
GENERAL PRACTICE LITERATURE

SECOND SIGHT

RYLE'S NATURAL HISTORY OF DISEASE

Reconsidered by John Fry

From 1940-44 I was a medical student at Guy's. It was wartime and I completed my whole medical training, including the first part of my FRCS, in just over four years. We were dispersed around hospitals in Kent and watched the Battle of Britain overhead in between our anatomy and physiology lessons. When it came to the clinical period, it was taught largely in the wards—Guy's itself had restricted outpatients because London was being bombed and the population of the borough evacuated.

Clerking patients in the wards, I felt that I was seeing an instant snapshot picture of disease. Missing were the beginning before the hospital phase and the time after the patient went home. I wanted to know what happened to patients with asthma, with duodenal ulcers, with osteomyelitis, with pneumonia and so on.

I used to do much of my medical reading in trains going to and from hospitals. At Guy's during the war years we had for a time John Ryle as one of the physicians. Tall, slim and distin-

guished, he had all the qualities of a concerned and considerate physician who laid great stress on listening to the history and on physical signs. He made a great impression on me. I was excited then when I came across his book in the secondhand department at Lewis's in Gower Street. I became even more excited as I read it. For the first time it opened up new dimensions in medicine. It was a book well beyond the usual textbooks and in the mould of Osler and Hippocrates. I read it and put it aside. I qualified, went through my hospital experience and became a single-handed general practitioner in Beckenham. I was confused by the mass of unfamiliar symptom complexes and uncertain over the likely course and outcome of common disease. I had forgotten my Ryle. Suddenly, when I was clearing out my bookshelves, I came across it again. Once more it was an exciting experience, but one of even more significance.

Re-reading it as a relatively new general practitioner I was struck by its beautiful style and its classical erudition,

have to make decisions as individuals and doctors—and to act.

There is an argument that any thought on this subject is undesirable, because it suggests that nuclear war could be survived and therefore in some way makes it more acceptable, and this is a point of view I tended to share before reading this book. I have been made to think again.

It is obviously possible that there will be a nuclear war. It is also, of course, possible that we could all be dead after it, but it is very unlikely. For those of us who might survive it is surely right to try to anticipate the kind of decisions that would be forced upon us as doctors. This is what this book does in a matter-of-fact military style.

The over-riding lesson for doctors seems to be that many of our natural and learned responses to patients' needs

but it was when he wrote about the natural history of duodenal ulcer, about the significance of common symptoms, and about the course of staphylococcal fever, of streptococcal fever, of *B. coli* infections, of lobar pneumonia that I really sat up and took great notice. Even more so when I read on about prognosis, the opportunities for clinical research, "the natural history of disease in man" and "the natural history of man in disease". I resolved to study the natural history of common disease in my own practice and I have continued to do so ever since.

John Ryle's book is amazingly relevant today. He gives excellent clinical descriptions of irritable bowels or anorexia nervosa, and of unusual angina and thyroid disorders. It is on more general issues such as diathesis, prognosis and on the physician as a naturalist that I recommend anyone who has never seen it to read the book, and those who have to re-read it.

There is a quotation from Ryle which I have used before and which is still a challenge to us in general practice: "There is no disease of which a fuller or additional description does not remain to be written: there is no symptom as yet adequately explored".

We have many opportunities to add new descriptions of common diseases and symptoms.

John Ryle, *The Natural History of Disease*. First edition, 1936; second edition, 1948. Oxford University Press.

will be inappropriate. The ruthless forms of triage for post-nuclear attack are presented for those who might be involved in the care of the injured. The principle behind all action will be the survival of the race, first as a social organization and then as a reproductive act. The old and the incurable, and even those whose cure would involve too much work, must be left to their own resources and helped by drugs and mass hypnosis.

As a good military man the author has much to say about morale, but it all sounds rather macabre in this setting. He even hopes that those left to die may be helped to see how they are playing their part—a quite new use for that great piece of advice: "Shut your eyes and think of England".

IAN TAIT

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