Individual Study

A YEAR IN GENERAL PRACTICE

S. W. V. DAVIES, B.SC., M.B., B.CH.
Camborne

The survey covers the year March 1956 to February 1957. The work is that of one partner only, in a group practice. The partnership has five principals and a trainee assistant. The number of registered patients was over 12,000 and continued to increase throughout the period. The practice is run from one central surgery and the area covered is mixed industrial, horticultural, urban and rural. Most patients live within three miles, few beyond six miles of the surgery. Two part-time state registered nurses assist at the surgery; three whole-time clerks are employed, and there is a resident caretaker.

The estimated number of items of service was 11,350. These comprised an estimated 4,000 items, consisting of telephone calls, prescriptions, certificates, etc., which did not involve a consultation and, therefore are not included in the analysis; and 7,343 consultations, which are the basis of the survey. The latter figure includes all visits and surgery consultations.

The number of separate illnesses seen in the year was 3,382 and these involved 2,717 patients. Many other conditions were seen, but not recorded, as they were not the cause of the doctor/patient contact, being found incidental to the consultation. The visit/surgery ratio was 2/3. The high visit ratio was partly due to the presence of a surgery nurse who relieved the doctor at the surgery of much work.

In a survey in general practice a major difficulty is the large number of possible diagnostic labels. To avoid overlooking interesting information, however, the diagnosis made was recorded in a day-book. Another difficulty, which cannot easily be resolved, is that of multiple co-incidental conditions. To overcome this, only conditions requiring treatment were recorded. Disease grouping, though inviting loose diagnosis, could not always be avoided, but later correction to a more accurate diagnosis was usually easy, being facilitated by careful case notes in the patient's clinical cards. The sex, age, marital status of women, and the date were recorded. In the final assessment well over 200 ' labels ' had been used. Further amalgamation became necessary to allow comparison with other published surveys.

The year was relatively free from any epidemic, though sporadic

cases of the usual epidemic diseases were seen. The very young and the elderly needed the most treatment. In the young, the first year and the fifth and sixth years were prominent. The start of a new school term increased attendances. Another interesting observation was that the first or eldest child in a family needed more consultations than siblings.

TABLE I

DISEASE GROUPS INCIDENCE IN GENERAL PRACTICE

Disease group	*Cases*	*Fry*	*Cook*
Respiratory	30.8%	30.0%	36.6%
Skin disorders	12.2%	10.0%	8.9%
Nervous system	9.2%	8.5%	10.2%
Injuries	9.2%	*2.5%	4.35%
Digestive	6.8%	12.0%	—
Rheumatic	6.5%	6.5%	—
Cardio-vascular	5.6%	6.0%	—

J. Fry, *British Medical Journal*, 1957, **2**, 1453.
N. J. Cook, *Medical World*, 1954, **80**, 540.
*J. Fry.

TABLE II

DISEASE GROUPS: VOLUME OF WORK

Disease group	*Items of work*	*Cases*	*% Work*	*% Cases*	*% Patients*
Lower respiratory ..	1233	450	16.8	13.3	16.2
Nervous	992	319	13.5	9.2	11.6
Upper respiratory ..	961	597	13.1	17.7	22.0
Skin	725	414	9.7	12.2	15.2
Cardio-vascular ..	558	190	8.0	5.6	7.0
Injuries	460	315	6.3	9.2	11.7
Rheumatic diseases ..	437	218	5.9	6.5	8.0
Digestive	429	232	5.8	6.8	8.5
Metabolic, endocrine ..	325	114	4.4	3.3	4.1
Others	—	410	19.1	18.8	—

The relative incidence of the disease groups is shown in table I, together with those published by John Fry (1957) and by N. J. Cook (1950) covering paediatric general practice in Bristol. The incidence of respiratory diseases is higher in Cook's practice but about equal in the other two. Fry records a low percentage of injuries, which suggests that the patients had free access to a hospital casualty department.

The relative volume of work for the disease groups is shown in table II. The respiratory disorders are dominant in both incidence and volume. In this table the nervous diseases are in prominence. The upper respiratory diseases, by and large, involve little time, and many patients only require certification for insurance purposes. Nervous diseases, on the other hand, are exceptionally time consuming.

A breakdown of the respiratory diseases is shown in table III.

