A HUNDRED YEARS AGO

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GPs SHOULD ALWAYS BE STUDENTS

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The student, versed in hospital lore, brimming over with knowledge and enthusiasm, is apt to find himself somewhat at a loss when launched forth into general practice. Hitherto accustomed to cases, the majority of which were serious, it is some time before he realizes that the serious cases are now relatively few and far between, that the nasty-looking throat is not diphtheria, and that the abdominal pain is not appendicitis. He is launched on to the vast sea of "Minor Maladies", on the correct appreciation of which so much of his future reputation will depend.

Great enthusiasm on the part of the practitioner is required to keep himself up to that high standard of excellence in diagnosis that he has learnt in hospital.

A barrier to diagnosis often lies in this: that private patients do not readily submit to the complete examination that one is accustomed to carry out in hospital, and the time and opportunity for such are not always so easily secured. At best, and examination is apt to be unsatisfactory, owing to excessive garments, large awkward beds, and badly lighted rooms. The graver mistakes of practice arise not so much from ignorance as from a want of thorough and routine examination.

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On this account, a malignant growth of the rectum may be treated as a case of haemorrhoids; carcinoma of the cervix as a case of leucorrhoea; the vomiting of strangulated hernia as a case of poisoning!

It is a feature of general practice that many patients make special preparation for the coming of the doctor. A surprise visit may often disclose a condition of household affairs very different from that which the doctor was led to suppose to be normal. When accidently they do occur they often give great insight into the true life and surroundings of the patient.

It is, perhaps, a wholesome sign that even the poorest patients are often ashamed of their vestments, and a visit to or by the doctor is usually preceded by a fortuitous change of linen. It is well to remember that neglect of this precaution may make a patient very reluctant to under go examination, and that, if the doctor appoints another day, no further difficulty will be met with. I remember one day seeing a patient who had something the matter with her knee. A request to see the other knee for purposes of comparison caused no little consternation. I then discoved that the one leg had been washed, while the other was as black as ink!

In a busy practice, where time is a matter of very vast importance, a good deal of "speculation" must undoubtedly be done; but while the experienced practitioner may rely very largely on his "intuition", the younger man would do well to employ those more scientific, if not always more successful, methods of modern thought and teaching. The combination of the two approaches the ideal.

The medical man, who leaves the calm of hospital for the troubled waters of general practice, takes on with his new work many grave responsibilities. There are those to his profession, to his patients, to the State, and last, but not least, there are those to himself. It will require great zeal on his part to keep himself up to those high standards of excellence that he has learnt. Especially in the matter of asepsis is deterioration liable to occur. It is well to remember that the true medical man is a student all his life. No opportunity of gaining knowledge should readily be missed.

The tendency of modern thought and progress in dealing with disease lies now in the direction of prevention rather than of cure, and on the practitioner will rest the burden of inculcating those principles of prophylaxis which tend to the eradication of disease. Without his alliance and support, no true progress in this direction can ever be maintained. Public health authorities can undoubtedly do much, but the very fact of their official nature bars them from that friendly intercourse with the community which the practitioner can turn to such a good account.

The outlook for the practitioner, never very bright, is now particularly gloomy, and modern legislature tends to produce an upheaval, the results of which to many men may even be chaotic. Those who have not already taken the decisive step of entering into practice would be very well advised to wait till things have settled down a little. Perhaps by then fresh fields will have opened out for their activity, and the time-worn paths of practice may never know their step.

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PHOTO QUIZ ANSWERS

CASE 1 RESISTANT VERRUCA
A The treatment has not worked because this is a corn not a verruca
B The absence of vessels within the lesion is of diagnostic significance

CASE 2 LICHEN PLANUS
A On the mouth and genitals
B The condition is self-limiting and usually takes 8-12 months to resolve

CASE 3 PERSISTENT ECZEMA
A Perioral dermatitis
B Stop any topical steroids and use an oral or topical antibiotic

CASE 4 NAIL PROBLEM
A Median nail dystrophy which occurs as a result of repeated trauma to the nail
B Avoiding trauma is the treatment of choice but this can be difficult as it is often a subconscious activity

CASE 5 BOWEN'S DISEASE
A Treatment choices include: 5 fluorouracil; imiquimod; photodynamic therapy; excision; curettage and cautery; cryotherapy; laser ablation
B 3-5%

CASE 6 BIZARRE LOOKING RASH
A The rash developed as a result of a jellyfish sting
B After a suspected sting the area should be soaked in vinegar for 15-30 minutes to stop the nematocysts from releasing their toxins. Any rubbing or hot or cold applications will make the symptoms worse by encouraging the release of toxins