EUREKA MOMENTS

In the distant past, Chinese physician Chang Chung-Ching summed up the art of diagnosis — “The skilful doctor knows what is wrong by observing alone, the middling doctor by listening, and the inferior doctor by feeling the pulse.”

Now, the art of diagnosis is complex and technology-dependent. Despite this, the moulding of doctors retains the tradition of delving among the symptoms and signs to deduce the diagnosis — and the moment of clinching the diagnosis still brings great personal satisfaction.

US physician David B Hellmann, in Eurekapenia: a disease of medical residency training programs,* laments the loss of these moments, noting: “While many types of experiences contribute to the making of a doctor, surely the episodes of discovery — eureka moments — are amongst the most important. Eureka moments add drama, fun, excitement, and meaning to being a doctor.” He relates a recent experience concerning an elderly man with a 3-month history of fever, weight loss and cough, for whom it took 2–3 days to learn that his sputum was positive for tuberculosis. Some 20 years earlier, when an intern in the same hospital, he himself had taken the sputum of a patient with similar symptoms to the floor’s staff lab and prepared Gram and Kenyon stains. He found the first was negative, but tells how, on turning to the Kenyon stain, “I felt my hair stand on end and my spine tingle as I discovered first one and then a few other ‘red snappers’ characteristic of tuberculosis.”

The ward labs have long gone and the diagnostic work is now done before admission or after hospital discharge. We no longer hear on the wards the excited cry, “Eureka — I found it!”. And we are all the poorer.