Coryza, rhinitis and upper respiratory catarrh, include the allergic and infected conditions, and though most are short, some involve

TABLE III

THE RESPIRATORY DISEASES

Diagnosis	*No. cases*	*Male*	*Female*
Emphysema	9	9	0
Croup	8	5	3
Pulmonary tuberculosis (active, quiescent) ..	13	9	4
Pleurodynia	16	12	4
Sinusitis	16	11	5
Pneumonia, pneumonitis	17	9	8
Laryngitis	31	6	25
Silicosis, silico-tuberculosis	32	32	0
Asthma	48	25	23
Otitis media	75	35	40
'Flu'	141	92	49
Sore throat, tonsillitis..	163	75	88
Bronchitis	184	113	71
Coryza, U.R.C.	294	159	135
Total	1047	592	455

long desensitization courses. Men predominate, probably because of the need for N.H.I. certificates; however, in sinusitis, there is an actual male preponderance; while sore throat and otitis media produce more female cases. Fry states that tonsillitis is unusual in patients over 60 years, and did not record any over this age; in the survey, however, the following patients were seen with acute tonsillitis, given in the order of their attendance:—

Men: 66; 76; 72; 60; 62; 82.
Women: 63; 61; 64; 66.

Laryngitis is interesting. There was a female preponderance of 5 : 1. Only six men were seen and two of these were associated with pulmonary tuberculosis; one with active disease and T.B. + sputum; the other had recently quiescent disease. None of the women had tuberculosis. Curwen *et al*, 1954, recorded that cancer of the larynx is four times more common in men than in women. The relative infrequency of laryngitis in men is, therefore, remarkable.

" Flu " comprised influenza-like conditions, and again the need for certificates partly accounts for the male preponderance. Many progressed to a bronchitic condition, and these cases could be added to the bronchitis cases giving a combined total of 325 patients. Whooping cough was included in the bronchitis group owing to the difficulty of arriving at a clear diagnosis; some—in fact many—cases of pertussis were only suspected. The bronchitis cases included acute, chronic and bronchiectatic patients, and no case was regarded as chronic, but rather as a recurrent bronchitis. Since the majority of sputa showed a good bacterial sensitivity to penicillin, this, usually together with a sulphonamide, was given in full dosages, and if there was no material improvement, the sputum was sent to the hospital laboratory for investigation, with especial reference to the antibiotic sensitivity spectrum. The appropriate broad spectrum antibiotic was then given. Many cases of bronchitis have repeated relapses, and I think the diagnosis of " recurrent bronchitis " preferable to " chronic bronchitis," which encourages defeatism in patients. " Yeasts " were a not unusual finding, in the laboratory reports on sputa, and appeared more often in the refractory case. Acute farmers' lung was also included in these groups, and the following three cases are interesting:

A farmer (53), his son (22) and a youth (16), together with another farm worker had been threshing corn, when the three simultaneously developed an acute pulmonary disease, initiated with rigor, malaise, myalgia and irritating cough, the cough later being productive of sputum. The eldest recovered in less than a week; the youth was ill for three weeks. The fourth member of the team, a patient of another practice, was also reported to be ill, suffering from " flu ".

Asthma cases were evenly distributed amongst the sexes and Fry also records the sex equality in this disease. Only patients in which

there were acute bronchospasm episodes were included. The older patients require considerable encouragement to persevere in attempts to clear up the bronchitis. Acceptance of a mild chronic bronchial catarrh is especially unfortunate in children, since, with perseverance, nearly all can be cleared up.

The cases of pulmonary tuberculosis were all either active or quiescent disease, under treatment or supervision, and arrested inactive cases were not classified. The silico-tuberculosis patients can be added to these, but unfortunately the silicosis patients were classified with them. The hard core of tuberculosis is found amongst the silicotics, a legacy from Cornish tin mining, and also from the return of Cornishmen from overseas mines, where they went during the years of depression.

The pleurodynia patients included cases of " devil's grip " or " Bornholm disease ". Emphysema, without the usually associated bronchitis, was found in nine men; no female patient was seen. The sex difference in this condition may have some bearing on the male predisposition to lung cancer; one of the lung cancer patients was an old emphysema case.

Skin disorders caused 12.2 per cent of cases, and involved 15.2 per cent of patients; higher percentages than recorded by Fry. A breakdown of these is shown in table IV.

