

## **CLINICAL OBSERVATION IN GENERAL PRACTICE**

**MICHAEL KELLY, M.D.**

Director, Institute of Rheumatology, Melbourne

The opportunities for significant research in general practice are nearly unlimited. All that is required is an open mind, normal powers of seeing, and confidence in the accuracy of our observations. Very little is known about the significance of symptoms, and nearly every patient will provide data of some sort provided he is listened to and observed with interest and sympathy.

Many of us erroneously believe that advances in medicine can come only through biochemical methods or through other equally refined and specialized methods of investigation, electron microscopy, electrophysiology, microbiology. Actually, specialized investigation has almost reached a dead end; even the workers themselves are realizing that they have gone too far. They are collecting and recording data without knowing what significance the data will ever have.

### **Mackenzie and Symptoms**

James Mackenzie realized this when he was at the height of his fame as a specialist in London, and he went back to general practice in St. Andrews to pursue his search for the meaning of symptoms.

Symptoms, said Mackenzie, are the effects of disturbed function in an organ or organs and they depend on refined sensory mechanisms. The patient feels ill long before any abnormality can be detected. To disregard the symptoms as psychological is unscientific. What the patient feels is real, though his method of describing them may not be very expert; he may need help. If the doctor has never been taught how to elucidate symptoms, he may fail to extract significant pieces of information.

Physical signs are less important because they occur later, when the disease has progressed further. Moreover, as methods of investigation become more refined, more and more physical signs will be detected. A diseased organ, said Mackenzie, affects all

other organs to a greater or less degree; therefore we should not be surprised to see neurological, gastric, or renal complications after every kind of disease or injury.

### **Associated Phenomena**

Unfortunately, medicine as taught today takes little stock of these associated phenomena. In many text-book pictures the patient gets well after operation without disturbance and recovers from injury without any sequelae or complications. Some specialist journals do not publish records of single cases, because they are not statistically significant. Thus many specialists may not be aware of the dangerous complications which occasionally follow their own procedures.

In Britain a few years ago spinal analgesia in two successive patients in the same hospital was followed by fatal paraplegia, and the hospital and doctors were sued for negligence. Myelitis is known to be an uncommon complication of spinal analgesia; but the coincidence of two cases in succession was too much for an anaesthetist expert witness who could not believe spinal analgesia might be so hazardous. He postulated invisible perforations in the ampoules of nupercaine, which must have allowed the phenol the ampoules had been immersed in to seep through and contaminate the analgesic fluid. It did not matter that neither invisible perforations nor phenol could be demonstrated in other ampoules which were allowed to soak. The court accepted the explanation, but exonerated the doctor who could not be expected to know of the hazard of invisible perforations. A few years later Payne and Bergentz (1956) reported cases of paraplegia with ampoules which had not been soaked in phenol.

### **Rheumatism in General Practice**

While in general practice I became interested in rheumatism because I got it myself after scarlet fever, I suffered from multiple pains which bothered me for three months; after that I kept records and observed that 35 per cent of all cases of rheumatism followed infections, injuries, other diseases, and bereavements. Since specializing I have observed the same proportion; nearly two out of every five cases of localized fibrositis have followed precipitating factors. Two out of five cases of rheumatoid polyarthritis, also, have followed precipitating factors. And the same proportion is found in peri-arthritis of the shoulder, metatarsalgia, and arthritis of one or two joints.

The discovery of the link between the precipitating factor and the onset of the arthritis would probably give the key to its pathogenesis. In three out of five cases the mechanism is set in motion

without external influences; in two out of five it requires the trigger to set it off. If the uncommon sequelae of minor injuries, infections, and injections are carefully observed in general practice data may be secured which will show the nature of the mechanism that sets the trigger.

From the very beginning of my twelve years in country practice I had been impressed with the frequency of the complications of many diseases and injuries. Following the advice of Osler in *Aequanimitas*, I started to keep records of them, and to keep an eye out for similar cases in the *British Medical Journal* and the *Medical Journal of Australia*, particularly the annotations and the epitomes of current literature. I discovered a friend who took *The Lancet*, another who took the *Journal of the American Medical Association*, and my field gradually widened.

When I talked to my colleagues—general practitioner and specialist about complications and sequelae, I often met with a puzzled silence, and I began to believe that I was the only doctor whose patients met with so much bad luck. Of course, all doctors do meet with these troubles, but if a case is not recorded at the time, it may be forgotten when a similar case is seen two years later. That I am sure, is what often happens to doctors who see patients with neurological complications of trauma. Each case presents a new problem and the patient has to submit to the same succession of fruitless investigations or operations.

