in thinking about the future of family medicine and primary care in the broader context of the medicine in the United States.

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REFERENCE


Symptoms of Unknown Origin: A Medical Odyssey, Clifton K. Meador, Nashville, Vanderbilt University Press, 2005, $22.95 paperback, $44.95 hardcover:

Mysterious medical cases and difficult patients are endlessly fascinating. Plato wrote about Socrates’ sexually inflamed encounter with Charmides, a “fair youth” who sought from him a cure for headaches. This account contains the plot lines that generations of dramatists, novelists, and television scriptwriters have exploited for entertainment: a sympathetic and usually innocent victim, a wise and prestigious but flawed physician, both brought into a relationship by a baffling disease that must be fought while patient and physician struggle with each other in the process. The permutations are myriad.

After the advent of standard postmortem dissections in the 19th century in Europe, medical mysteries became a staple of the education of physicians in the form of the clinical pathological conference, established in the United States by Richard Cabot in Boston. In these daunting exercises, a physician is appointed to analyze and discuss, before a group of colleagues, the case report of a deceased patient unknown to the discussant. The goal is to predict correctly the cause of death as revealed by the autopsy. The presenter scores points against humiliation by explaining in detail all abnormal findings and including a wide range of possible causes and giving reasons for and against each.

In this book, Clifton K. Meador, MD, describes an anthology of mysterious patients culled from his lifetime of practice as an endocrinologist, medical researcher, and medical school administrator. The common theme of these accounts is that the cause(s) of the patients’ symptoms were, in Meador’s judgment, unexplained, undiagnosed, or misdiagnosed; hence, symptoms of unknown origin (SUO).

He describes how he came to understand these symptoms and, in the course of these narratives, reveals the changes he underwent in his own clinical style, strategies, and approach. In so doing, he connects these experiences to the new knowledge he acquires and ultimately adapts to his clinical work.

While the patient anecdotes are intrinsically interesting and will stir a reader’s memories of similar encounters, they are less instructive than Meador’s transformation as a clinician. All physicians tend to believe that experience is a great teacher, but it is rare to find an articulate, analytic account of experience and even rarer to see how it happened. Unlike a magician, Meador not only shows the empty hat but also where the rabbit was hidden.

Moreover, he asserts, quite impiously for a physician with his impeccable mainstream credentials, that “the prevailing bimolecular model of disease is too restricted” to solve these mysteries. Neither an autopsy nor another sort of medical test can be expected to give an answer. In this respect, Meador and his reported experiences stand somewhere between Socrates and the great pathologists, upon whose discoveries of cells, tissues, genes, germs, hormones, and the processes of inflammation, the superstructure of modern medicine was built.

B. Lewis Barnett once observed that patients often do not get better because the doctor does not get better. Meador credits a number of mentors and writers who were instrumental in his clinical journey. Some are internists, psychiatrists, and family physicians with whom he worked, but the bibliography of this book reveals names that are familiar to family physicians—Balint, Engel, Erickson, Frank, Kuhn, Odegaard, and Rogers. Meador taught himself to eschew mind-body dualism and to expand the range of communication between physicians and patients that can illuminate the meanings of symptoms. For these reasons, I recommend Meador’s Medical Odyssey to family physicians who may be fellow travelers.

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