A male preponderance is found for bacterial and infected lesions, with the exception of abscesses (these were mostly whitlows). Boils and, especially, impetigo were much commoner in the male. Psoriasis is probably much commoner than the recorded cases suggest. Only those in which the disease is extensive seek medical advice, the majority resort to self-medication, not an unusual practice amongst skin patients.

Cases not individually classified, included the following: juvenile spring eruption; congenital ichthyosis; tinea versicolor and sycosis barbae. The pemphigus patients were both elderly; one aged 84 with pemphigus foliaceus; the other suffering from chronic pemphigus was 75 years old.

The amount of work, associated with injuries, increases in proportion to the distance from the nearest hospital outpatient department. The 315 patients injured are classified in table V. The male sex preponderance is over 3 : 2. Though 9.2 per cent of cases were due to injuries only 6.3 per cent of consultations resulted. This was because the surgery nurses carried out much of the required treatment, a most valuable saving of time; most appreciated when the nurse was absent. Stephen Taylor records that in Hawick, Dr R. M. McGregor found an incidence for accidents of 6.1 per cent, and considers this high (Stephen Taylor said W. P. D. Logan (1953) reports an incidence of 5 per cent for accidents). The presence of surgery nurses probably encourages attendance for

TABLE IV
THE SKIN DISORDERS

Diagnosis	*No. cases*	*Male*	*Female*
Sepsis	71	37	34
Rashes, papular urticaria	61	29	32
Eczema	41	20	21
Otitis externa	16	4	12
Furuncle	34	21	13
Acute allergy	28	12	16
Impetigo	25	20	5
Varicose eczema and ulcers	19	4	15
Insect stings	13	1	12
Abscess	13	5	8
Herpes labialis	13	4	9
Herpes zoster	11	6	5
Warts	13	5	8
Pruritis	9	4	5
Tinea	8	7	1
Acne vulgaris	8	5	3
Chilblains	6	1	5
Psoriasis	5	2	3
Seborrhoea	3	2	1
Alopecia areata	3	1	2
Acne rosacea	2	2	0
Pityriasis rosea	2	1	1
Athletes foot	4	4	0
Pemphigus { Chronic } ..	2	0	1
{ Foliaceus }			1
Erythema { Multiforme } ..	3	0	2
{ Iris }			1
Basin's disease	1	0	1
TOTAL	414	197	217

TABLE V
INJURIES

Diagnosis	*No. cases*	*Male*	*Female*
Laceration	93	60	33
Sprain	78	49	29
Bruise	75	46	29
Fracture	57	32	25
Burns	12	7	5
TOTAL	315	194	121

injuries, and this possibly results in a reduction of avoidable complications. The robustness of Cornish rugby football contributes its quota of injuries.

Two unusual cases of traumatic interstitial emphysema were seen. One, due to a wound of the right axilla, in which abduction of the arm opened the wound, adduction caused apposition of the skin edges resulting in a pumping action. The other was due to a facial injury, involving the nose. Blowing the nose spread air effectively.

Disorders of the nervous system accounted for 9.2 per cent cases, affected 11.6 per cent of the patients, and caused 13.5 per cent of the consultations. The diseases are shown in table VI.

The table shows that the psychoneurotic type of disease, taken together, caused 5.2 per cent of cases, 7.7 of consultations, and affected 6.4 per cent of patients. Fry gives 9.4 per cent for neuroses consultations and 3.5 per cent consultations for disorders of the central nervous system, in a year's survey (Stephen Taylor, 1954). Fry also records, over five years, 8.5 per cent for the incidence of psychoneurosis (J. Fry, 1954). In a survey of eight practices, Logan (1953) found an incidence of 8.0 per cent. Perth (1957), in a survey of five years covering nervous and psychosomatic disease, records an incidence of 40.0 per cent, but he includes asthma, hay fever, peptic ulcer, fibrositis, etc. The term " psychosomatic " in its wider definitions is, therefore, exceedingly unrestricted, and Perth's figure cannot be used for comparison.

