Anecdotes, anecdotes – whither anecdotes?

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I THOROUGHLY ENJOYED THE ARTICLE 'CYCLOPHOSPHAMIDE: An alternative treatment in Crohn's disease' by Lapointe and Carbonneau (*Can J Gastroenterol* 1989;3:175-8). However, it is purely anecdotal, there are no control groups (difficult when there are only two patients described), and in general, should not have been published in a scientific journal, except as an interesting observation, perhaps as a 'Letter to the Editor'.

On the other hand, I believe astute clinical observations, made by discerning physicians, are extremely valuable to all of us. How else can we communicate except by publication? This is especially true in a country such as Canada, where we are so far flung and have so little opportunity to talk to each other. When we meet at meetings, we are so harried, rushing to our next session, that we have no time to discuss the unique clinical pearls we all have. Our meetings are so biased toward hard science and have become so fragmented that in truth the motilologist has nothing to say to the immunochemist, and of course he talks to no one but God! The pure clinicians are left alone because this is not their Age – they have no graphs, double-blind studies or statistics to back them. For this reason I like articles such as the one referred to above. It is simple enough for me to comprehend and I can relate to the problems that the patients with 'malignant Crohn's disease' and their physicians faced. There were no confusing graphs and perhaps best of all, I did not have to contend with incomprehensible statistics, presented with equally inscrutable jargon. Therefore, to me the article was useful, and I am certain that soon I will try the drug on one of my many intractable patients. I am also certain that the authors will

shortly embark on a scientific study, armed with all the trappings of modern drug studies – which I will likely read in the abstract!

Finally, I liked the article because I realized that the authors were talking the same language that I understand. One of the major problems in modern society, including our discipline is that we are so subspecialized, even in our own specialty, that we can no longer talk to each other. Dr Kenneth Pelletier summarizes this 'absurdity of specialization' when he points out that the psychologist can no longer communicate with the physician, and to take it further, the basic scientist can no longer talk to the clinician. The latter cannot understand what the researcher is doing and what relevance it has to his sick patient, and the former is so far removed from the problems of day-to-day management of the sick, the lame, and the halt, that in truth they have little to talk about except perhaps the weather, or hockey scores. I am sure that my academic friends must be doing useful work, but the problem lies in their inability to communicate their triumphs to me and vice versa. To quote directly from Pelletier: "...even within disciplines, specialists, wedded to the private languages of specialization, cannot talk to each other...leading to deadly confusion."

Since the journal has now committed itself to simple communication, I am going to prepare a manuscript describing the complete remission in three cases of malignant Crohn's disease, wherein the patients were treated by hypnosis and visualization of lymphocytes attacking their diseased terminal ilei with subsequent resolution of their x-ray abnormalities and reduction of their sedimentation rates. Keep up the good work!!!

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REFERENCES

1. Pelletier KR. A New Age: Problems and Potential. Mill Valley, California: Robert Briggs Associates, 1984:1-3.