### **The Value of a Letter to a Medical Journal**

If a doctor sees a case which puzzles him or is worthy of comment, he should write a letter to the journal of the College, the *British Medical Journal* or *The Lancet*. Then he might hear from other doctors who have seen similar cases. He should write to his local librarian for help; and he could write to other doctors who have recorded similar problems. Here is an instance of the value of a letter to the *Medical Journal of Australia*.

Dr Brooke Moore of Bathurst wrote to the *Medical Journal of Australia* in 1946 about a patient with an old amputation stump who developed severe pains in it during spinal analgesia for an unrelated procedure. This was referred to by Sunderland (1948) in a paper on causalgia. Then Gerard of Chicago (1951) started inquiries among anaesthetists in the U.S.A. "who have informed me of essentially comparable, previously inexplicable, experiences from their own practice". Harrison (1951) and Leatherdale (1956) have since recorded cases.

Pain in the stump during spinal analgesia was not uncommon but it had never been reported until Moore wrote this letter.

To Mackenzie the complications of diseases were easily explained. The body is a unified whole, composed of cells each of which is a sensory organ and receives impressions. Each cell is capable through the nervous system of affecting every other cell in their body. As the means of detecting biochemical and electrical changes become

more refined there is no limit to the possible number of physical signs which may be detected. Therefore we should concentrate on symptoms and halt for a time in our search for more and more physical signs.

The only hope for the future of medicine (said Mackenzie) lies in general practice, where alone the doctor has the opportunity of investigating symptoms soon after they have appeared. Since Mackenzie's death, however, the trends which he deplored have accelerated, and every patient who presents with puzzling symptoms is submitted to a battery of investigation; these usually are fruitless, or they may yield positive signs whose significance is misunderstood.

### **The Art of Listening**

The more the practitioner listens to his patient the more will he realize the infinite variety of symptoms and the more confident he will be, in the great majority of cases, in his ability to give a good prognosis. Patients appreciate insight in a doctor but it is a quality which comes only with experience and after a great deal of reflection.

The truly scientific attitude in practice—and the only one which can get results—is the traditional one which regards the patient as an individual and puts him at his ease so that he is able to tell about his symptoms without inhibitions. The doctor should have confidence in the reality of his own observations; above all he should perform at the beginning a thorough physical examination, and it is rewarding for the doctor to hear him say, “that's the best examination I have ever had”.

Nothing can be achieved without rapport between doctor and patient. Statistical investigations have shown lately that placebos are effective in the majority of patients; the effects claimed by our fathers for apparently useless remedies were probably real. Faith in drugs is one of the most deeply rooted universal beliefs in human nature, second only to the faith in a future life.

Every cell in the body is connected with the nervous system. Powerful suggestions under hypnosis may cause a blister to come where the skin had been touched with a supposedly red hot pencil. Thus a patient who takes drugs is going through a traditional semi-religious routine, and the influence of suggestion is very great. It is still greater if the patient has faith in the doctor, and this faith can be acquired only if the doctor has shown that he is interested in the patient.

### **Summary**

General practice presents many opportunities for research into the meaning of symptoms. We should have open minds and

we should be ready to record what we see. Notes should be kept of any unusual complications or sequelae, or injuries, minor infections, and operations.

A letter to a medical journal about an unusual case is often the beginning of a valuable piece of research. The art of listening to the patient is all-important, that an accurate history may be obtained.

## REFERENCES

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### FIFTH WORLD ASSEMBLY OF ISRAEL MEDICAL ASSOCIATION

The fifth World Assembly of the Israel Medical Association will be held this year from 4 to 25 August in Jerusalem, Haifa and Tel Aviv under the patronage of the Israel Minister of Health. A comprehensive programme is being arranged to acquaint visitors with the most acute medical problems in Israel, and lectures on the main aspects of the country's medical work will be given by leading specialists. The programme will include visits to leading hospitals and health centres, the Haifa Technion and the Weizmann Research Institute at Rehovot.

In between sessions of the congress, participants and their families will have an opportunity to see the country's special places of interest and beauty spots, among others the Sea of Galilee and Nazareth in the north, a number of well-known agricultural settlements, and the Negev desert in the south.

Further information can be obtained from:  
Israel Government Tourist Office, 59 St. James's Street, London, S.W.1.