Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Ask the Patient

Lendon H. Smith, MD

After all those stressful years in school it was embarrassing to to discover out that my patients often knew better what the trouble was than I did. We had learned the difference between crepitant and non-crepitant rales, and how to evaluate the differential white blood count. I remember a house call to see a six-year-old child with a high fever that did not respond to aspirin and a hot bath. She was toxic, no doubt, but the neck was not stiff. I listened carefully to her chest and then percussed the limits of lobar pneumonia on the left side. "Aha. Lobar pneumonia." I was ecstatic. I had made the diagnosis, and I knew that a big shot of penicillin would be curative almost overnight.

The mother wanted an x-ray of her daughter's chest to make sure. I pouted a little but agreed to this diagnostically superfluous expense. The fever started to come down in about eight to nine hours after the shot. They got the x-ray the next morning, and, you guessed it, the pneumonia was on the right side. How embarrassing. Fortunately, however, I had given the kind of penicillin that works on pneumonia no matter where it seems to be localized. She continued on some oral penicillin for ten days and a repeat x-ray showed complete resolution.

I remember another house call on a one-year-old with a high fever. She fought with me vigorously through the whole exam so she couldn't have been too sick, but her eardrums looked red. "Otitis media," the oracle spoke, "A penicillin shot will stop it overnight." The fever lasted three full days and then after the fever fell, a measle-like rash burst forth, mainly on the chest and back. It was rosela, a common viral disease in children: three days of fever and then a rash after the fever subsides. The high fever is scary to parents, but the illness is not serious, and no treatment is indicated except fever-control. To this day, however, the parents believe that the rash is due to a penicillin allergy.

Medical literature is full of stories of the wrong medicine used for the right reasons, or over-treatment when a diagnosis has not been made. It is always best to ask the patient or the family, "What do you think is going on?"

I tend to get depressed during the Christmas holidays, because I am not being asked to do something worthwhile, like help a sick person. A psychiatrist would tell me that it is because my mother long since died and the holidays bring back old memories of supportive things I never told her when she was alive. The real reason I am dull, pouty, and mute is because I am eating tons of cookies left on our doorstep by well-meaning friends and relatives.

When you are doing the next adjustment, ask the patient why they developed this ache, this pain, or this tightness. The patient lives in that body and knows a few things. You will get better results, but you may have to swallow a little pride.

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