

## Jon Garvey Chews the cud



### Whoops

Funny how times change. Not so long ago all the parents who had read or heard about the havoc wrought by pertussis vaccine were adamant that their offspring should not have the vaccination because uncle was epileptic, the child itself had been born prematurely after a difficult delivery, and the poor thing was anyway suffering from persistent chest infections.

Now there has been another set of documentaries (though no apologies for the first set), and the same parents are falling over themselves to say that uncle's "epilepsy" was only a febrile convulsion at the age of three, that the bairn had been booked in for induction at term the day after it in fact arrived, asking where the refreshments were, and that its present snuffles are just hay fever.

But now, I see, the vaccine is again under attack, from Professor Derek Bryce-Smith, head of his university's organic chemistry department, according to *Doctor*, and by that token, I understand, an authority on the epidemiology of whooping cough and on its management. He is reported as having told a conference of the Hyperactive Children's Support Group that the vaccine might cause minor degrees of brain damage, and hence lead to hyperactivity. He says that the fatality rate of whooping cough is very low with modern methods of treatment (though he doesn't mention what wonderful new treatment there is that the rest of us don't know about), and that the prevention may produce worse results than the disease.

I suppose it would be contentious to suggest that since whooping cough causes a higher rate of severe brain damage than vaccination, it might be

expected to cause a higher rate of minor brain damage as well.

I wrote a few months ago about a case we had had of probable vitamin deficiency related to zealous dietary restrictions in a child diagnosed as hyperactive by its parents and their support group. I am not over-enthused at the thought of these children becoming a reservoir of preventable diseases in the community, and it will surely happen, judging by the speed at which these groups seem to pick up every new idea. Before long, they will realise that it can be no mere coincidence that every known sufferer from Total Allergy Syndrome was inoculated against diphtheria at an early age...

It's not all in the mind, you know.

### Insurance medicals — the alternative view

Wasting yet another half hour doing an insurance medical recently, I began to think what a laughable tradition I was perpetuating. As usual, the proposer had no extra hidden legs, failed to have an epileptic fit during the neurological examination, and showed no signs of pernicious anaemia. And yet the insurance companies know as well as I do that he might be dead of lymphoblastoma within the year, or walk out of the surgery and have a coronary thrombosis.

In these days when we are broadening the outlook of medicine, and learning to accept the validity of healing disciplines different from our own, why is it that these examinations are still being performed by scientifically blinkered GPs, who can see no further than the end of their noses as far as accurate prognosis is concerned?

Surely insurance medicals should be undertaken only by accredited clairvoyants, or failing that, astrologers, whose ancient and venerated arts are reinforced with thousands of years of experience. The assurance companies could save themselves millions of pounds each year. Wonder why they've never thought of it?

### Doctrine-patient interaction

I don't know how many of you listen to that magazine-on-a-cassette they

have started to send out for those of us who are unable to read *World Medicine* and drive at the same time. You know, the one with the adverts: "Hello John, was that old Mr Sphigman I saw leaving your surgery?"

"That's right—he's got a blood pressure of 370/190. I'll have to watch him."

"Ah, I expect you put him on Cardotric—provides more effective beta-blockade than any diuretic..."

I was listening to a very interesting interview with one of the leading spokeswomen for the Medical Campaign Against Nuclear Weapons, though I can't recall her name now as I have given the tape to the senior partner's son to record "The Old Grey Whistle Test". She was saying how many GPs now are not only putting anti-nuclear posters in their surgeries, but using their consultations to stress to patients the importance of resisting the Atomic Arms Race.

In the past, anti-nuclear doctors have suggested that I am denigrating their stance. Nothing could be further from the truth.

In fact, I have not only been marshalling my patients to the CND ranks for several years now, but have seldom let an appointment go by without stressing to them the importance of pacifism to their future health. What is the use of your giving up smoking, I tell them, or even demonstrating against Cruise missiles, if you do not also lobby your MP to dismantle the armed forces and renounce the use of death as a political tool?

Admittedly, my partners sometimes grumble that there are some things that are better discussed elsewhere than the consulting room, but how can we claim to have our patients' best interests at heart unless we take preventive medicine seriously?

And as far as the patients go, it really works. Reminding people of the root causes of illness in society really does help them stay healthy. Since I broadened the scope of my consultations in this way, my list-size has dropped by over 60 per cent. ■