FORUM

Innocence revisited – 9

Last month we completed our survey of the patient, so now we must offer treatment...

An unfair exchange

Should any of your patients doubt the benefits of modern scientific medicine, why not have Dr Richard Henry in to tell him or her a reassuring tale?

A happily married man, who had worked for many years as an interstate truck driver, presented to the casualty department of the hospital with a sore toe. The toe had been intermittently painful and red for years, but some inexplicable whim led him to seek a diagnosis and treatment on a busy Saturday night.

One of my colleagues correctly diagnosed gout and sent him on his way with a bottle of indomethacin. However, two days later he returned, pale and sweating with haematemesis and melaena. After resuscitation, his bleeding perforated ulcer was managed by a Billroth I gastrectomy. This operation proceeded smoothly, but in the recovery room he was noted to be bradycardic, and an electrocardiograph revealed complete heart block. Further surgery was involved; this time there was the insertion of a pacemaker.

BARRY OLIVE

By now, the results of a multichannel biochemical analysis were available, and these helped to establish a further diagnosis, namely chronic renal failure secondary to gouty nephropathy.

Our hapless victim was discharged from hospital six months after presentation, a shadow of his former self, depressed and demoralised, on an invalid pension, saddled with a restricted diet for his renal failure, and having purchased a pacemaker for the price of half his stomach.

His toe remained sore and swollen, but he was given the sound advice that he would 'have to live with it', and analgesia was expressly forbidden.

I have often wondered how long this man would have continued to lead a normal active life, albeit with a sore toe, if he had not sought medical advice.

Vaccinator

The patient reassured, we shall begin with medical treatment, which is in essence the giving of tablets and injections. As medical science advances, the nature of the substances change, but the procedures remain. Who better to give our injections than Dr J. F. Ryan?

I do not suppose many of your readers will even have heard of autogenous vaccination. I know I had not, even in the 50s when I had barely entered general practice – so, when I received a letter from a dermatologist about a patient I had referred with a recalcitrant skin rash, I had to ring the consultant to ask what I should do.

He explained that he thought the rash was due to an endogenous allergen, and that the only treatment was to engineer an antibody. This was done by taking 5 mL of blood from a vein and injecting it into a muscle, where it became a foreign body; this would set up the antigenic response.

My patient was a burly labourer with a low pain threshold. When I told him I wanted to take blood from his arm he paled visibly. I reassured him as best I could, and after much ado, withdrew the blood from an antecubital vein. When he saw the blood in the syringe his pallor intensified, but he breathed a sigh of relief that it was all over.

Not so, said I, and told him to drop his pants.

He looked at me disbelievingly, and hesitated. I had already spent quite some time with him and had a full surgery, so it was with some asperity that I repeated my request. He reluctantly complied, dropping his trousers.

Quick as a flash I injected the blood into his gluteal muscle, ignoring his cry of pain.

As he straightened up he turned and saw the empty syringe. His face was a study.

I will always remember his expression as he said, 'Doctor, you haven't take blood out of my arm and shoved it back into my arse?'

I never saw him again, and to this day do not know if autogenous vaccination worked in his case, or any other.

It could only happen to an Admiral...

In due course Dr Ryan was sent to sea, and served in one of Her Majesty's aircraft carriers. It was a big one, and carried an Admiral on board. The Admiral was so important that he even had his own bridge, and one day Dr Ryan was told to report to him up there:

BARRY OLIVE

I did so, and found him to have an infection, which I considered would need penicillin injections. As he was an Admiral there was, of course, no question of his coming down seven decks to the sick bay, so I rang up and asked a sick berth attendant to bring the required injection to the bridge.

When he arrived I swabbed the Admiral's buttocks, took the loaded syringe containing the milky white penicillin, stuck the needle in and pressed the plunger.

Penicillin sprayed everywhere – over me, the Admiral's buttocks and the Admiral's bridge. The sick berth attendant had not screwed the bevel into the syringe tightly enough, and the syringe had exploded.

So did the Admiral.

The only thing I could think to say in the way of an explanation was that 'this could only have happened to an Admiral' and 'I have given many hundreds of injections before without any such incident'. He cut my feeble excuses short, ordered me off his bridge, and told me to tell the senior medical officer to report to him.

I never set foot on an Admiral's bridge again.

Bon voyage

Not long after, Dr Ryan found himself, to his surprise, in the Royal Navy, having been called up for national service. One of his first jobs was to immunise sailors about to go to sea against the various noxious diseases they might encounter:

In the sick bay at Portsmouth Barracks, a line of them stood waiting with arms bared. A medical orderly, whom I later found out was called a sick berth attendant, stood at my elbow and handed me a syringe. It held 5 mL, and when I asked the sick berth attendant what was in it, he said TAB (a parenteral combined vaccine against typhoid, paratyphoid A and paratyphoid B). I told him I thought there was too much in the syringe. He smiled, pityingly I thought, and explained that there were ten doses in each syringe, and that the needle was changed after each injection.

Later that day I was doubly glad I had not given 5 mL to the sailor, for it was my turn, and I had 0.5 mL injected into me. I had pyrexia that lasted three days and I could not get into my uniform for four, because of the swelling of my arm.

I still have nightmares thinking about what might have happened to the unfortunate sailor if he had had 5 mL of TAB injected into him. MT

Medicine having failed us, next month we shall turn to surgery.

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