

A patient's diary:

episode 2 — a swollen leg

20 JANUARY

My liver has felt a good deal better this week — thanks largely to some herbal tablets from the health food shop and no thanks at all to 'Gastrocalm Intensive Care' which is more useful for killing slugs in the garden, as I told Dr Grimes once, in a moment of brutal frankness. I'm afraid he is totally unaware of the latest NICE guidelines and his prescribing leaves much to be desired when it comes to clearing impurities from delicate structures like the bile ducts. However, things in that department are greatly improved, as I said, and I would have been entirely free from health problems this week had it not been for the swelling in my left leg which developed early yesterday morning. As soon as I woke up I could feel the whole of my calf tugging and pulsating as the blood tried desperately to force its way through. The skin was a nasty purplish colour and the whole limb obviously swollen. Of course I knew at once what was wrong. I was reading a piece only a few days ago on one of the excellent internet health sites (dangers of long haul flights) that undue stasis in the calf vein from prolonged sitting can cause deep vein thrombosis (or DVT). Of course I hadn't been on any long haul flights but I did fall asleep in front of the

Over the next few months readers will be privileged to have access to the Diary of Mr Norman Gland, an ordinary NHS patient whose indifferent health necessitates frequent visits to his local GP surgery. This month our second extract relates how the doctors dealt with Mr Gland's calf pain of sudden onset. Deep vein thrombosis? Baker's cyst in a man who never baked anything in his life? Read on...

television last night during a rather tedious nature watch live programme in which there seemed to be nothing to watch. When I woke up the programme was over and Hilda had gone up to bed. That must have been when it happened.

Over breakfast I showed her my thrombosed leg and, to my amazement, she said it looked completely normal to her. I had to remind her that her judgement is notoriously weak when it comes to clinical matters. There was no question of going to work so I rang the surgery to ask for an urgent home visit. As usual, I found myself up against Mrs Flagg who wanted to know what my symptoms were. When I told her, she asked with her usual lack of empathy why I couldn't come down to the surgery? With one leg completely useless? I said. Would she like me to crawl there on my knees or should I hop all the way? But irony is wasted on Ivy Flagg. She merely said it didn't sound like an emergency to her but if I liked to come down to the surgery, she would ask the new nurse to 'triage' me. This is some new system they've got for cutting down appointments and I didn't like the sound of it. TRI-AGE. What does it mean? Obviously it has something to do with AGE and no doubt means that if you are over 50 like me you are regarded as past it with one foot in the grave (one thrombosed leg in the grave, I said to Hilda with bitter irony, but it was wasted on her too).

Anyway I had to get help of some kind, so after breakfast I rang for a cab and got myself round to the surgery. When I went up to the desk I found I'd been fitted in with Dr Teacher, so Flagg must have relented a little with her harshness. Dr Teacher wouldn't be my first choice but as it was an emergency I was willing to be adaptable. The waiting room was full, as it usually is on Monday mornings and there wasn't a seat available. However, when they saw me limping painfully down the corridor, several people offered me a place. Very

decent of them I thought. I explained that as an emergency I would probably be called first and apologised for the inconvenience I was causing to those with booked appointments. They were all most understanding. So I was quite puzzled and upset to find that several people were called in ahead of me. I tried to point this out to Mrs Flagg but she pretended not to hear as she swept past on her way to the kitchen for her coffee. Eventually Dr Teacher called me in. At first I thought he had a patient with him but it turned out to be young Sally Greengage, the trainee doctor (they are called registrars for some mysterious reason). He went on about her being fully qualified and so forth, as if I didn't know. I pointed out that I had already helped Dr Greengage with one of her videos that they have to do for the Membership Examination. In our taped consultation she had forgotten to ascertain whether I had fully understood her Management Plan, thus depriving herself of the chance to win Merit points. I always try to be as helpful as I can with these young doctors on the threshold of their careers. Anyway, I explained the problem and showed them my swollen leg, and Dr Teacher said where was the swelling? So I showed him again and he said he couldn't see any swelling. Dr Greengage very sensibly asked me to roll up the other trouser leg so we could compare it with the normal side. Dr Teacher said they looked more or less the same to him and I was rather dismayed when Dr Greengage agreed with him. Of course most of the swelling was internal and therefore not very obvious to a casual inspection.

Feel it, I said. At that, Dr Teacher seized my swollen calf and I gave a great cry of pain as his icy fingers closed like a vice on the most sensitive place.

Then they began to take me seriously.

