

COULD THIS BE MEASLES?

A FIRST GENERAL PRACTICE CASEBOOK

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The illnesses in this book are real, but all the characters are fictional. Any resemblance to actual persons, living or dead, is coincidental.

I have tried to make sure that all the medical information in this book is as accurate as possible. However, it should never be used in place of professional, medical advice.

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This book is dedicated to Lizzy.

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This work was initially published as a blog on 1st January 2016. Since then, it has been tidied up and a substantial amount of extra material has been added.

The work is set in the late 1980s and early 1990s and is meant to be a reasonably accurate account of medical care at the time. However, many of the National Health Service shortcomings addressed are current and were not present during Dennis' work experience.

DR LOIS LEWIS' EXPLANATORY NOTES

At the end of each chapter, you will find brief explanations of one or more of the medical conditions mentioned. Lois chose these because of their interest or relevance. They are not meant to be comprehensive. The medical information provided in the explanatory notes is based on medical knowledge at the time of publication, 2025.

PROLOGUE

HAPPY NEW YEAR!

HAPPY NEW YEAR!

FRIDAY 1ST JANUARY 1988

AT HOME, 1:00 P.M.

My name is Dennis Dennis. I am thirteen years old. My dad is Dr Desmond Dennis. He is a family doctor. He wants me to follow in his footsteps. He says that his job is very satisfying.

I don't really fancy becoming a doctor. I have tried to tell him, but he doesn't listen. The more I resist, the more he tries to persuade me.

The other day I told him that I was thinking of becoming a sports journalist and he said that he had arranged for me to spend some time in the surgery: a bit of work experience.

CHAPTER ONE

HOT LITTLE CHILDREN

HOT LITTLE CHILDREN

WEDNESDAY 6TH JANUARY 1988

MORNING SURGERY, 11:00 A.M.

‘The whole population seems to think that every child needs to see a doctor every time they get a temperature. I have had enough of seeing hot little children this week.’ My dad was looking quite hot and bothered himself. It had been a busy few days.

‘The parents are just worried about meningitis, Dad.’

‘Your mother and I never took you or your brother to the doctor when you had a temperature, Dennis.’

‘Yes, but you’re a doctor, Dad, and Mum’s a nurse.’

‘Well, I never examined you and, in fact, your mother never actually checked your temperature.’

‘You didn’t examine me, even if I was really ill?’

‘I don’t think you were ever really ill, Dennis.’

‘What about Declan? Is that why he had a burst appendix? Was it because you didn’t examine him?’

‘No, Dennis. I have told you and your brother this lots of times. Declan had typical symptoms of food poisoning. No one would have suspected appendicitis.’

OBSERVING PATIENTS IN THE WAITING ROOM – 1

WEDNESDAY 13TH JANUARY 1988

WAITING ROOM, 9:00 A.M.

My dad decided that I should spend the morning sitting in the waiting room observing patients. I couldn't see the point.

OBSERVING PATIENTS IN THE WAITING ROOM – 2

WEDNESDAY 13TH JANUARY 1988

WAITING ROOM, 9:40 A.M.

Sister Harriet Hughes, the nurse, appeared to be the only person working efficiently this morning. She was taking bloods, calling patients through, one after another, and greeting each with a cheerful 'Hallo!'

My dad's young assistant, Dr Lois Lewis, had been seeing her first patient for over half an hour. She still hadn't finished.

My dad had not started surgery yet. He had three patients waiting. His nine o'clock, the first, was an elderly lady; she had struggled slowly and unsteadily across the waiting room, leaning heavily on her two walking sticks. His second was a small, pale boy with tummy ache, sitting quietly beside his mum. The third was a thin, fidgety girl with long, dark hair who played continuously with her buttons and kept checking her watch.

OBSERVING PATIENTS IN THE WAITING ROOM – 3

WEDNESDAY 13TH JANUARY 1988

WAITING ROOM, 10:00 A.M.

The receptionist announced that my dad was running late. She apologised and explained that he had been dealing with a serious emergency. She wasn't quite sure when he would finish.

The elderly lady waved one of her sticks in the air. 'I am happy to rebook tomorrow, my dear. It's no good seeing Dr Dennis when he is running late. It will put him in a foul mood, and he won't want to listen to my problems.'

The small, pale boy with the tummy ache obviously needed to see my dad. His mum explained this to the receptionist.

The thin, fidgety girl with long, dark hair looked at her watch again. She muttered under her breath and walked out.