The over-all male : female ratio was 4 : 7 for all nervous disorders. The sex ratio for senility was 1 : 3, illustrating the tenacity with which old women cling to a senile existence. The response of the elderly to disease is different to that of the younger age groups, and acute tonsillitis, pyelitis, cystitis, pneumonia, etc., do not always evoke the reactions expected. The paucity of symptoms

TABLE VI
NERVOUS DISEASES

Diagnosis	*No. cases*	*Male*	*Female*	*Items*
Acute anxiety	77	28	49	234
Neurosis, neurasthenia ..	58	23	35	247
Hysteria	24	6	18	59
Insomnia	9	4	5	14
Attempted suicide ..	4	0	4	8
Lead swinging	4	3	1	7
Senility	26	8	18	102
Psychoses	18	6	12	67
Defects	8	3	5	15
Ménière's disease, giddiness	21	17	4	47
Migraine	20	5	15	40
Epilepsy	29	14	15	88
Neuritis	13	7	6	30
Parkinsonism	6	4	2	27
Disseminated sclerosis ..	2	2	0	7
TOTAL ..	319	130	189	992

can be very misleading. The patient often just becomes more debilitated, or senile, and the acute condition has to be searched for; a very real danger when mental certification is under consideration.

Migraine was much commoner in women. Fry suggests that spontaneous remission occurs, and the middle ages are much in evidence, but it is the years of hormonal imbalance that encourage a female sufferer to seek advice. It is undoubtedly a familial condition, and a large sympathetic element is also present, evident when a mother brings along her child to have 'their' migraine treated. The oldest female was 57, and it is possible that, after thirty or forty years trying, the sufferer gives up. The report of a new treatment, in a magazine, will often unearth many new patients. It is interesting to record that two intractable female cases, with severe visual prodromal disturbance heralding the hemicrania, obtained considerable relief on diamox used prophylactically; so many other drugs had been prescribed with assurance, in the past,

that the " faith " factor could be overlooked. The known relationship of migraine with epilepsy supports its trial in these cases.

Epilepsy, with an incidence of about 1 per cent of patients in need of treatment in a year, is of major social importance. Pons (1955) suggests an incidence of 4—5 times that given by the Ministry of Labour's Disabled Persons Register, which had 16,000 epileptics. Fry records an incidence of 0.9 per cent, which supports a view that Pons under-estimates, and that there are nearer 500,000 sufferers in Great Britain. The figure is, indeed, staggering. The position of the epileptic child is especially important, and suggests that epilepsy should be notified to the Medical Officer of Health. A child under sedative treatment can so easily be mishandled at school; the increased tension in such places often increases attacks.

The time devoted to the treatment of disseminated sclerosis, of which only two were seen, and to syringomyelia, none seen, and to Parkinsonism, six patients, in medical schools could very well be devoted to neuroses, anxiety states, and epilepsy. Incidentally, one of the cases of disseminated sclerosis appeared to benefit from isoniazid, the improvement being maintained, without regression, for well over a year.

The rheumatic diseases provided about 6.5 per cent of cases, and the incidence is similar to that given by Fry (6.5 per cent), McGregor (5.8 per cent) and Logan (7.0 per cent). Lumbago, fibrositis and myalgia show a male preponderance; while arthritis involved more female patients. Gout was unusual and is so rarely seen that its oversight has to be guarded against. Table VII shows the actual numbers of the various conditions.

TABLE VII
RHEUMATIC DISEASES

Diagnosis	*No. cases*	*Male*	*Female*
Lumbago, sciatica	58	36	22
Fibrositis	48	27	21
Arthritis	43	11	32
Myalgia	27	19	8
Metatarsalgia	16	9	7
Synovitis	14	9	5
Tenosynovitis	9	6	3
Gout	3	2	1
TOTAL	218	119	99

The digestive diseases seen are given in table VIII. These comprise 6.8 per cent of cases, and 8.5 per cent of patients. There are no breakdown figures available from other surveys, but for the group Fry gives an incidence of 12.0 per cent cases, Logan (9.0 per cent), McGregor (7.4 per cent) and Cook (6.1 per cent). Fry appears to have included feeding difficulties, which he found in over half the infants in their first year. Feeding difficulties have not been included and, in any case, are not common in this practice; a fact much to the credit of the health visitors and midwives. The incidence of grossly dehydrated marasmic babies, suffering from infantile diarrhoea, has been reduced, too, since mothers have been instructed to withhold feeds, and give liberal quantities of boiled water as soon as diarrhoea starts.

