

in one visit. He soon learns that this is a grave mistake, because:
(1) He cannot get all the facts in one visit; (2) The patient is prevented from learning to know and like his physician; (3) The doctor cannot observe his patient; (4) And the next time the patient gets sick he can't remember even the name of that doctor he saw just once.

* * *

Sometimes, a doctor makes a diagnosis by keeping up with the newspapers. We had a case of Tick Paralysis, for example. The three-year-old child developed a severe generalized flaccid paralysis after a tick had been found on his scalp. We should have been more astute, but three days later, we found our first lead in Time magazine. A textbook confirmed it.

* * *

Homosexuality is really a very simple problem; it is a failure of identification in childhood. It has nothing to do with the gonads. "Transvestites" are a product of the imagination.

Make sure the boy identifies with a manly man and the girl with a feminine woman. What could be simpler? The cure, of course, is difficult. How easy is it to straighten a tree that is bent?

* * *

We all are familiar with intermitten ischemia of a part such as angina pectoris, intermittant claudication, transient hemiplegia, and Reynaud's phenomenon. Don't forget abdominal angina, also. This

disease is characterized by abdominal pain triggered by the ingestion of food and will lead to negative x-rays and laparotomies and, if you are not careful, the cry of the diagnostically destitute: "Psychoneurosis."

Abdominal angina is caused by arteriosclerotic narrowing of a mesenteric artery and, like angina pectoris, may presage infarction.

* * *

My own personal recommendation would be to needle mercilessly all pharmaceutical detail men who extoll broad spectrum hemantimics. Ask them for some facts about their products. Many times, you will find nothing but crass propaganda.

One salesman, for example, quoted an eminent doctor about the need for a certain vitamin with iron. So I personally asked the doctor, and found that the only action of the vitamin was to facilitate the conversion of ferric iron to the more readily absorbable ferrous form. So why put the vitamin with ferrous iron? We cannot get a medical education from advertising men.

* * *

It will take a hundred years to change the dietary habits of the average American away from the present lethal lipid content. It is difficult to convince anybody about reducing the fats in his diet until after he has had a coronary thrombosis. Obviously, prophylaxis for atherosclerosis which begins after an occlusion of a major blood vessel is hardly rational if the means of prevention have existed all along.

Most people tell me they would rather enjoy living while they are here and eat what they want. The error in this thinking lies in the assumption that, first, the sole value of this earthly life is the sensual pleasure of eating, and, secondly, that a meal, in order to be highly palatable, must contain huge quantities of butter and lard, in addition to that poison, cholesterol.

* * *

I am convinced that the reason for our present fatty diet is to be found in the propaganda put out by the dairy industry for the last fifty years. Remember all those posters about drinking a quart of milk a day? And don't forget butter and eggs. No wonder atherosclerosis is so common today that even some physicians think it is normal. If you will go to all the trouble to inoculate everybody against that rare disease, poliomyelitis, then why not do a little to prevent a disease which is causing our brethren and our patients to drop dead in the prime of life?

* * *

Have you ever wondered if it is really true that the mutations caused by atomic fall-out are all harmful? If this is true, then what of the theory of evolution? Was not evolution caused by the natural selection of beneficial mutants? And were not these natural mutations caused, in part, by natural background radiation? I assume that the statement about harmful mutants from fall-out is the result of animal experimentation. I hate to say this, but this appears to be the strongest argument I have yet heard against the theory of evolution.

* * *

I read this in Harper's: "Physicians are generally very busy people and they have little time for reading. Very few have been trained to think critically or judge the qualities of scientific work. As much as any other group, they illustrate Edison's remark that 'there is nothing which men will not resort in order to avoid the labor of thinking.' But the extent to which postgraduate medical education had fallen into the hands of the drug companies only came to be realized when the tranquilizers swept across the country."

The moral of the story is plain: Let's learn some pharmacology before prescribing the latest panacea. The ad men are taking over!

