

# A patient's diary: introducing Norman Gland

## 8 OCTOBER

I have decided to keep a diary to record the state of my health and my dealings with the medical profession. This will help me to keep track of the various symptoms that are currently assailing me and it may subsequently be of great interest to medical research scientists. I can see that it might seem a touch morbid and introspective of me to brood over my health problems like this, but the fact is I've not been at all well lately.

Looking back on it, I don't think I've ever been the same since that nasty virus infection I contracted in the Autumn of 1993. Ever since then, I've had these weak feelings down my legs and a tendency to giddiness or throbbing in the head. I even wondered at one point if I had come down with ME and I suggested as much, on one occasion, to Dr Teacher, who is one of the GPs at my local practice. But a very shifty look came over his face and he began to tap things on his computer in a spasmodic way (as they do when they're upset). Then he said (still gazing at the screen) let's not go down that road, Norman, so we didn't. Then there's my liver, which has been a source of great worry to me for several months. But I will go into that in more detail later.

Perhaps I should introduce myself at this point. My name is Geoffrey Norman Gland, or G Norman Gland as I generally sign myself. I am 54 years old and I live with my wife Hilda at 22 Chestnut Avenue, a pleasant residential road, whose quiet ambience has been somewhat marred of late by the noisy habits of some of our newer neighbours. I work as production supervisor at Potters Ltd., an old-established local firm engaged in the manufacture of fancy goods. We make all sorts of novelties for the souvenir trade; these days it is mainly moulded plastics, and in spite of the domination of the industry by China and Korea we still have an important niche in the market. Mine is a

demanding job with a good deal of responsibility. I have seven people working for me and like to think I make good use of the management skills I have learned through the course I went on last year. The younger girls in particular can be quite a handful, I don't mind telling you. The way they talk, well I may be old fashioned, but to me it seems unladylike. And the way they dress these days, skimpy tops showing their bare middle and so on, it's very provocative. What they need is — well what they need is neither here nor there. I mustn't get myself worked up or it will affect my blood pressure and that is inclined to cause backing up in my liver and biliary system. My impression is that the liver is still a very poorly understood organ, even by doctors. Luckily I have access to the internet at home through our new state-of-the-art computer with flat screen and gold standard broadband. There are some very good sites for liver sufferers and one in particular (on my 'favourites' list) has full colour illustrations of the hepatic anatomy. It portrays all the canaliculi (as the little green bile tubes are called) in all their wonderful intricacy. If the flow of bile is in any way impeded the result is jaundice, a yellow colouration of the skin which can be very subtle in the early stages and even liver function tests may fail to detect it in time.

As a matter of fact, biliary trouble has been my principal health problem today. Shortly after lunch, I developed a definite throbbing pain at the base of my liver: quite clearly it was due to the effect of bile trying to force its way through some impurities in the little green canaliculi. I am a stoical sort of person, not one to trouble doctors as a rule and as Dr Teacher says, often things settle down and the body has this innate capacity to right itself given time and two paracetamols. On the other hand, if things are clearly getting worse I don't believe in waiting till it's too late and the emergency

service have taken over. By 5 o'clock the pain had started to throb with increasing urgency, so I went straight round to the surgery. Of course, years ago you could walk in and be seen by your own doctor without any trouble. But now it's all Advanced Access and you have to be seen within 48 hours. This means, for some reason I have not yet fully understood, that you can only see a doctor if you phone at 9 o'clock in the morning and by 9.15 (assuming you have managed to get through), all the appointments are gone and you have to phone again at 1.30, when the same thing happens. The alternative is to do what I did on this occasion: present yourself in person and plead to be seen as an emergency. Then everything depends on which receptionist is on duty. On this occasion I had to place myself in the hands of Mrs Ivy Flagg, a severe and formidable old bat who has been there for many decades. Well, I can understand they need someone like her to cope with some of the dubious characters who hang round the place nowadays. Nothing wrong with them, half the time I suspect, except an aversion to doing an honest day's work. The trouble is that patients like me with a genuine health problem tend to get the same treatment.

'Well, Mr Gland,' says Mrs Flagg, when I finally get to the front of the queue, 'here again are we? What is it this time?' I wish she would keep her voice down. There's no soundproofing in the reception area and I don't want everyone staring and flapping their ears. 'Good afternoon, Mrs Flagg,' I say politely. 'I would like to see Dr Phillips please and it's rather urgent.' I like Dr Phillips the best — Dr Brenda as I think of her. She's such a warm person, very motherly and she seems to understand my case much better than others. 'Dr Phillips is full this afternoon, so is Dr Teacher and so is Dr Grimes. You can phone at 9 o'clock tomorrow morning.'

