From the Editor

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Medically unexplained symptoms

If you have to prove you are ill, you can't get well.
(Nortin Hadler[1])

In reviewing the controversies surrounding chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME), Dr Michael Sharpe raises the issue of the problems surrounding the much larger group of patients who have 'symptoms without the presence of what we call disease'[2]. Perhaps as many as one-third of all those attending medical outpatients present themselves in this way, and Dr Francis Peabody, writing in 1927, found even more[3]. Every practising clinician, both generalist and specialist, knows of such patients, and both doctors and patients are often frustrated by the uncertainty they present. Indeed, it can be said that 'doctors seldom fail to transfer some of [their] bafflement back to [their] patients' who 'soon start to doubt the doctor and end up doubting themselves'[2]. Multiple investigations and specialist referrals rarely solve the problem and can sometimes make matters worse. Perhaps just a few of these patients may have a desire to be designated as disabled, though rarely to the extreme of requesting amputation of a healthy leg, described in an interesting article in this issue[4].

General practitioners and those attending patients with chronic diseases such as diabetes over several decades are perhaps most aware of patients with unexplained symptoms. In his marvellous novel, *A suitable boy*, Vikram Seth observed that 'one of the best things about genuine illness is that it's a licence for hypochondria'[5]. Indeed, after a lifelong experience of looking after diabetic patients I am aware that almost every known symptom is on occasion attributed to diabetes by patients or even by their doctors. Various pains, tiredness, dizziness and 'turns' predominate. In some, it is the same symptom which recurs ('I am always so tired'), while in others, a whole range of symptoms are experienced. They are often described as 'new' symptoms, though scrutiny of records demonstrates their recurring nature and reduces the need for further negative investigations.

Description and interpretation of 'pain' perhaps present the greatest problems, and few are able to express themselves with the lucidity of Alphonse Daudet, the nineteenth century neurologist who described his own painful symptoms of tabes in a short book[6] which will be reviewed in our next issue. Pain is a term used sometimes by those who can find no better word for ill health on the one hand, by malingerers seeking compensation, or at the other extreme by those with painful neuropathies in which negligible physical abnormalities leave doctors baffled. The recent exhibition at Guy's Hospital of photographs seeking 'a visual language for pain' (reported in our next issue and on show at the College from mid-September to mid-October) brought powerful images to bear on the uncertainties surrounding pain and thus gave it 'a reality that has to be faced'[7].

Unexplained symptoms receive an array of diagnoses, some of them medical (for example, fibromyalgia) and some psychiatric (most commonly depression or anxiety). Dr Sharpe, who will contribute a further review on this subject in *Clinical Medicine*[8], suggests that discussion of the CFS/ME controversies should stimulate research in this vast area of uncertainty. At the very least, doctors need to listen and acknowledge their patients' problems. The CFS/ME experience, however, suggests that the conduct and interpretation of trials of treatment in this area may still prove difficult.

References

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6 Daudet A. *In the land of pain* [edited and translated by Julian Barnes]. London: Jonathan Cape, 2002.
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Sir Douglas Black (1913–2002)

Wise clinical advice is a scarce commodity and rarely appears in print. So the elegant, eloquent – and often acerbic – writings of Sir Douglas Black commanded attention. Sir Douglas, who died on 13 September 2002, had long been troubled by the present mantra of protocol-driven care; his concern was that the ability to form clinical judgements could easily be lost. Clear-cut situations, he argued, where guidelines, rather than clinical experience, may help were in the minority, and in any case 'a balance of risks is not easily expressed in guidelines.' *Clinical Medicine* is privileged to be publishing two of the last articles he wrote and a book review in which he once again expressed his life-long concern regarding inequalities in health and his support for the NHS.

Sir Douglas's contribution to medicine in Britain, and to our College in particular, have been immense and he will be greatly missed.

PETER WATKINS