TABLE VIII
THE DIGESTIVE DISORDERS

Diagnosis	*No. cases*	*Male*	*Female*
Peptic ulcer, gastritis	93	61	32
Diarrhoea and vomiting	49	28	21
Acute abdomen	27	11	16
(Appendicitis)	(13)	(6)	(7)
Constipation	21	10	11
Stomatitis	17	7	10
Haemorrhoids	12	7	5
Gall-bladder disorders	9	3	6
Diverticulosis	2	1	1
Oesophagitis	2	—	2
TOTAL	232	128	104

Cardio-vascular diseases are given in table IX. The cases were 5.6 per cent of the total, and involved 7.0 per cent of the patients, giving 8.0 per cent consultations. Fry, in a five year survey, gives an incidence of 6.0 per cent and, in a year's survey of consultations, 7.0 per cent. Pemberton (1949), in a survey of one week's consultations in eight practices in Sheffield, found 7.6 per cent. These figures show remarkable similarity for time and places.

Cardiac failure, without anginal symptoms, was commoner in women, while overt coronary attacks and angina pectoris were predominantly male. A total of 76 patients were found with these two conditions, and compares, probably, to the 77 cases of coronary

TABLE IX
THE CARDIOVASCULAR DISORDERS

Diagnosis	*No. cases*	*Male*	*Female*
Myocardial failure	54	15	39
Varicose veins	28	10	18
Anaemia	29	4	25
Cerebral accidents	19	9	10
Hypertension	18	7	11
Angina pectoris	12	9	3
V.D.H.	11	7	4
Coronary accidents	10	10	0
Phlebitis	6	1	5
Tachycardia	3	0	3
TOTAL	190	72	118

artery disease, recorded by Fry. Cardiac disease, in which myocardial deficiency was the factor, caused disease in 2.8 per cent patients.

There were 18 cases diagnosed as hypertension. Other symptomless hypertension was not recorded. Fry found 13 per cent of patients over the age of 40 to have hypertension, and doubts the value of this finding in symptomless cases. Anaemia was diagnosed in 29 patients. As only those in which this was the cause of the symptoms were recorded, the number appears small; many were found to have incidental anaemia. Women, particularly, show anaemia almost as an expected finding and the majority of the cases of cyesis were in need of iron to a greater or less degree. Two patients seen had controlled pernicious anaemia, but, of course, were not classified for that, and no case of pernicious anaemia was classified; in fact, the incidence in the whole practice is only about 1.4 per 1,000 patients; so that in an average practice a new case would be expected only in several years. Their longevity gives a false impression of their numbers.

For convenience, and because there is a loose connection between them, the metabolic and the endocrine disorders have been grouped together in table X. Together they were 4.1 per cent of the patients.

Thirty-five women in the climacteric age group sought advice for menopausal symptoms, that is, about 11 per cent of those in the 40—55 age group; thus it appears that the majority of women

TABLE X
METABOLIC: ENDOCRINE, ETC.

Diagnosis	*No. cases*	*Male*	*Female*
Menopausal	35	—	35
Diabetes	19	9	10
Obesity	17	4	13
Thyroid..	17	4	13
Menarche, puberty, dysmenorrhoea	16	—	16
Prostate	10	10	—
TOTAL	114	27	87

TABLE XI
NEOPLASTIC DISEASES

Diagnosis	*No. cases*	*Male*	*Female*
Rodent ulcer	5	4	1
Breast cancer	6	0	6
Cancer of colon	4	1	3
Uterine cancer	4	0	4
Lung cancer	3	3	0
Prostate cancer	2	2	0
Parotid tumour	1	1	0
Cancer of larynx	1	1	0
Cancer of oesophagus	1	0	1
Hypernephroma	2	1	1
TOTAL	29	13	16

eventually, over a period of fifteen years, would seek advice for symptoms. Only half as many need medical advice for the menarche and dysmenorrhoea combined.

Diabetes mellitus occured in 0.7 per cent of patients. This compares with the 0.5 incidence recorded by Fry. C. T. Andrews (1957), in a comprehensive survey of West Cornwall, recorded an incidence which varied from practice to practice of 3.2 to 8.4 per 1,000: he states that of known diabetics, 74.4 per cent did not

adhere to a strict diet, 7.6 per cent observed none, and 18.0 per cent did not need insulin.

Thyroid disorders show a female preponderance. There were two post-thyroidectomy hypothyroid cases, and one other was a child with deficiency. Two other adults had hypothyroidism. Hyperthyroid cases totalled 12 patients.

Neoplastic conditions are shown on table XI in a total of 29 patients; an incidence of about 1.0 per cent which is similar to that recorded by Pemberton (1.0 per cent), Logan (1.0 per cent), while Fry records 1.7 per cent over five years. It appears that in an average practice about ten new cases will be seen in any year.