* * *

Patients do not know what a fever is. Half of them think that any temperature above the arrow (98.6) is a fever. The other half think that anything in the red is a fever (99 and up). Even doctors sometimes call 99.4 a fever and many patients fail to recognize the fever of excitement, the fever of exercise, the fever of fear, and the diurnal temperature variation. Don't let patients tell you they have fever; find out for sure. Furthermore, it's about time we told the manufacturers of thermometers a few things about making thermometers. In the first place, it has been proven that 98.6 is not even average. In the second place, the traditional design of thermometers has given practically everybody erroneous concepts of what fever is and what it is not.

* * *

You can cure 25% of your patients with placebos. You can cure another 25% by taking away their tobacco. As we always say: "Have another cigarette, chum, you will cough better."

* * *

I am proposing a moratorium on all new remedies until I have learned the names of those that have been announced this past month. The number of new names of drugs is not only fantastic, it is ridiculous. I can't catch up with last year's crop, let alone this year's. The last two detail men announced six entirely new medicines, and I really had only two minutes for each man between patients. I have a solution which relieve our memories of this strain: We will all go back to calomel, arsenic, and castor oil.

* * *

I had a lady patient, nervous and weeping, complain about her bear of a husband. He rampages into the house, irritable and obnoxious, after eight hours of grinding factory work every day. I treated her with appropriate tranquilizers and the advice to hand her husband a whiskey sour every time he walks in from work. And then, she should be nice to him.

There are two morals to this story: (1) Take a good history from these weepy women. (2) All happiness is not twenty-five cents a tablet.

* * *

I have been told that some babies are simply "spitters" and that

they will grow out of it. Hoshi! One of our own children spit, regurgitated, vomited, cried, gained poorly, and had abdominal cramps for many months after birth, despite many formula changes and medications. Just before we were ready for either x-rays or the nut house, I tried a non-allergenic formula, and, lo and behold, she was cured. Milk allergy!

This also reminds me of a lady with the same symptoms but who is more verbal. Not only that, but two of the doctors on our staff have had a lifelong allergy to milk, manifested by immediate cramps or diarrhea. That was twenty per cent of our staff.

* * *

Here is a good trick for the patient with local "allergy" to insulin. Sometimes, this is due to a combination of a short needle and too much subcutaneous fat. My last patient tried every available long-lasting insulin; some days she had a red lump ensue, other days she did not. I substituted a one-inch needle for the half-inch one she was using and instructed her to inject laterally into a thick fold of skin so that the insulin was deposited under the fat; she now has no "allergy" to insulin.

* * *

The drug companies which peddle iron are constantly trying to make us believe that people need more than just ferrous sulphate for iron-deficiency anemia. Actually, for a lady who simply menstruates too much, the addition of desiccated hog's stomach, B-12, B-6, B-1, folic

acid, ascorbic acid, calcium, and so on, to the $Fe SO_4$ is nonsense. This stuff is garbage (literally--in the case of hog's stomach.). They ought to add beetle dung and then we would catch up with the ancient Egyptians. Every authority agrees that the ferritin of the mucosal cells of the gut will pick up just so much iron and no more, regardless of what is given, just so long as it is the ferrous form of iron.

* * *

Is it possible that most diseases, if not all are caused by a deficiency of something? Think of any disease, and usually you can think of a deficient chemical, antibody, or hormone, that allowed the pathological state. This makes disease a negative thing. Yet, it cannot be a thing, then, if it is the absence of something. Disease, then, might always be the sign of something missing.

* * *

Any time we give a therapy that has no known rationale, I wonder if we are giving a placebo. For example, I have had such bad results with desensitization therapy in allergic patients that I am inclined to think that pollen extracts are placebos. As a matter of fact, they don't even work as well as placebos--extracts act more like poisons, most of the time, in my hands.

* * *

The theory that a man can become a specialist before he ever is a generalist does not seem to be logical. How can a man take a straight

internship and then continue in his speciality for three more years and be classified as having enough wisdom to handle the whole patient?

* * *

I try always to tell the truth to all my patients all the time. I have never regretted this; and patients who know this, trust me-- which helps immensely in healing them. If anyone thinks that honesty is not always the best policy, he has not honestly analyzed the ultimate results of dishonesty.

