Life & Times
The stable rower:
identifying a rare disease

After reading the May 2018 *BJGP*, I feel that I have experienced a recent case that amalgamates many of the themes of that issue. My case highlights the importance of appropriate safety netting,[1] rare diseases,[2] unintentional weight loss,[3] and reassurance.[4]

PATIENT PRESENTING WITH COUGH

A student attended my morning clinic with a chest infection, which, considering I work in a GP practice associated with a university, is so much my bread and butter that I may as well have put the sultanas on it and baked the pudding myself.

My patient reported a 2-week history of cough with no sputum production and no shortness of breath. He didn't feel unwell. There were bilateral bronchial crackles and no raised lymph nodes. ICE suggested he wanted antibiotics. *'Whilst I'm here doc, can I weigh myself? I'm eating big meals all the time but I'm still not gaining weight.'* He was 1.90 m with BMI of 22.8. He had joined the rowing society and been told to gain 10% of his body weight. Subsequently he had started eating roughly double the recommended daily intake of food. He had seen several different GPs for five similar coughs since starting at university 6 months ago and on two occasions had been prescribed antibiotics. He had a stable sexual partner and did not inject drugs. Each time he was told to return if his condition got worse, but, as his condition either got better or remained the same, he did not return. He believed he had Fresher's Flu. Prior to university, he had never seen a doctor for anything other than his immunisations.

It occurred to me how often he was attending for the same complaint despite looking well and not striking me as health anxious. I organised for an infective and immunological blood screen to be taken that day, and started him on oral amoxicillin. After 2 days his first blood test returned including normal tests for FBC, HIV, and CRP. On day 3, the immunoglobulin test returned: IgA, IgM, and IgG were all negligible. I picked up the phone and referred the patient immediately to immunology for immunoglobulin deficiency. The next day he attended an outpatient appointment and was diagnosed with X-linked agammaglobulinaemia.

Initially the patient was started on prophylactic azithromycin for 2 months while the education and arrangements regarding maintenance solely on regular immunoglobulin infusions were made. Presenting with symptoms this late is incredibly rare as patients typically present with recurrent illness from 6 months old at termination of breast feeding.[5]

REASSURANCE

He came back to see me, 6 weeks after I first met him. I was struck by how well he looked; he literally bounced across the room as he walked: *'Doc, check out my weight'*. He beamed at his 5 kg gain in 6 weeks. *'How can I help you today?'* I asked. *'Oh nothing, I just wanted to thank you for listening to me.'* We talked briefly about his condition but the immunology team had educated him fully on the condition, and then off he bounded to his new life of vitality. The ray of zebra sunshine that made my entire week worthwhile.

His case highlights several learning points: safety netting should include reassessment if the patient does not follow an improving health trajectory, not just a deteriorating one; the role of a GP includes referring to secondary care when something rare is possible for specialist assessment; weight change below what is intended is a marker for potential cancer, metabolic and haematological conditions; and reassurance for the patient came not from identifying his rare illness (5/1 000 000 births) or identifying that with treatment his risk of serious pathology was low,[5] but that his X-linked agammaglobulinaemia was explained fully to him.

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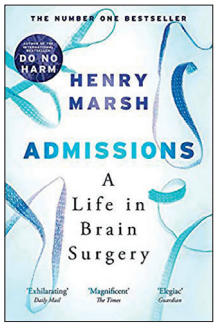
Life & Times
Books

Admissions: A Life in Brain Surgery
Henry Marsh
Weidenfeld & Nicolson, 2018, PB, 288pp, £8.99, 978-1474603874



RETIREMENT CONUNDRUMS

I was in Waterstones perusing the books and spotted the paperback *Admissions: A Life in Brain Surgery* in a carefully laid-out pile. Despite a reluctance to pick up medical autobiographies I decided to read the opening paragraph. This was an error on my part because, after reading the first sentence, I was instantly hooked! *Admissions* is a wonderful title as it carries a double entendre: the obvious being patient stories but a description too of Marsh's own personal foibles. Marsh worked as a consultant neurosurgeon in London hospitals for most of his career before becoming a celebrity doctor by writing his first book, the bestseller *Do No Harm: Stories of Life, Death and Brain Surgery*, and by featuring in award-winning documentary films *Your Life in Their Hands* and *The English Surgeon*. Here in this memoir he explores his medical life, which occurs both here in the NHS and in the Ukraine and Nepal. He is definitely a man who works with his hands, not only in surgery but also with a huge collection of professional handyman tools. The book follows his retirement from the NHS and the purchase of a dilapidated lock keeper's cottage. He decides to divide his retirement time by renovating this cottage in England and by continuing to work abroad.