Dr Teacher said: 'Sally, would you like to examine Mr Gland? What do you think it might be?' Sally said it could be a DVT or

The alternative regression

maybe a ruptured Baker's cyst. Personally I thought the latter was a bit of a wild guess as I've never done any baking but I didn't want to dampen her enthusiasm. Then Dr Teacher said he didn't think it was a DVT but you could never tell and perhaps I should be sent up to the hospital for a Doppler. I said I would rather avoid the knife if possible and Dr Greengage explained that this was just a non-invasive method of detecting blood flow in the deep vein. I asked if they could do some detective work on my liver circulation at the same time, but Dr Teacher just groaned softly and shook his head. He's not very good at coping with 'multi-tasking'. My leg pain suddenly came on again and I started to sweat. At that very moment there was a knock at the door and in came Dr Brenda Phillips. She wanted to borrow a tongue depressor but the others said while she was here would she care to have a look at my leg? I like Dr Brenda — she's so much more sympathetic than the other doctors. I sometimes imagine that I'm resting my head on that motherly bosom of hers and she's stroking my hair (I wouldn't tell her that of course as it might embarrass her). Anyway, she asked me all about the leg and nodded compassionately as I told her about the pain and the swelling. She knew at once what the trouble was.

All it needed, she said was a little massage and with a few deft strokes of her capable fingers she smoothed out the knotted muscles. I felt the obstruction clear and the blood begin to flow again. She gave me a prescription for some quinine tablets and said if I took those every night I shouldn't have any more trouble. All the same I think I should let her have another look at it to be on the safe side. If Mrs Flagg will grant me one of her precious pre-booked appointments.

We are grateful to John Salinsky for these extracts from Norman Gland's diary.

Although cancer specialists have recently challenged the corporate opportunism of the world of alternative health care, many GPs remain sympathetic to the drive to integrate these anachronistic methods within primary health care.¹

While advocates of alternative medicine claim that it offers a more compassionate mode of health care, scientific medicine's claim to be more humane rests on its unparalleled record of achievement in the treatment of disease and the relief of suffering. Alternative healers raise unrealistic expectations and provide therapies whose effectiveness (and safety) have rarely been objectively confirmed. The worst medical doctor can cure diseases and save lives; the best alternative healer can only offer false hopes.

Alternative practitioners proclaim a 'holistic' approach, which takes account of the patient's body, mind, and spirit. They condemn orthodox medicine for its mechanistic conception of the body, for its reductionist attempts to understand its function (and malfunction) in biochemical terms and for its interventionist style of therapy. By contrast, alternative therapists regard disease as a disturbance of the harmony between the individual, nature and the cosmos; their treatment aims to assist the purposeful attempts of the body to restore its natural balance.

If the fundamental principles of the alternative health movement sound familiar, this is because they are the same as those of the Hippocratic tradition, which dominated orthodox medicine from antiquity until the beginnings of scientific medicine in the 17th century (a period in which almost all treatments were useless, if not dangerous).

Alternative health schools claim three sources of wisdom. Some are based on revelation, either divine or secular. Others rely on speculation, theorising human health and disease in terms of elements or humours, or energy flows. Others still use empirical methods, observing patients and classifying the clinical features of disease.

Although empiricism proved the most productive approach, the activities of pre-scientific doctors were constrained by the speculative theories that guided their selection of data. As Louis Pasteur observed, 'without theory, practice is but a routine born of habit. Theory alone can bring forth and develop the spirit of invention'.² Scientific medicine emerged

out of the empiricist tradition, but crucially advanced through the methods of induction and experimentation, developing theory by arguing from the particular to the general, elaborating hypotheses and testing them in practice.

Traditional healers turn ancient insights into laws of nature with eternal validity. For scientific medicine what was previously thought to be true has often been superseded by new discoveries. Whereas traditional healers express humility in the face of nature and deference towards authority, practitioners of scientific medicine are sceptical and insubordinate, challenging divine and secular authority, questioning the evidence of the senses and the passive reflections of the human mind. 'Why think?', surgeon John Hunter famous challenged GP Edward Jenner, 'why not try the experiment?'³ The historic innovation of scientific medicine was that it was open to critical evaluation and revision. Whereas alternative systems arrive in the world fully formed, medical science is in a constant state of flux.

Just as reason cannot be reconciled with irrationality, so orthodox medicine cannot be integrated with alternative medicine. For Bruce Charlton, 'fringe therapies are a kind of cultural fossil, preserving a pre-scientific and pre-critical mode of reasoning about medicine'.⁴ Furthermore, 'their survival depends upon either ignorance or double-think (a deliberate bracketing off of skepticism) — which explains why such practices can never be disproved'. This is why the project of subjecting alternative therapies to randomised controlled trials and other scientific methods is doomed.

Given that the general trend of medicine up to the late 20th century was to move away from superstition, it is sad that the new millennium has brought a return to mysticism. Given the backward-looking character of the vogue for alternative medicine it is remarkable that an openness towards such practices is today regarded as a progressive, even radical, outlook.

REFERENCES

- Jonathan Waxman. Shark cartilage in the water. *BMJ* 2006; **333**: 1129.
- Dubos R, Pasteur L. *Free Lance of Science*. New York: Da Cap Press, 1960.
- Wendy Moore. *Knife man: blood, body-snatching and the birth of modern surgery*. England: Bantam, 2005.
- BG Charlton. Philosophy of medicine: alternative or scientific. *J R Soc Med* 1992; **85**: 436–438.