* * *

There are five million alcoholics in this country. Only 300,000 have been processed by Alcoholics Anonymous and only 150,000 are presently members. Physicians should take the lead in enthusiastically this great agency of healing to alcoholic patients. All alcoholics eventually see their physicians. Therefore, all physicians should refer these people to A. A. The best time is when they are sick-- preferably right after a debauch or a good case of D. T.'s. This is the Golden Moment to talk sense to an alcoholic--later he will be too drunk and hostile to listen.

* * *

The adage of A. A.: A cured alcoholic is only one drink away from a drunk. These people cannot handle alcohol. One or two beers a day will hurt them.

* * *

One of the good results of the constant propaganda war among drug companies is continual, amazing progress in therapeutics. In other words, out of each 1,000 new brand names there are bound to be a few real contributions to medicine. One of the bad features of this competitive system is that frequently the practitioners cannot tell which are the real contributions to medicine.

* * *

Despite the jeers to the contrary, a good physician must be a snap diagnostician. The only way to have a high batting average with six patients per hour is to make frequent accurate snap diagnoses. The criterion one might forget, moreover, is that, like any other hypothesis, every diagnosis should be proven beyond a reasonable doubt by appropriate studies.

* * *

A cause of enlarged liver that seems to have been largely ignored is hepatoptosis ("wandering liver"). The liver is palpable after the patient has been erect, but may or may not be felt after he lies down. Numerous epigastric and cardiac symptoms may result and lead, as in one case of ours, to a needless laparotomy.

* * *

All logical thought, even though based on the most solid, self-evident truths, is but hypothesis till proven. This is the difference between the philosopher and the scientist. Most philosophers have provided empty dogma simply because of their unfounded faith in the

value of their own logical thought unaided by experience. I said to one, for example: "But what do you make of the experiments with chimpanzees--reason and abstract thought were demonstrated!" He replied that the observation of one or two chimps was immaterial. "Logic," he said, "proves that animals are not rational." This proves, I think, only that some philosophers are animals.

* * *

A good physician should identify himself with his patients. How else can one develop sympathy, compassion, and friendship for all his patients? I feel sorry for the doctor who has only criticism, irritation, and contempt for the people he attempts to heal.

* * *

Some physicians do not believe in germs, apparently; they do not use sterile technique for repairing lacerations, looking in bladders, sounding urethras, and even in doing some minor surgery. A "little" contamination of a wound sometimes is like being a "little" pregnant.

* * *

Many mothers ask me when the baby's formula and bottles should not be boiled any longer. I always answer, "When he begins to eat dirt."

Obviously, when Junior is crawling on the floor and chowing Daddy's muddy tennis shoes in the closet, it is of little value to boil the bottles and the milk for the sake of sterility.

* * *

If you have any post-menopausal ladies complaining of hoarseness and the ENT consultant says that her vocal cords are O. K., think about testosterone. One of my patients had the normal dose of estrogen-androgen injection four months in a row, and she thought the slightly masculinized voice was hoarseness. So did I. Then, I remembered the testosterone I had given her. She also, believe it or not, grew long black hairs at the site of the injections!

* * *

Many so-called "migraine" headaches are simply severe tension headaches. It is wise to take a lot of time with these people. I interview them to ascertain what chronic suppressed rage they harbor. Medicine is of no lasting value unless you find out "who they're mad at."

* * *

It's about time doctors prescribed fluoride tablets to all younger patients in fluoride-deficient areas. Fluorides are as important as vitamins; and if we don't think so, then all the rotting teeth in kids' mouths have made no impression on us. I think I would rather see a case of rickets than a rotten set of teeth . . . at least something would be done about preventing other cases.

* * *

Herpes Zoster is a common disease in general practice. I have seen a dozen cases in the last few years. The treatment is still not very good either.

* * *

If my patient is an old curmudgeon, I usually tell him that he is an old curmudgeon. I tell him in such a way that he laughs; and immediately, his irascibility is gone, and we are on good terms again. I remember one old unwashed gentleman who asked, "Why does my heart act up so?" I winked and told him it was because he didn't take a bath. Well, the next time he came into the office, he was cleaner than he had been for years.