BIG WHITE SPOTS ON HER TONSILS

WEDNESDAY 20TH JANUARY 1988

MORNING SURGERY, 10:10 A.M.

A lady that we saw this morning had not really had much of a sore throat, but, after she had cleaned her teeth, noticed big white spots on her tonsils. Of course, she came straight down.

My dad and I checked her throat. It seemed normal.

The patient wasn't happy about this. My dad pointed out that it is not easy to examine your own tonsils properly. He said that it was almost as difficult as trying to look into your own ear. She did not appreciate his little joke.

In the end, we both had to check her throat again before she was satisfied.

CHICKENPOX

WEDNESDAY 20TH JANUARY 1988

MORNING SURGERY, 11:00 A.M.

Some children get awful chickenpox. They get a high temperature and are covered with itchy, blistery spots.

My dad doesn't think he should have to see children with chickenpox. As far as he is concerned, any responsible parent should be able to recognise and treat chickenpox or measles and make a reasonable attempt to diagnose German measles (rubella) or mumps.

The parents are never happy, though. They always want to come in and get an official diagnosis.

A BIT MORE THAN A NORMAL BLADDER INFECTION
WEDNESDAY 27TH JANUARY 1988
MORNING SURGERY, 10:30 A.M.



Valerie Vaughan was on pins. She had come into the consulting room and was standing in front of the door which she had not closed properly.

‘Take a seat, Mrs Vaughan.’

'I can't, doctor.' Mrs Vaughan looked anxiously at me, then turned to my dad and whispered, 'I might have to run to the toilet. I'm passing water every five minutes. It's really stinging.'

'Mmm...'

'It's acute cystitis,' she continued.

'A bladder infection?' I asked.

Mrs Vaughan frowned at me. 'It's a bit more than a normal bladder infection, young man.'

'They're the same thing, Mrs Vaughan. Acute cystitis and a bladder infection are the same thing.' My dad spoke quietly. He was looking at Mrs Vaughan's records. 'Right, last time you came to see me you had terrible headaches. How are they?'

'Fine, doctor.' She shifted her weight from one foot to the other, irritably.

'Are you sure? Those headaches settled very quickly considering how bad they were.'

'Yes, I am quite sure, doctor.'

'What about your heartburn?'

'It's fine.' Mrs Vaughan was now tapping one foot impatiently. She looked at her watch.

'Really?' my dad asked.

'Yes. It settled just as quickly as those headaches.'

'Oh, I almost forgot,' my dad said. 'How's that back of yours?'

'It's fine. Look, doctor, everything is fine. Can I just have a prescription for this acute, severe cystitis?'

'Of course, Mrs Vaughan. I just wanted to check on how some of your other recent problems were.' My dad turned to me. 'I always try to tie up any loose ends, Dennis.'

My dad wrote a prescription and Mrs Vaughan hurried away to the toilet.

WART CLINIC

THURSDAY 4TH FEBRUARY 1988

WART CLINIC, 3:00 P.M.

We spent the afternoon freezing warts. Liquid nitrogen is so cold that it kills the cells that warts are made of. I tested the stuff out on my own hand first. A small circle of skin went white, like ice. It stung. My dad said it would probably blister tomorrow.

We treated loads of kids. My dad would hold them down while I sprayed the liquid nitrogen. Some of them cried. Some sat quietly and stared moodily at me. If they made a big fuss, my dad would explain that we didn't need to carry on. He said that the warts would eventually disappear on their own when the children became immune to them. The mums weren't deterred by this. They always insisted on continuing the treatment, even if their children were screaming.

DIARRHOEA

WEDNESDAY 10TH FEBRUARY 1988

MORNING SURGERY, 10:20 A.M.

My dad is always asking people stupid questions about diarrhoea. How many times did you go today? How many times did you go yesterday? Was there much each time? Was it like water? What colour was it?

As far as I am concerned, if you have got diarrhoea, you've got diarrhoea. That's all I need to know.

CONSTIPATION

WEDNESDAY 10TH FEBRUARY 1988

MORNING SURGERY, 10:30 A.M.

We saw a woman with constipation right after we saw the man with diarrhoea. My dad did not seem all that interested.

‘When did you last go?’ was all he asked.

-200°C!

THURSDAY 18TH FEBRUARY 1988

WART CLINIC, 3:00 P.M.

My second wart clinic did not get off to a good start. I told the first patient that liquid nitrogen was -200°C and he burst into tears. We had to cancel his treatment.

VERRUCAE

THURSDAY 18TH FEBRUARY 1988

WART CLINIC, 3:10 P.M.

