

AN EXPERIMENT IN PRESYMPTOMATIC DIAGNOSIS

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That the role of the general practitioner lies increasingly in the field of preventive medicine is the view of many leading thinkers, but what are the practical implications of this thesis, and what results might be expected if such a policy be implemented?

In Edinburgh there has been an intensive search by general practitioners for early carcinoma of the cervix, but such an investigation was short-lived, and we have had no results from such an enquiry conducted intensively over a number of years. Another example of the use of the general practitioner in preventive medicine lies in the detection of anaemia, and this paper deals with the results of an intensive effort over a period of eight years to detect and treat anaemia in a general practice.

The practice is an urban one, based on the Darbishire House teaching centre in Manchester. Laboratory facilities are available on the premises, so that haemoglobin estimations can be done easily and quickly during morning surgery hours.

It has been my aim, since the health centre opened in 1954, to obtain a haemoglobin estimation on every patient in my practice. The number of estimations done per year approximates to 800. When dealing with such large numbers, it is permissible to resort to sampling. The age and sex distribution of the practice is similar to that of the country, and it can be shown that the age and sex distribution of all the patients in the practice whose names begin with the letter "A" are similar to that of the practice.

Table I shows the number of patients whose names begin with the letter "A", the number of those who had haemoglobin estimations done between 1954 and 1962, and the number of estimations performed on these patients.

Out of 135 patients beginning with the letter "A", 101, i.e. 74 per cent, had haemoglobin estimations done between 1954 and 1962.

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cent, had haemoglobin estimations, and of the 21 considered anaemic, 8 were still anaemic on the occasion of the last haemoglobin estimation. In assessing anaemia, 90 per cent for men and 85 per cent haemoglobin for women, and for children under 5 years, 75 per cent were accepted as reasonable figures.

TABLE I
1954—1962. NUMBER OF HAEMOGLOBIN ESTIMATIONS IN A SAMPLE OF GENERAL PRACTICE AND THE INCIDENCE OF ANAEMIA SO ASCERTAINED

Total number of patients on practice list with surnames beginning with "A"	135
Total number of above patients who had haemoglobin estimation performed	101
Total number of haemoglobin estimations performed on these patients	156
Number of these patients who were anaemic at first haemoglobin estimation	21
Number of these patients who were still anaemic at time of last haemoglobin estimation	8

The total practice population over these last 8 years averaged some 3,000 patients, so it is reasonable to suppose, on the basis of this sampling, that in the present practice 2,244 patients have had 3,466 haemoglobins performed. About 466 patients for the whole practice were anaemic on the occasion of their first haemoglobin, and about 178 are likely still to be anaemic at present.

During this eight year period there has been a 10 per cent turnover per annum of patients, so that each year about 300 have joined and left the practice, i.e., 2,400 patients have passed through the practitioner's hands and left the practice. Of these 2,400 about 1,796 would have had 2,733 haemoglobins performed, so that in order to practice preventive medicine in just one small field, it would seem that a total of 3,466 + 2,773, i.e. 6,239 haemoglobins have been performed to enable the doctor to follow up 466 patients with anaemia.

This total of 6,239 correlates closely to the laboratory figures of 800 haemoglobins per year for eight years. Every possible pressure has been put upon patients to secure a continued surveillance. Each patient, once diagnosed as anaemic, was seen and treated. The laboratory records were checked every six months, and those who failed to attend for repeat blood tests were sent letters requesting

their co-operation. Hundreds of letters have been sent out over the years. Those who failed to attend were visited by health visitors. Yet, in spite of all these efforts, it is reasonable to suppose that there are still about 178 anaemic patients in the practice.

This investigation was not planned to throw light on the aetiology or distribution of anaemia; it was simply directed to give some idea of the amount of laboratory, secretarial, and professional effort which has been involved in practising preventive medicine in the field of haematology.

The incidence of anaemia in this urban area of Manchester appears to be about 15 per cent, a figure which can be reduced to about 6 per cent over a period of eight years with intense effort and follow up.

Whether the results justify the effort is open to discussion.

Manipulative Treatment in General Practice. D. G. WILSON, M.B.
Lancet (1962), 1, 1013

A postal survey of the 290 members of the Northern Home Counties Faculty of the College produced 92 replies. Of these respondents, 15 frequently used manipulative treatment, 68 used it occasionally, and nine never. The majority agreed that such treatment had a place in orthodox practice, and 38 general practitioners carried it out personally. Dr Wilson makes a plea for the general acceptance of manipulative treatment, and for more training facilities for it.

The Chickenpox and Shingles Complex. *Practitioner*, (July 1962), 189, 86.

The relationship of shingles to chickenpox was studied by a group of thirty practitioners of the North-east England Faculty of the College, and 241 cases of shingles were observed. The infectivity of shingles is low, and cross-infection between the two diseases is uncommon. Shingles can occur in patients who have no history of previous chickenpox infection, but the group thought that in such cases there might have been a sub-clinical attack.