* * *

I never hesitate to get a consultation in something out of my field. Now it may be that, in some patients' eyes, this is not a virtue; but I've always felt that a doctor attracts people who like the things he does, and the other patients either change their opinions or they go elsewhere. So, it is simply a decision, then, for the physician: Should he choose the people who like his way, or should he change his way for the other half? I believe that the physician should know what is right and what is wrong and have the tact and forthrightness to announce his decision to the patient. Otherwise, what is he but a weather vane, turning to any direction at the slightest hint of displeasure from the patient?

* * *

Of course, there is something to be said for the gentle art of giving the patient what she wants and also what she needs at the same time. If the lady is stupid enough to demand liver shots for her mild iron-deficiency anemia, and it becomes apparent, after a short exposition of the facts, that she is not even listening to you, then give her liver and iron, by all means!

* * *

"Man if full of wants: he loves only those who can satisfy them all."

Blaise Pascall, 1623-1662 (Pensees)

If a young doctor were to ask me, "What should I do to develop a large practice, to instill confidence in my patients, to cement my rapport with them, to make them believe me and in me?" --I would quote Pascal's words above. That is to say, he must try to be all things to all people at all times. He must grow in his understanding of all kinds of people, he must like them and appreciate them and at times live vicariously in them, in order that he may know their needs.

Doctors in some sections of the country would be astonished to learn there are places where there have never been malpractice suits. I don't know all the reasons, but one reason seems to be community custom and this apparently stems from the smallness of the community. People try to get along with each other if they are in the same boat.

* * *

The noncondemning, constant, accepting attitude of the psychoanalyst is the one we should espouse. All of our patients and friends will wax and wane in their relations with us due to their own inner climatic changes and if we remain as beacons instead of taking quick offense, we will find ourselves to have that great quality that Osler championed, equanimity.

* * *

Those who pride themselves on "not taking anything from anybody" are akin to paranoiacs; they take offense too quickly, they give offense too often, they hold grudges, and they lose ~~real friends~~. They keep, however, only superficial acquaintances, and in general, are satisfied only when they are thoroughly miserable.

* * *

A wise physician I know states that the reason doctors as a group have more difficulty getting along with one another is that they have been trained to be critical, but have not been trained how to accept criticism gracefully or how to give it tactfully.

* * *

Sometimes we make jibes about those who "learn more and more about less and less," thinking, perhaps, that many super-specialists know very little. On the other hand, if one learns fundamental concepts of physiology and anatomy, even on a sub-cellular level, he will know more and more about using the knowledge he does have.

* * *

Let no so-called purist tell you he must know why before he gives any therapy. Nobody has pushed back the question of "why?" very far on any front in medicine, and we are all nothing but pure empiricists at the bedside anyway. What do you really know about insulin or digitalis, for example?

* * *

Do you know what "empiric" means, you who decry empiricism? It is derived from an en-, meaning "in" and peira, meaning "experiment". Chew on that awhile.

* * *

Recently I discovered the joy of reading Voltaire. This quotation will suggest to you, perhaps, the richness of his writings: "The weak mind receives impressions without resistance, embraces opinions without examination, is alarmed without cause, and tends naturally to superstition."

* * *

As it says in Ecclesiastes, all is but wind.

* * *

There are those who scoff at philosophy and theology, thinking themselves immune or too intelligent for such speculations. However, you can no more escape from philosophy or theology than you can escape from spelling or arithmetic, for as soon as you look at a star, for example, and wonder about it, you become a philosopher and a theologian.

* * *

What many people do escape, however, is the knowledge of their ignorance. They suffer the eternal questions only a short time and then satisfy themselves that they have the answers. One says that the answer to Man is "Evolution," the other says it is "Creation," and each stops dead in his tracks, secure in his faith, his mind paralysed forever.

* * *

Many doctors are afraid to admit the possibility of God or the possibility of Creation for fear of being unscientific. A philosopher might shake the certainty of these men by asking, "What one thing do you truly know?"

* * *

The more one studies scientific progress, the more he realizes that we cannot arrive at Truth by Reason alone. Reason provides nothing but speculations which must be proven by repeated testing.

* * *

A case of Thesaurosis of the lungs caused by inhalation of hair spray was presented the other day, and this brought to mind all the manifold substances that people are now spraying around the house, such as furniture polish, waxes, artificial snow for the Christmas tree, deodorants, cologne, and paints. Now, it may be true that "we eat a peck of dirt in a lifetime" and get by with it, but is it really necessary to inhale a peck of dirt also?