I didn’t realise that verrucae are the same as warts. It is just that they are stuck on the soles of people’s feet. They don’t seem to hurt so much when you freeze them.

Verruca is the Latin name for a wart.

A WART RIGHT ON THE TIP OF A LITTLE GIRL’S NOSE

THURSDAY 18TH FEBRUARY 1988

WART CLINIC, 3:50 P.M.

I have just frozen a wart right on the tip of a little girl’s nose. A bit of the spray went up her nostril. Awful!

HEADACHES

WEDNESDAY 24TH FEBRUARY 1988

MORNING SURGERY, 9:40 A.M.



We saw a lady this morning with one of those small children who can't keep still. He sat on the chair by his mum for about thirty seconds. My dad smiled and said, 'Hi!' The boy got off the chair and climbed up onto the examination couch. He lay there and laughed, rolled off and started pumping up the blood

pressure machine. He spotted the scales by the sink and jumped onto those twice before turning the cold tap on and off. He came over to my dad's desk, picked up the telephone and started dialling. Then he was back on the chair, grabbing his mum's arm. She was trying to tell us about her headaches, but she couldn't concentrate and nor could we. That did not really matter as it was obvious that the cause of her headaches was running around the room and that no amount of medication was going to help.

A COUGH FOR TWO HOURS!

WEDNESDAY 2ND MARCH 1988

MORNING SURGERY, 9:20 A.M.

My dad is furious. He saw a patient this morning who had had a cough for two hours. He couldn't believe it. It wasn't a particularly bad cough. The man seemed quite put out when my dad said he couldn't make a diagnosis. But he didn't have any other symptoms to go on. The man's nose hadn't started running, his temperature hadn't gone up and he wasn't out of breath.

He coughed whilst my dad was examining him. It sounded like a very ordinary cough.

The man had come in saying that he had a cough and, at the end of the appointment, my dad agreed with him completely. 'That's all I can say,' he said. 'You've got a cough.'

AN UNEXPECTED DEATH

WEDNESDAY 9TH MARCH 1988

MORNING COFFEE BREAK, 11:45 A.M.

Yesterday we had an unexpected death. Brian Blackwell was only thirty-nine years old. All the staff at the surgery were very upset which is why we discussed it over coffee. My dad had seen him on Tuesday morning and diagnosed indigestion. Mr Blackwell collapsed and died at two o'clock that afternoon. Dr Lewis and I thought that maybe my dad had made a mistake. Perhaps Mr Blackwell had had a heart attack. My dad maintains that it was indigestion. He said it was a very bad case: one of the worst he had ever seen.

TRICHOTILLOMANIA
WEDNESDAY 16TH MARCH 1988
MORNING SURGERY, 11:00 A.M.



Patients with trichotillomania continually twist or pull at their hair until it comes out in clumps.

THERE'S NO SUCH THING AS TABLE TENNIS ELBOW

THURSDAY 17TH MARCH 1988

AFTER SCHOOL, 4:20 P.M.

'Did you tell Dennis about your elbow, Declan?'

Now I am working in the surgery, my younger brother, Declan, seems to always have something wrong with him. I think he is becoming a hypochondriac and Mum is encouraging him. This evening, it was his elbow. He had already pulled up his shirt sleeve and was rubbing one of the bones that sticks out.

'It's really painful, Dennis.'

'I've got a maths test tomorrow,' I said, looking back down at my book.

'We thought it might be tennis elbow, Dennis.' Mum's reproachful tone of voice was a subtle criticism of my lack of interest in Declan's health.

'How can he have tennis elbow when he has never played tennis?'

'I've been playing table tennis, Dennis,' Declan protested. 'Martin got table tennis for Christmas.'

'He has been playing quite a lot,' Mum said.

I shook my head angrily. 'There's no such thing as table tennis elbow,' I said.

A HAPPY WHEEZER

WEDNESDAY 23RD MARCH 1988

MORNING SURGERY, 9:00 A.M.

Happy wheezers are great. They are usually about two years old. They're coughing. They're puffing away. Their noses are blocked or full of mucous. Their mums are in a panic, but they sit there, smiling, as if nothing's wrong with them. That's why they're called happy wheezers.

My dad wishes all his patients could be like happy wheezers: bravely smiling through times of considerable difficulty.

CROUP

WEDNESDAY 23RD MARCH 1988

MORNING SURGERY, 9:05 A.M.

Croup is a completely different kettle of fish.

