AN ANALYSIS OF PATIENTS SEEN IN GENERAL PRACTICE OVER A PERIOD OF THREE YEARS

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The basis of this short account is the patients seen in a single-handed general practice in the city of Bombay. The practice is situated in a middle-class residential area and is drawn from patients mostly of a similar social stratum with a leavening of the upper and lower ends. The cases discussed are those seen for the first time between 1 March 1958 and 28 February 1961.

Methods

A note of all patients seen for the first time, either at the surgery or in their homes, was entered in a register giving age, sex, disease group and whether any pathological investigations or reference to hospital or specialist was made. Twenty disease groups were adopted (table 5). A miscellaneous group comprised those not included in the 20 disease groups, and an obscure group consisted of the undiagnosed cases.

Only first consultations were recorded, the diagnosis having been made at the initial consultation or in retrospect. It was not possible to maintain records of repeat attendance or visits, nor was it possible to ascertain how many times each patient was seen. A patient presenting with a different illness each time was counted as a separate case.

Records were maintained over a period of three years, from 1 March 1958 to 28 February 1961.

Results

The total number of new consultations over 3 years was 10,120. The yearly incidence is set out in table I, and the monthly incidence in table II. The sex incidence is given in table III, and the age distribution in table IV.

TABLE I

YEARLY INCIDENCE

Year	*Number of new consultations*
1958 (1.3.58 to 28.2.59)	3,201
1959 (1.3.58 to 28.2.59)	3,393
1960 (1.3.60 to 29.2.61)	3,526
Total	10,120

TABLE II

MONTHLY INCIDENCE

Month	*Number of new consultations*				*Mean*
	1958	1959	1960	1961	
January	—	293	284	284	287
February	—	248	282	298	276
March	314	269	276	—	286.3
April	274	284	287	—	281.6
May	300	331	226	—	285.6
June	236	296	280	—	270.6
July	253	295	330	—	292.6
August	235	307	325	—	289
September	261	259	302	—	274
October	271	224	358	—	284.3
November	256	282	273	—	270.3
December	260	280	287	—	275.6

TABLE III

SEX INCIDENCE

Sex	*Year*			*Total*	*Percentage*
	1958	1959	1960		
Males	1,726	1,943	1,827	5,496	54.3
Females	1,475	1,450	1,699	4,624	45.7
Total	3,201	3,393	3,526	10,120	—

TABLE IV

AGE DISTRIBUTION

Age group	*Number*			*Total*	*Percentage*
	1958	1959	1960		
0 6 mo.	52	65	57	174	1.7
7 mth.— 1 yr.	90	105	126	321	3.2
13 „ — 2 „	90	157	182	429	4.2
3 yrs. — 5 yrs.	256	284	272	812	8.0
6 „ —10 „	344	372	350	1,066	10.5
11 „ —20 „	307	458	465	1,230	12.2
21 „ —30 „	633	659	678	1,970	19.5
31 „ —40 „	596	530	561	1,687	16.7
41 „ —50 „	343	314	353	1,010	10.7
51 „ —60 „	248	264	258	770	7.6
61 „ —70 „	139	88	144	371	3.7
70 „ and above	103	97	80	280	2.8
Total	3,201	3,393	3,526	10,120	

The number of patients in each disease group, the total numbers and percentages are set out in table V.

The number and percentage of cases on whom one or more pathological or radiological investigation was done, and the number and percentage referred to a hospital or specialist is set out in table VI.

Discussion

Perhaps the only reward that a general practitioner may get from keeping numerical records of his patients, is the satisfaction of knowing what a large volume of work he is able to get through during the course of a single working day. Moreover, keeping of records brings many interesting findings to light and shows that among the routine and commonplace can be found the rare and interesting.

From the figures given above it is apparent that as far as this practice is concerned there was no marked yearly or monthly variation as seen over a period of three years. There are definite seasonal variations in the incidence of certain diseases, for example, a greater incidence of alimentary disease during the hot months, a greater incidence of respiratory disease during the winter months, but the overall incidence shows no striking variation.

The sex incidence shows a slight preponderance of males (54.3

TABLE V

NUMBER AND PERCENTAGE OF PATIENTS IN EACH DISEASE GROUP

Disease group	*Number*			*Total number*	*Percentage*
	1958	1959	1960		
Cough/cold	419	413	509	1,341	13.3
Flu	209	270	312	791	7.8
E/N/T/Sinuses	331	357	370	1,058	10.5
Lower Respiratory	205	253	268	726	7.2
Alimentary	425	488	478	1,391	13.7
C.V.S.	65	54	46	165	1.6
C.N.S.	24	21	23	68	0.7
Urinary	41	40	48	129	1.3
Genital	27	26	38	91	0.9
Gynaec./obstetrics	73	54	46	173	1.7
Bones/joints/muscles	90	82	83	255	2.5
Infectious diseases	136	160	158	454	4.5
V.D.	60	85	90	235	2.3
Eye	30	25	38	93	0.9
Skin	198	213	197	608	6.0
Vaccinations/inoculations	210	203	182	595	5.9
Neurosis	32	37	27	96	0.9
Accidents/surgical	151	169	198	518	5.1
Dental	36	20	25	81	0.8
Metabolic	43	27	42	112	1.1
Miscellaneous	236	318	264	818	8.1
Obscure	160	78	84	322	3.2
Total	3,201	3,393	3,526	10,120	

