OPINION

ANECDOTES AND MEDICAL MAXIMS

Atherton J

Family Practitioner, Apia, Samoa

Of all the memorable events in my medical training, the most enjoyable to recall have been those occasions when my teachers related anecdotes from their own experience, or passed on maxims of time honoured medical lore.

For example, when I was being taught anesthetics, the anesthetist had got everything ready. The patient was lying on the table; the surgeon standing patiently by (they don't often do that as I was later to discover). 'Your patient', said the anesthetist.

I picked up the syringe and started injecting. As I had been taught, I asked the patient to count slowly to ten. When the syringe was empty, and the patient was still counting past forty, I began to sense something was not right. I looked at the anesthetist. He looked at me. 'What was in that syringe?'– he asked. 'I don't know', I said; 'I presumed you had filled it with Pentothal'.

<u>Lesson One</u>:
Never give a patient an injection unless you know what's in it.
(The anesthetist had filled the syringe with saline just to teach me – and every other unsuspecting student that came his way – a lesson we would never forget).

My surgical mentor liked to relate this apparently true anecdote concerning the famous London surgeon, Sir Frederick Treves (1853-1923). Treves is probably best known for befriending the Elephant Man, Joseph Merrick, for whom he provided private accommodation at the London Hospital in Whitechapel. (Merrick had formerly been an exhibit at a circus across the road).

One day Sir Frederick was seized with severe abdominal pain. He called his first assistant saying he thought he had ruptured his appendix and instructed him to prepare the theatre and operate. (Sir Frederick Treves is also credited with being the first surgeon to remove an appendix in 1888). The assistant noted that the patient could not lie still. He reminded Sir Frederick of what he always taught his students. 'Quite right', replied Sir Frederick. 'I had completely forgotten'.

I had good cause to remember this anecdote recently when a friend who was on a business trip from New Zealand rang one Sunday morning to say he had been seized that morning with severe abdominal pain and vomiting. As I was on my way to see him I turned over in my mind some possible diagnoses: ruptured appendix, or what is worse, ruptured diverticulitis. When I arrived he said he could not get comfortable in any position. A voice whispered in my ear: remember Sir Frederick Treves.

<u>Lesson Two</u>:
The acute abdomen lies still.
(Both my patient and Sir Frederick Treves had renal colic).

<u>Lesson Three</u>:
Common diseases occur commonly. The same idea can be expressed the other way round: **rare diagnoses are rarely correct**.

I was a senior house officer in the west of England when I thought I had made a brilliant diagnosis: Cushing's Syndrome. The patient had the typical moon face, plethoric facies, abdominal striae and hypertension. I referred him to a physician specialist. 'Nothing wrong with him', he wrote: 'all Cornish fishermen are like that'.

I was in my second post graduate year when an elderly gentleman had yet another hematemesis. I forget exactly what his diagnosis was but it was something pretty awful like advanced gastric carcinoma. He had already been resuscitated three times. On this fourth occasion, while the staff were frantically running round getting everything ready for another blood transfusion and gastric suction, he appealed to me with a weak voice: 'I know it is your duty as a doctor to do everything you can for me', he said, 'but I don't want to go through all this again: leave me alone and let me die in peace'.

<u>Lesson Four</u>:
Thou shallt not kill, but need'st not strive officiously to keep alive.
(I used to think this well known maxim originated with Sir Robert Hutchinson (1871-1960) – physician at the same London Hospital as Sir Frederick Treves – but apparently not: it comes from a poem by Arthur Hugh Clough, although Hutchinson no doubt quoted it to his students.) It is difficult, especially for a young doctor, not to do everything possible to prolong a person's life, but we should remember, it is not always what the patient wants.

<u>Lesson Five</u>:
Never lie to a patient
This is one of my own maxims although I can hardly claim it to be original. I used to cringe when in response to a patient's searching eyes to know

what was wrong with them, another doctor would say, 'don't you worry, everything is going to be fine'–when we all knew, probably the patient as well, that this was not the case.

Relatives were often the biggest problem. They would say, 'whatever you do, don't tell (the patient) they are going to die: it will kill them!'

Giving patients bad news is often kinder, and much more welcome than avoiding it. I once had the duty to tell a young woman she had Multiple Sclerosis. 'What a relief', she said: 'Now I know there really is something wrong with me and I haven't been imagining all those symptoms. I was beginning to think I was a nut case'.

On another occasion a man who had advanced bowel cancer with liver metastases asked me if he was going to get better. 'I am sorry to say you are not', was my reply. He was so grateful for my being blunt and honest. It gave him time to put his affairs in order. It is not often that we have the privilege of sharing intimate moments like that with our patients. After all there is much truth to the saying that dying is the most important event in our lives.

The practice of medicine is often said to be both science and art. As we concentrate on the science it is easy to forget the art. We get carried away with clinical trials, original articles and research; tables and graphs; pie charts and percentages; and completely forget about the patient.

Lesson Six: **To cure sometimes: to relieve often: to comfort always.**
(I used to think this maxim originated at the Johns Hopkins Hospital in Baltimore but apparently it is an old French folk saying.)