
The importance of a good history

Ann C. Macaulay, MD

It was the summer of 1967 and I had just finished my internship in Scotland, where I had been reminded constantly of the importance of taking a good history. Despite my previous worries and some remarkable nightmares about all the possible emergencies that could crop up, all was going well during my first locum as a family physician in a rural practice in the middle of England. Then, 3 days later, came my first night on call.

The phone rang at 3 am. The caller said her husband had vomited some blood and would I please come quickly. I set off to find the house in one of the new village housing estates, whose road names were not yet in place. I eventually found the house and a frightened, elderly woman whose hands were shaking because of parkinsonism. After taking a detailed history, I decided that her husband had coughed up, not vomited up, the blood. I told them I would be back in the morning to arrange a chest x-ray and some blood tests.

The next day I dropped by his house in the early afternoon, but he was out; I left the appointment times with his wife. In the middle of the next morning's busy office, the senior partner informed me that he had been called out the previous night to see the same man, who was dead in a pool of blood on his bathroom floor.

My mind raced. I had just received my licence. Would I set the record for being struck off the register in the shortest

time? What had I missed? Had he really vomited blood, in which case I would have sent him to the hospital? What must the partners think of me? How could they possibly trust me to see any more of their patients?

The senior partner offered no reassuring words that day. At lunchtime, feeling dejected, I crossed the village square to buy some groceries. Because I was still very new, no one recognized me. All the customers continued their discussion and dissection of this man's life and death.

"Well, it serves 'im right, 'e should have stayed home for 'er 'ousecall, 'e should never 'ave gone to the pub that day. If 'e'd stayed home, 'e'd still be alive."

Interesting additional information, and what a relief. At least the village was on my side, even if the partners didn't appear to be.

After the longest day of my life, the coroner's report finally arrived. The autopsy showed that the cause of death was a carcinoma of the lung, which had eroded into an artery.

My relief was hard to describe, but the ordeal did teach me 2 valuable lessons: to take an accurate history every time, and to ensure that my patients always followed the instructions I gave them.

Ann Macaulay is an Associate Professor of Family Medicine at McGill University, Montreal.