TABLE VI

CASES REFERRED FOR PATHOLOGICAL OR RADIOLOGICAL INVESTIGATION, HOSPITAL OR SPECIALIST

	Number			*Total*	*Percentage referred out of total number of cases*
	1958	1959	1960		
One or more pathological or radiological investigation	255	272	339	866	8.5
Hospital or specialist	157	172	139	468	4.6

per cent) over females (45.7 per cent), which is contrary to the view held in some places that women are more frequent attenders at doctors' surgeries. These figures represent, however, the overall sex incidence and if the figures were broken down into different age groups, the sex incidence may well be different.

Analysis of the age distribution shows that young adults in the 21–30 age group constitute the largest percentage of patients (19.5 per cent) attending for the first time, followed by the 31–40 age group.

The commonest disease of all, cough and cold, constitutes the greatest number of patients in any single disease group (13.3 per cent). An attempt was made to differentiate the cough and cold cases from the influenza group and the E.N.T. sinuses group. There must be a considerable degree of overlap in these patients and a certain degree of personal error must be involved in differentiating them, but all taken together constitute the vast majority of patients attending a doctor's surgery.

Among the lower respiratory group, there were 84 cases of pulmonary tuberculosis, representing 11.5 per cent of lower respiratory disease and 0.8 per cent of the total number of cases. There were also seven cases of tubercular lymphadenitis, two of tubercular meningitis, and one case each of tuberculosis of the caecum, peritoneum, and spine.

Disease of the alimentary tract (upper and lower alimentary, liver, gall bladder, etc.) also constitute a substantial number (1,391 cases, 13.7 per cent). A particular note was kept of cases of amoebiasis. There were 108 proved cases of intestinal amoebiasis and 15 cases of amoebic hepatitis, which together constitute 8.8 per cent of alimentary disease. As these figures refer to proved cases only, the true incidence must be much greater and many cases were treated on clinical grounds only.

Infectious diseases were present in 4.5 per cent of cases. They consisted mostly of the usual common " fevers "; and included 62 cases of typhoid, ten diphtheria, three smallpox, two glandular fever (said to be very rare in this country) and two cases of acute anterior poliomyelitis. Both the latter were severely paralyzed.

Venereal disease (235 cases) was present in 2.3 per cent and consisted of 97 cases syphilis, 118 gonorrhoea, seven of syphilis and gonorrhoea combined, nine lymphogranuloma venereum, four non-specific urethritis and one Reiter's syndrome associated with gonorrhoea. All the syphilitic cases except four were primary, and

all cases of venereal diseases were in men except one of syphilis and one of gonorrhoea.

The miscellaneous group consisted of a wide variety of illness which did not fit in any of the 20 disease groups. The obscure group consisting of the inevitable undiagnosed cases, tended to get less and less with more experience.

Malignancy was encountered in 22 patients, distributed as follows: lungs (6), liver (2), stomach (2), small intestine (2), large intestine (2), skin (2), tonsil (1), larynx (1), tongue (1), thyroid (1), malignant teratoma (1) and Hodgkin's disease (1).

There were 41 deaths recorded during this period, the various causes being malignancy (6), congestive cardiac failure (6), acute coronary insufficiency (6), uraemia (4), tuberculosis (3), old age (3), bronchopneumonia (2), general debility (2) and one each of diabetic coma, perforated peptic ulcer, tetanus neonatorum, dysentery, septic abortion, fractured neck of femur, cirrhosis of the liver, cerebral thrombosis, and ruptured aneurysm.

Summary and Conclusions

An analysis of patients seen in a single-handed general practice is presented. They consisted of 10,120 first consultations seen over a period of 3 years.

Detailed records were kept and the cases analysed according to monthly incidence, age, sex and disease groups.

A large amount of the material seen is trivial, but many rare and interesting cases were also encountered.

Similar studies in general practice from different parts of the country would bring to light interesting epidemiological data. General practice has not been investigated in this country so far as a field for clinical research. A statistical study of one's cases fully justifies the extra labour and time involved, and is worth repeating in different practices all over the country. The knowledge gained thereby could be pooled for the mutual benefit of practitioners and patients.

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