

Basking in glory

Chris Ellis

So far my general practice has given me the opportunity to make some crashing *faux pas* and to undergo sundry random humiliations. I once introduced myself to a woman, who I thought was a new patient, by saying 'I'm Chris Ellis', to receive the reply 'Yes, I know you are Chris Ellis, you delivered my baby 6 weeks ago and I have come in for my postnatal check-up.' It's a difficult position to recover from, but in my defence she had arrived in the practice late in pregnancy, had only one antenatal with me, and was a quick normal delivery.

To balance these setbacks, every now and again there are some small triumphs or compliments. A compliment used to keep me going for about a month but now I need them more frequently (like daily). Triumphs still last a little longer, and false modesty will not prevent me from telling you about one.

In my general practice I have a reasonable proportion of high-income patients and I do a lot of small office procedures and operations. A while ago two of my female patients from the village had obviously been discussing things over coffee. They came to see me separately, and each asked for moles to be removed from her face. I gave them the choice of having the moles removed by me or being referred to an excellent plastic surgeon. One of them, who is one of my Giorgio-Armani, cashmere-sweater and gold-wrist-bangle patients, opted for the plastic surgeon, and the other chose me.

I proceeded to remove three moles from this woman's face

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with the magnificent dexterity and flair for which I am known. The other patient proceeded off into the halls of pinstriped suits and vases of gladioli in the waiting room. About 2 months later I heard, on the village grapevine, that there had been a comparing session at another Ladies Skin and Cosmetic Society coffee morning. They couldn't see any scars where the moles had been removed on my patient, whereas the other patient had perceptible facial scars. On hearing this news I gleefully indulged myself in some serious basking. To say the least this was unfair to my colleague. Human tissue heals in different ways and often it has little to do with the operator. If this had been the other way round I would be in a grade 5 sulk and not be writing this article.

While I am on a roll of self-congratulation let me tell you of another triumph that comes to all of us all from time to time. The patient has seen the first doctor for fever and feeling unwell and has been sent off with paracetamol and some advice, and then sees doctor number 2 a few days later for aches and pains and is sent off with paracetamol and some more advice. On about day 6 the patient then sees you with the typical clusters of shingles vesicles, and you step in with this miraculous diagnosis made with just the right amount of perspicacity and clinical acumen. You modestly accept the compliments of the patient and their recognition of your extensive diagnostic powers.

Shingles is not the only condition from which you can reap these rewards. You can do it with roseola and glandular fever as well, as they have a longish prodromal period.

There is just one problem to all this. I hate it when I am doctor one or two.