* * *

Anyway, how do you know that the peck of dirt we allegedly eat is not what causes us to die?

* * *

What with tornadoes, fast automobiles, and the common cold, and now saturated fatty acids, cadmium, and hair spray, it's pretty hard to stay alive for very long. We all seem to keep trying, though.

* * *

I heard a famous doctor, who has been at the forefront of his field for thirty years, say that he has had to change most of his concepts of thinking in medicine at least a dozen times already, and he would not be surprised to have to change them all again tomorrow. This is what it means to be "young of heart" in the field of medicine.

* * *

"Let no one say that I have said nothing new; the arrangement of the subject is new. When we play tennis, we both play with the same ball, but one of us places it better.

"I had as soon it said that I used words employed before. Words differently arranged have a different meaning, and meanings differently arranged have different effects."

Blaise Pascal, 1623-1662 (Pensees)

The above words out of the past should give added incentive to doctors who will not write a paper for fear someone else has written a similar article, and would provide surcease from guilt to those who already have written thusly.

Many of the bad habits that children develop that we say are normal, such as lying and cheating, are probably not intrinsic to their nature, but are imitations of their parents.

* * *

It is surprising to find out how many adult patients with heart disease whom we ordinarily diagnose as having arteriosclerotic heart disease, in reality are suffering from some surgically correctible lesion, such as mitral stenosis or interatrial septal defect.

* * *

An axiom might be formulated in regard to epidemics: don't diagnose on the basis of what is commonest in your practice at a particular time. For example, how many cases of acute appendicitis or acute viral hepatitis have been missed because there was an epidemic of gastroenteritis?

* * *

Pain in the ear, the neck, the face, or the temporo-mandibular joint frequently comes from malocclusion. This is a fine old term meaning the teeth are gone on that side doctor and send the patient to the dentist not the neurologist and when you looked in the patient's mouth what were you looking for, the uvula?

* * *

Why do not all the medical schools teach our future doctors something

about the medical ramifications of such allied professions as dentistry and veterinary medicine? Some of the Tunnel Vision of recent graduates and M. D. specialists is due to the omission of special teaching in these areas of medicine. Many doctors, for example, probably still think that all dentists do is fill teeth and veterinarians are men who just give distemper shots.

* * *

Medical library research can do much for you: it can uncover many gems of information, and unearth pearls from the past. Consider this passage on page 320 of the "12th Conference on Chemotherapy of Tuberculosis" (1953.).

"Dr. Des Autels has asked me to announce that he has lost his keys."

Dr. Towey: "Those keys are hanging on the hook by the first toilet downstairs."

* * *

Back in medical school the dictum was that a woman is a constipated biped. Perhaps it should be rephrased, in that she is a multiparous constipated, prolapsed uterus which her doctors have not discovered simply because it is not yet prolapsed completely, and this is causing lower abdominal aching, low back pain, dyspareunia, stress incontinence, rectal discomfort, constipation, bloating, flatulence, nervousness, fatigue, and repeated urinary tract infections. All of this can usually be proven by the intelligent diagnostic trial of a vaginal pessary.

* * *

If we really knew our percentages of wrong and omitted diagnoses we would stop being so cock-sure of ourselves.

* * *

One must always weight the risk of the treatment against the risk of the disease. To do this requires a knowledge of the natural course of the disease which is something we might have forgotten. We might never have even known the natural course of the disease, as a matter of fact, inasmuch as most of our patients receive treatment.

* * *

The reason some things have not yet been discovered is that every time some bright mind thinks of a new idea he goes to an opinionated authority who gives twenty reasons why he's wrong and who doesn't have the brains to think of one reason he is correct.

* * *

"Nothing is so insufferable to man as to be completely at rest, without passions, without business, without diversion, without study. He then feels his nothingness, his forlornness, his insufficiency, his dependence, his weakness, his emptiness. There will immediately arise from the depth of his heart weariness, gloom, sadness, fretfulness, vexation, despair.

"Our nature consists in motion; complete rest is death."

Blaise Pascal, 1623-1662 (Pensees)

The above passages from Pascal's Pensees can be used as an argument for the thesis that he was the first proponent of early ambulation and occupational therapy.