TABLE XII

MISCELLANEOUS CONDITIONS

Diagnosis	*No. of cases*
Eye conditions	98
Cyesis	47
P.U.O.	37
Dental (including abscess)	28
Smallpox vaccination	28
Cystitis	26
Family problems	26
Wax	19
Adenitis	17
Measles	13
Rubella	12
Epistaxis	12
Varicella	11
Hernia	11
Pyelitis	11
Vaginitis	11
Worms	11
Hydrocoele	5
Enuresis	4

There were four patients with colostomies amongst these, all women.

Eye cases totalled 98. These included minor trauma, burns, foreign bodies, blepharitis, congenital nystagmus, strabismus, ptosis, visual defects, conjunctivitis, cataracts, detached retina, retinitis, optic neuritis, glaucoma and iritis.

Urinary infections were seen most frequently in the female. Of 26 cases of cystitis, 17 were female; of 11 with pyelitis, only three were male.

" P.U.O."—37, should probably be augmented by a number of those classified under " flu ".

Routine medical examinations came to 14. There remained, as unclassified, 26 cases. A further 26 cases were family problems and these involved considerable work ranging as they did from sex instruction to solving severe family disharmony.

Other conditions:

Acute nephritis, balanitis, Bell's palsy, chronic nephritis, colporrhaphy, congenitial laryngeal stridor, congenital uterine defect, cervical radiculitis, cramp, foreign bodies in ear, in throat, in nose, frostbite, glandular fever, germoccol urethritis, non-specific urethritis, haemarthrosis in a case of haemophilia, influenzal meningitis, septic parotitis, sunburn, sarcoidosis, tinnitus, old tabes dorsalis and torticollis.

Discussion

The tables give more detailed information than that available to me from other surveys, and, I hope, allow others to make more accurate comparisons of incidence. ' Group ' diagnosis has merits for surveys covering long periods, and in surveys of work longer than a year, the volume of detail becomes unmanageable unless it is used.

Fry has suggested that a vital need is a system of unified nomenclature and recording, and with this anyone contemplating a survey would readily concur. Any disease with an incidence of 0.5 per cent or over requires individual recording. The less common conditions require specific surveys, conducted by a group or region, for worth while information to be obtained regarding them. However, without comprehensive surveys, they would not be brought into relief. Pernicious anaemia, for instance, is rare and a single practitioner sees few cases in a lifetime of practice. Hypertension and anaemia are so common as to become only incidental findings in the majority of patients; not that this suggests they do not need consideration when discovered thus incidentally.

Some of the facts have filled in gaps in the information provided in text-books, which often dogmatize and seldom attempt to give information on incidence or on the social significance of a disorder. Epilepsy is obviously of very great social importance. Congenital heart diseases are only exceptionally encountered. Rheumatic

valvular disease appears to be much less common than usually suggested, and many of the patients grew up before the days of penicillin. Is there an actual need for a large number of cardiac surgery centres? Psychoneurotic disorders deserve more attention than often given by the general physician in a teaching hospital. Conversely, disseminated sclerosis, syringomyelia and tabes dorsalis are given too much prominence, their main value to the medical student lies in their illustration of clinical signs. Bronchitis has been arranged alongside bronchial carcinoma, but has emphysema been overlooked in this connection?

Some of the findings may be very different from those obtaining elsewhere, but differences are as significant as similarities. Some of the remarks are intentionally contentious. The work involved has been well worth while, and I hope this survey will encourage others to publish their records, as I have been, by J. Fry's excellent articles.

Summary

A report is given of a year's work in a Cornish group practice, of one partner's cases only. Detailed tables of most cases are given.

The disorders causing most work are very similar to that found in other published surveys, the figures for which are also given, where appropriate. Respiratory disorders caused 30 per cent of cases, followed by skin disorders 12.2 per cent cases, but when total work is compared nervous diseases come second with 13.5 per cent of consultations.

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The First Symptom. G. C. LEAROYD, M.R.C.S., L.R.C.P. *The Practitioner* (September 1958), **181**, 318.

Dr Learoyd pursues the theory that the first symptom of every disease must be a mental one which may appear as a change in behaviour or reaction of the victim before any of the ordinary well-recognized symptoms of disease arise. He gives examples to illustrate his point and concludes, " . . . this is a short speculative essay, of little practical use, hardly worth reading. But fun to write."