Imagine that you are four years old. You have had a slight sore throat and a cough. Your voice is a bit croaky. Apart from that, you feel fine. You go to bed as usual on Tuesday evening.

You wake up in the middle of the night, terrified. You can't breathe. You sit bolt upright. You want to call your mum, but you dare not in case you choke. You cough and then you manage to suck in a gasp of air that whistles through your swollen throat. You breathe quickly. Every breath in is a concentrated effort. Breathing out is easier.

Your mum comes running in. She must have heard something. She looks as frightened as you. She sits on the bed next to you. She tries to reassure you, but you can see her trembling.

'Trefor!' she shouts.

Your dad looks half asleep. Your mum suggests steam, and he carries you to the bathroom and runs the hot tap. It does help. Gradually your breathing settles. When you get into bed, you manage to lean back on a couple of pillows and relax. Eventually, you drop off to sleep. Your mum stays by your bed. She watches you intently all night.

Your mum phones the surgery first thing in the morning and insists on an emergency appointment. She packs an overnight bag for the hospital for you: a pair of pyjamas, two sets of underwear and a toothbrush.

Dr Dennis chuckles as he examines your chest. 'It is just a touch of croup.' He turns to your mum. 'It always seems worse than it really is. He will be better in a few days.'

'He doesn't need to go to hospital, doctor?'

'No, he will be fine. Tonight won't be quite as bad as last night.'

'Not quite as bad?' Your mum grips the handle of your overnight bag so tightly that her fingers turn blue. You feel sick. Neither of you can bear the thought of another night like that.

DR LOIS LEWIS' EXPLANATORY NOTES FOR CHAPTER ONE

TRICHOTILLOMANIA

Trichotillomania is a psychological condition that mainly affects children and teenagers. Patients fiddle with and pull hairs out, usually from the scalp, but sometimes from other areas. They may pull out their eyelashes or hair from their eyebrows. Trichotillomania leads to unusual patterns of hair loss. In severe cases, there may be scarring of the scalp. Some patients will eat the removed hairs leading to the formation of clumps of hair in the stomach or bowel (hairballs). These clumps can lead to gastrointestinal tract blockages and may need surgical removal.

Affected patients will come to their doctor because of hair loss. They may be embarrassed and will not always admit that they are pulling their hair out. Sometimes they may not be aware that they are doing so. Trichotillomania can be caused by stress and is thought to be related to obsessive-compulsive disorder. In young children, the condition is usually temporary. Older teenagers and adults may suffer from trichotillomania for many years. Psychological support and counselling may be helpful.

INDIGESTION OR A HEART ATTACK?

The pain due to a heart attack (myocardial infarction) can be very similar to pain due to digestive problems including spasm of the gullet (oesophagus), inflammation of the gullet, inflammation of the stomach, ulcers of the stomach or duodenum and gallstones. Pain arising from the muscles and joints (musculoskeletal pain) of the chest wall or upper back can be hard to distinguish from heart pain. Chest pain can be caused by stress.

Some general practitioners will send every patient with chest pain to hospital for further tests to rule out a heart problem. This is a safe approach, but means that a lot of patients will need to be seen in the Emergency Department. Another option is to try to be selective, but carefully weighing up the symptoms and signs may be unreliable. To complicate matters and probably because our hearts are so important, patients who are very anxious about their hearts may subconsciously exaggerate their symptoms whilst others, who don't even want to consider the possibility of a heart problem, will play them down.

Desmond has always said that, if a patient comes to you worried about his heart, he is probably suffering from indigestion but, if he thinks it's indigestion, he is likely to be having a heart attack. I don't think that this is a reliable diagnostic method, but it does get an important point across.

CROUP

Croup can be caused by several different viruses. Affected children usually start with a cold and a 'barking cough'. The sound of the cough is said to resemble the 'bark' of a seal. The virus can cause inflammation and swelling around the voice box (larynx). In infants and toddlers, the voice box has a small diameter, and the swelling can obstruct the flow of air. This leads to difficulty in breathing which is frightening for the child and his or her parents. Air passing through the swollen voice box makes a whistling noise (stridor) mainly when the patient breathes in. It is not unusual for children with croup to wake up in the night struggling for breath.

Fortunately, croup tends to settle without treatment within a few days and the majority of children do not need to go into hospital. Steroid (corticosteroid) treatment can help. The swelling of the voice box can cause severe breathing problems, but this is rare.

In older children with larger diameter windpipes, the infection is more likely to cause laryngitis. Their cold and cough would be accompanied by hoarseness or loss of voice. Laryngitis does not tend to cause breathing difficulty.