The Commission on Divine Healing, which recently reported its favorable findings in the British Medical Journal, made a statement that deserves every physician's careful reflection: "Basic, the Commission suggested, is the misconception that doctors and the medical profession have some sort of vested interest in sickness that must be jealously preserved."

There are physicians thinking themselves omniscient, who might not agree completely with this.

* * *

I forgive in others many foibles, including that of snobbery, but they must not hope for me to accept their prejudices and their enemies. There are some, you know, who insist that all their friends hate the people they themselves hate. This is a trap for their friends, who will soon be on the same list.

* * *

It is bad for a man to be in another's employ, direct or indirect, and to have no higher court of appeal against the other man's whimsey. This makes one a piece of property and little better than a slave, for most men in power at times will be tyrants.

* * *

Dr. Claude Beck said, "Every age, including our own, knows so much that isn't so." I remember this when someone tells me that "all the greatest people in the world" have believed a certain thing. One must



realize that many authorities are simply lost sheep like the rest of us.

* * *

Some days when the burdens and continuous little catastrophies of modern living seem too much to bear, I wish I were living in a cave so I could just lie on the ledge in front of it, basking in the sun. However, I remember that the fellow who basked there eons ago probably was soon to have a ruptured appendix without medical attention and that a Sabre Tooth Tiger was at that moment growling at him from the ledge above.

* * *

It has been cleverly said that, in medical diagnosis and in the science of disease research, as long as we are content with self-evident, commonplace, and seductive notions, we are apt to make our progress in an up and down direction, not forward--and all the dyspnea for nothing.

* * *

Protoplasm is much more artful than any human imagination.

* * *

The Law of Inertia for groups of graybeards has been formulated after careful observation. Simply stated, the Law is: "The mass of inertia to a given step forward is directly proportional to the financial comfort of the Entrenched and is inversely proportional to their social perception."

* * *

One of the great obligations of universities is to provide postgraduate education. A university that does not care about the skill of the graduates practicing even in its very shadow, has not fulfilled its duties. The university that does plan a full time, varied, and comprehensive series of short and intensive refresher courses for all its departments has viewed its place in the community in the proper historical perspective. It would be good if we would reflect on this and act on our convictions.

* * *

I have observed that the quality of medicine as practiced in small places is, in general, no better or worse than the quality of medicine practiced in large places. Knowledge and ignorance are both simply more specialized in the latter.

* * *

Perhaps you who have observed a number of totally unexplainable deaths will agree with me when I opine that the following new diagnosis needs to be added to our medical list of causes of death: His number was up.

* * *

A recent speaker made a plea for a return of the "old fashioned patient" who did not have the ready-made diagnosis, the specifications for therapy, and the loss of blind obedience to the doctor's command. Well, my answer would be that if we had a few more old-fashioned doctors around who could communicate their knowledge and their friendship in the good, warm, old-fashioned way, and who were not victims of a Messiah complex, we would have more old-fashioned patients.

* * *

We rightly plume ourselves on being the only rational animal, but we quite overlook the fact that we are also the only irrational animal.

* * *

Truth can be served in the art of diagnosing because no prognosis is absolute and no diagnosis a death sentence.

* * *

Most patients adjust better to Truth gently told than we might think. No one is genius enough to predict how he himself will react in a given situation, much less than the patient.

* * *

It has been observed that all the tribes of the earth love to have their back rubbed, but that it remained for the Americans to make a profession out of it.

* * *

When country folk from Missouri say that they "feel tough", they refer to "malaise", which in early France probably was just as uncouth, since it means "bad ease".

* * *

The doctor who thinks that because he is busily engaged in healing people out in private practice he has no opportunity to do research, no time to contribute medical discoveries for the health of humans, no laboratory

or knowledge of where to begin is a man who is blind. Every day there walks into his office a patient with a symptom or disease he cannot explain; every week a patient in his practice turns up with something so unusual he says to his colleagues, "And I thought I had seen everything."

It is a doctor's obligation to investigate these things and to publish his findings; he is obligated to himself, in order to maintain his interest in his work and in his patients; he is obligated to his patients, that he may be better qualified to treat them; he is obligated to his colleagues, to repay them for their contributions to his art; and he is obligated to his medical ancestors in repayment for his legacy of knowledge.