Marsh is an obsessional perfectionist who does not suffer fools gladly and resigns from the NHS in a fit of anger over inflexible intensive care guidelines, but not before squeezing the nose of a hapless intensive care nurse. It is the personal admissions that lift the book from simply being a collection of

medical case histories or a description of different healthcare systems. In a way I felt I was being allowed to share his personal journey through his medical career. His icy detachment from the disasters that can befall neurosurgical cases and his way of dealing with his own ageing by running 25 miles a week resonated with me. Of course he hates doing the exercise but if it has the potential to ward off dementia he will continue to push his leaden and stiff body through its paces.

This book is best for those who are near or in retirement, as one can empathise with the situation the author is facing. He cannot stop working despite ethical concerns with operating in an impoverished Ukraine, or in Nepal operating on patients with misguided families and competitive avaricious neurosurgeons! In a way he probably cannot stop writing about his personal life and medical cases so I suspect further literary revelations will be forthcoming.

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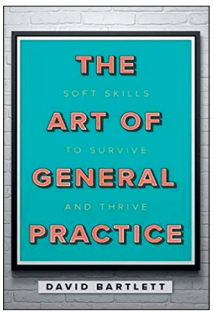
The Art of General Practice: Soft Skills to Survive and Thrive
David Bartlett
Scion Publishing Ltd, 2018, PB, 126pp, £14.99, 978-1911510192



SOCIAL SKILLS AND FRUITFUL CONSULTATIONS

This little book is well written and has a pleasant, informal style. It is, unashamedly, the thoughts of a GP looking back on a lifetime of general practice. The first part of the book covers what he calls the soft skills, but what could be called the social skills required to make the consultation work most successfully. There were certainly some suggestions here that I could learn from, such as writing a bereavement letter, but this section might be ideal for a trainer with a trainee facing clinical skills assessment.

Although the author Dr Bartlett was, I suspect, born with excellent social skills, some are less blessed in this regard, or may come from a different culture. For such doctors, this part of the book, with the help of their trainer, may unlock the capacity to have a fruitful consultation and, also important, pass the CSA. As the medical defence societies themselves point out, social skills provide the best protection against litigation and patient complaints. On reading this first section one begins to feel that one is meeting a warm and human doctor.

The second part of the book tries to encourage and enable the career GP to look after themselves. Again, well written, it is full of useful advice. He rightly points to a loss of curiosity and interest in medicine as a warning sign of burnout, and one that should be acted upon. The book ends with a list of useful books to be lent — to the right patient — or to be read by the GP for insight into the new techniques of CBT or mindfulness.

To sum up, a short book from which every GP might learn something.

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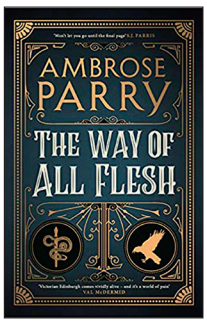
The Way of All Flesh
Ambrose Parry
Canongate Books, 2018, HB, 416pp, £8.99, 978-1786893789



MURDER, MYSTERY, MEDICINE, AND MELODRAMA

On the first page of this historical mystery, set in the medical world of 1847 Edinburgh, medical student Will Raven discovers a dead prostitute; by page 15 he has been savagely beaten and scarred for life, and by page 39 he has assisted at the gory interval version of a footling breech. The pace continues as Ambrose Parry (a pseudonym for writer Chris Brookmyre and his anaesthetist wife Marisa Haetzman) pulls no punches in evoking the sights, sounds, smells, social niceties, and dangers of a socially divided Edinburgh.

Raven, a young man with secrets of his own, has a personal reason for investigating the prostitute's suspicious death. He enlists the help of housemaid Sarah; at first the couple appear ill matched, the intelligent Sarah resenting Raven's opportunities for education and advancement that arise simply because of his gender. However, partly due to a series of fortuitous encounters during which they are squeezed together in cupboards and narrow alleys while evading pursuit, they develop a close bond and become a formidable team. The pace of the novel picks up for a gripping, cinematic-style thriller ending.

The medical background to the novel is the birth of anaesthesia and Raven is apprenticed to the eminent obstetrician and anaesthetic pioneer James Simpson (a real character, who devised the eponymous forceps). Parry's descriptions of after-dinner gatherings at Simpson's house where participants, with varying degrees of enthusiasm, test promising new anaesthetic agents on themselves are as amusing as they are plausible. Surgical operations and obstetric procedures are recounted in graphic and accurate detail.

Parry's writing effectively evokes Victorian melodrama and, although solutions to some of the mysteries are flagged rather prominently throughout, and the narrative style sometimes reads as a slightly uneasy mixture of modern vernacular and formal Victorian, this is an enthralling mystery that offers some fascinating glimpses into the world of Victorian medicine.

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