. MILES  
*Specialist in Community Medicine*

Health Department,  
Old County Offices,  
Walton Street,  
Aylesbury, Bucks.  
HP20 1XB.

## REFERENCE

*Journal of the Royal College of General Practitioners* (1974). Editorial, **24**, 514.

THE FUTURE GENERAL PRACTITIONER—  
LEARNING AND TEACHING

Sir,

This book goes wrong on page one and it never fully recovers. Its job definition for the general practitioner "His diagnoses will be composed in physical, psychological and social terms," is unrealistic and over-ambitious. It is difficult enough in all conscience, always to make a diagnosis in physical terms even when supported by scientifically based information. 'Diagnosis' in psychological and social terms should properly be called 'assessment', as indeed it is in the section on human development.

The most serious failure of the book is in its handling of psychological medicine.

Under 'Mental Disorders' it refers to the

National Morbidity Survey (1958) which demonstrated that eight per cent of the total patients consulting (p. 67) or 45 per 1,000 population (p. 70) came into this category. The author of this section is not satisfied. In his hands 45 per 1,000 becomes 338 per 1,000 "which is nearly half the total number of patients seen." Not content with playing at statistics, he can't even cope with simple arithmetic. If eight per cent of patients consulting represent 45 per 1,000 of the population, 338 per 1,000 is equivalent to 60 per cent of the patients consulting.

In point of fact, these two paragraphs taken together are of such opacity that it is difficult to see just what has happened. The chapter on 'The consultation' comes off worst from the psychological bias it is given. It tells us (p. 15) and who could disagree?—that "In most cases history-taking from the patient is still the most important diagnostic tool." However, the case histories given in this book are of such poor quality that they should never have been printed in an official college publication.

Page 26 introduces us to "A young woman of 30 . . . seen by a specialist physician . . . he notes that her eyes are full and staring, and that she is tremulous and her hands are sweating." Lower down the page, the same patient seeing her general practitioner is introduced as a "30-year old woman presents her three-year old daughter in the general practitioner's consulting room, etc."

This is in a paragraph labelled Science, Art and Truth. The general practitioner doesn't notice the staring eyes, the sweating or the tremulousness. One is bound to conclude that the general practitioner in contrast to the specialist physician, is as blind as a bat. This wretched anecdote makes no useful point, but raises its ugly head again on p. 31 to poke fun at computer-assisted diagnosis. The computer, let it be said, is a piece of mathematical carpentry and is well known to produce rubbish for those who feed it with rubbish. The thyrotoxic woman reappears once more on p. 39 and the author continues to hypothesise.

A similar unfortunate comparison between the attitude of the consultant and the general practitioner can be found on p. 224 in a discussion of a 36-year-old woman who has angina-like symptoms. The case is used to demonstrate the difference between hospital and general-practitioner teaching. The hospital teaching seemed to me to be entirely what the situation called for, while the general-practitioner's teaching was simply irresponsible.

One wonders to what extent the College is committed to the points of view dogmatically stated in this book.

P. 30 "The behavioural sciences teach him to observe movement as a signal of despair, anxiety, flirtatiousness and so on."

P. 30 "From psychoanalysis and its related theories, the doctor will have learned to see more than one meaning in the word that the patient uses." Does the College through its examination

expect new members to accept "psychoanalysis and its related theories"?

P. 67 "Much emotional suffering is expressed through physical symptoms and it is clear that the morbidity survey scatters psychosomatic disorders and symptoms over seven other groups."

Are intending members of the College expected to believe that "emotional suffering is expressed through physical symptoms" and that psychosomatic is a word which expresses a useful concept about a coherent group of diseases? In my opinion psychosomatic ideas have presented a considerable impediment to the serious study of a number of important diseases.

Characteristic of the psychological and sociological approach throughout this book are tendentious speculations covered by the word "may".

P. 6 "Stress between husband and wife may cause a general increase in the consultation rate of one of them. . . or it might be presented to the doctor by disorders or physical illnesses in the eldest child." On p. 28. "The teenage girl with dysmenorrhoea may mirror her mother's experience." Other similar examples can be found on p. 129 and p. 158.

These sentences are equally true and equally useless if 'may not' is substituted for 'may'. Similar scientific slackness is exhibited on p. 90. "Thus maternal rubella has its most severe effects on the foetus in the early stages of pregnancy. Likewise moving house is a greater disturbance to a woman in the puerperium than in early pregnancy." There is no 'likewise' about it. The statement about rubella is well attested and generally agreed.

The second statement has no such antecedents. Later on (p. 330) we find its true parentage under "Baker says".

I think I have indicated that *The Future General Practitioner* raises serious questions for the College.

Undoubtedly the College requires a syllabus for its examination, and all honour to those who created this book, and who did not intend it to be a syllabus for the College examination. Nevertheless it is liable to be taken to be a syllabus by the uninitiated and more seriously it is liable to influence the examiners. We need to know what the College believes and what it regards as areas for further thought, and whether speculative psychiatric concepts are being oversold to candidates and examiners alike.

N. B. EASTWOOD

71 Victoria Road,  
Oulton Broad,  
Lowestoft.

#### REFERENCE

Royal College of General Practitioners (1972).  
*The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

#### MEDICAL EDUCATION AND HUMAN VALUES

Sir,  
Professor Marinker in his William Pickles lecture on Medical Education makes reference to the