



Jon Garvey chews the cud

Great medical mysteries

Five things are too wonderful for me; six I do not understand.

A man thinks he may have too much wax in his ear, so he uses *Q-Tips* to pack it firmly against his eardrums and wonders why he goes deaf. Coming at last to his senses, he seeks medical aid, and is usually prescribed expensive drops made of turpentine and other organic solvents, which inflame the ear canal, wreak havoc in the middle ear if there happens to be a perforation, and leave the wax in sticky clumps which are hard to syringe. Ear wax being water soluble, it would have collapsed to a sludge once subjected to a few days of glycerine and bicarbonate drops, which would also have killed off any stray bugs and soothed the skin of the meatus. For these reasons and the fact that they are cheap, they are seldom prescribed.

Another man suffers a nosebleed, and his fellows almost always put a cold key down his back, as if *that* were bleeding. When this fails, the head is extended backwards to choke the victim as quickly as possible, and paper tissues dabbed against the nostrils to delay haemostasis as long as possible.

A child is found to vomit everything he eats, so his parents make it their first priority to keep forcing food and drink down to reassure themselves that he will, indeed, continue to vomit. Thus convinced, they take him to the doctor who has the same philosophy, and prescribes sickly syrups further to irritate the gastric mucosa. Everybody forces the child to rest, but no one will let his stomach do so.

An infant has severe eczema, so his doctor, following the majority of the textbooks, advocates greasy substances to put in the bath, renders him stuporose with antihistamines,

and plasters him with steroid preparations which can thin the skin and suppress the adrenals. Few suggest stopping milk and eggs for a few weeks, which has repeatedly been shown to help many cases.

Warts on the feet are regarded as the major juvenile health hazard, and sums of public money are spent organising regular foot inspections, banning affected children from swimming pools, showers and changing rooms, and forcing them to submit to painful and longwinded treatments which often fail, in the groundless hope that this will stop the condition spreading to other people. The fact that few of these lesions cause pain, and none cause harm, does nothing to stem the ardour of this crusade. However, if the child's verruca happens to be on his hand, his face, or even his leg above the ankle, it is ignored by the authorities, and may be poked in his schoolfellow's eye, used for shaking hands, and allowed to scatter virus particles over the environment with impunity.

The biggest mystery of all is that there are doctors who do not regard these things as mysteries, and are happy to perpetuate this medical old-wifery, divorced as it is from elementary common sense.

Just dishing out pills

The most interesting thing about diala-doc programmes is that they reveal a lot of public attitudes about doctors. Time and again, some distraught patient complains that his GP isn't interested in him, and simply fobs him off with tranquillisers.

This impression of the average GP has become virtual orthodoxy in the press. I have tried hard to be a superior kind of doc to this supposedly widespread average type, but the longer I have gone on, the more difficult it has been to find a living example to avoid emulating.

All the doctors I meet seem to maintain a pretty good insight into their patients' problems and have spent a fair amount of time and effort in trying to sort them out. I don't know any who would treat their depressed patients with tranquillisers, despite what the media imply. (Perhaps they simply have a journalistic blind-spot for the word "antidepressants", a word that sug-

gests these drugs actually work in depression, which of course they do, and which is why they are used. The papers would rather we did only pure psychotherapy, which is impressively time-consuming and human, but which for anyone who is really depressed unfortunately doesn't work.)

Most of the GPs I meet knew about premenstrual tension and the menopause long before the press got hold of it, and few would have told women suffering from them that they weren't really suffering at all and should not bother him. And yet we hear every day that this is the usual medical response to the woman's suffering.

A recent experience has added weight to my suspicion that such doctors do not, in fact, exist. I myself am accused of just such an offence.

A girl came into the consulting-room as an emergency extra at 7.45pm, and complained that she had had bleeding between periods for the last two months while she was on her low-dose contraceptive pill. I suggested that this complaint could hardly be called an emergency, and that it might be more considerate in future to use our appointment system to see me at a more reasonable hour. Nevertheless she was examined, the likely cause explained, and a different formulation prescribed, with the invitation to come back and report how well it worked two months later. Consultation time: 11 minutes.

A couple of weeks later, she sent a letter to the surgery asking for a repeat prescription for her *old* pill, as someone had told her that the new one made you put on weight, and she couldn't come to the surgery because Doctor Garvey had just said she was wasting his time. I wrote back that indeed I had *not* said this, that she was most welcome to come to discuss the fears she might have, but that it would be wrong simply to dish out pills which we already knew had not suited her. She has not been near the surgery since.

But you can bet that if she gets on to a radio phone-in, or appears in a documentary with her face blacked out—having become pregnant, or having failed to lose weight—it will be because when she went to her doctor and he just told her she was wasting his time.