CRYSTAL BALLS

Few activities are more fatuous than predicting the future. But as no one seems prepared to say, 'Who can tell?', any magazine or newspaper is assured that 'the planet's most prominent scientists' [sic] will be prepared to mouth off, themselves assured that they won't be around to be mocked when their predictions are wildly wrong. *New Scientist* celebrated its 50th anniversary in the autumn with just such a futurefest (reported in the *Guardian*). Anyone asked to predict so far ahead should first be reminded of Professor Douglas Hartree. In 1951, according to Wikipedia, he predicted that just three digital computers would be able to do all the UK's computation. No one would ever need their own computer, which they wouldn't be able to afford anyway. He died in 1958.

Predicted medical advances are always going to occur 'within the next decade'. Sure enough, according to *New Scientist*: 'digits will be regrown within 5–10 years ... Within 50 years whole-body replacement will be routine.' I hope they do better than with artificial blood. When I was studying for my anaesthesia exams in 1979, manufactured oxygen-carrying solutions were just a couple of years off. Artificial haemoglobin is a good deal less complicated than a regrown finger, but we still don't have any that works. Every time I read about it, it's 2 years off.

Beverly Whipple, secretary general of the World Association for Sexual Health, reckons that in 50 years 'sexual violence and abuse will be eliminated'. Is that just in Surbiton? She also thinks that the spread of sexually transmitted infections will be halted. Presumably, much as tuberculosis has been eradicated now that we have streptomycin.

*The Independent's* futurefest involved just its specialised correspondents, but they didn't do much better. At a time when there was much anguished discussion about whether we should resuscitate babies born at 22 weeks, because almost all of them die, the Indy told us that 'the first baby to be created, gestated and born entirely in the laboratory is in prospect'. It seems to me that weeks 0–22 are a good deal more complicated than weeks 22–25, by which time a good proportion live. But, hey! Don't let technical difficulties get in the way of good copy. The same article promised us that the first male pregnancy is a scientific possibility.

There's nothing wrong with science fiction, and there's nothing wrong with hoping for the future. But let's not pretend that it is any more than fiction or hope. And first, let us hope there is a future.

'What about Dr Greengage?' I enquire. (I don't mind seeing the registrar in an emergency because they are often more up to date than the others. But then I remembered that it was Thursday and she would be up at the hospital for her teaching). 'Please, Mrs Flagg', I say, my voice choking slightly (I'm past caring what people think by now). 'I've got obstruction of the bile ducts. I can feel my liver swelling'. 'Oh yes,' says old Ivy, without betraying any emotion. She continues to gaze at her screen through her half moon specs, her lips moving soundlessly. Then she says: 'I can put you in as an extra with Dr Grimes. He's running late, so be prepared to wait at least an hour'. Arthur Grimes is the senior partner and well past his clinical prime, in my opinion. I shall be surprised if he survives the first round of GMC revalidation. But beggars can't be choosers. I accept my fate and take a seat in the waiting room until it's my turn.



'You can't have a pain in the liver,' says Dr Grimes in that bored superior voice he puts on. 'The liver is not a pain-sensitive organ. You've just got a bit of indigestion again. 'What about my gall bladder?' I ask. Old Arthur tells me I had an ultrasound scan last time I had liver pain and it was normal apparently (although in my view that girl in the scanning department was not sufficiently experienced). Still, I didn't want to go into that again, so trying to be constructive and helpful, I suggested that an MRI might be the thing to go for. But old Dr Grimes takes it amiss as usual and says he is the one who will decide when an MRI is indicated and anyway there's a 2-year waiting list, which I don't believe. Then he's tapping out a prescription for 'Gastrocalm Intensive Care'.

My heart sinks. I've got bottles of that stuff at home and it's quite useless for

biliary trouble as any competent doctor would know. But there's no point in arguing with him. Too set in his ways. On my way out I see that Ivy is on her break, so I get that Shirley with the purple hair and the stud in her nose (nice girl) to put me in for an appointment with Dr Phillips on Friday. Meanwhile, I think I'll call in at that new health shop in the high street and see if they've got any good complementary liver medicines ...

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