* * *

When a patient asks you, "Could my condition be due to nerves?", what do you do? Do you say "yes" or "no" and then go on to prescribe your panacea? Don't do this. That patient has just given you the most important part of the history. She said, "Doctor, I'm awfully nervous all the time, mainly because of my husband, and I really think this constant turmoil is causing my peptic ulcer. Don't you think, Doctor, if you would only take some interest in me, you could help me out of my dilemma? Please let me tell you my secrets and you help me see for myself what I should do and what I should not do, so I am not so dreadfully unhappy all the time . . . I'll be disappointed if you just give me a diet and some medicine."

* * *

Dr. Richard Loeb has given us these five rules of therapeutics that are well worth a few moment's reflection:

1. The Golden Rule. Never do anything to a patient that you would not like to have done to you.
2. If what you are doing is working, keep it up. Don't be a nervous therapist.
3. If what you are doing isn't working, stop it. Don't dig a ditch with a toothpick; look for a shovel.
4. If you don't know what you're doing, do nothing until you do know.
5. Keep the patient out of the hands of the surgeon. (In borderline cases of psychosomatic conditions; in peptic ulcers; when thinking of sympathectomies; if there is a chance that medical treatment will work if changed or intensified.)

* * *

When Moses handed down the law to the Children of Israel 3,000 years ago about allowing the fields to lie fallow every seventh year for rejuvenation, he originated the concept of the Sabbatical leave. It is my opinion that the fields of a doctor's knowledge also need replenishment. This often, and this is the way whereby a busy practitioner can have a year's rest from the turmoil of practice and a REAL post-graduate education. Unfortunately, when we are in practice, we have no idea of how the medical world is passing us by. Or is it plain greed?

* * *

"Since we cannot be universal and know all that is to be known of everything, we ought to know a little about everything. For it is far better to know something about everything than to know all about one thing. This universality is the best. If we can have both, still better; but if we must choose, we ought to choose the former. And the world feels this and does so; for the world is often a good judge."

Blaise Pascal: *Pensées*
(1623-1662)

Some doctors develop the habit of diagnosing "Compensationitis" or "Hysteria" whenever they stumped by a pain they cannot demonstrate on an x-ray. This usually is sheer hostility and is but a cloak for the imagined threat to the physicians illusion of infallibility.

* * *

The worst of all epidemics is Life; therapy may be palliative in some cases, but life still is 100 per cent fatal.

* * *

An article someone should write: "Refuges for the Diagnostically Destitute."

* * *

Here is an old ditty about cirrhosis you may not have heard:

"The Elder Miss Muffet
decided to Rough it.
She lived off whiskey and gin.
Red hands and a spider
Developed outside her;
These are the wages of sin."

* * *

It is not always necessary to change your personality to suit a few patients who dislike you. Mostly, this is the process of Natural Selection in a Free Society, whereby people who like the grumpy type doctor end up there and those who enjoy the talkative, warm-hearted physician stay with him. Physicians who recognize this natural selection for what it is will not feel hurt and will not be angry with erstwhile patients.

* * *

The Prayer for Physicians by the Jewish Physician Maimonides, written in the 12th century, deserves rereading on occasion by all of us:

"Thy Eternal Providence has appointed me to watch over the life and health of Thy creatures. May the love of my art actuate me at all times; may neither avarice, nor miserliness, nor the thirst for glory, nor for a great reputation engage my mind; for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

"May I never see in the patient anything but a fellow creature in pain."

* * *

It has been said that an essential part of the doctor-patient relationship is a noncondemning attitude on the part of the physician. Most of us know this, but what we many times never discover is that there are some very sensitive people, conditioned, perhaps, by a lifetime of having been criticized. These patients may interpret our silence as criticism, our conservative remarks as a grave prognosis, and the absence of a smile as anger.

* * *

If anybody needs encyclopedic medical knowledge, it is the general practitioner.

* * *

A professor once told us in medical school: "If you have any doubts about your mental capacity, by all means confine your medical practice to one of the orifices of the body."

* * *

A note to Nail-Biters, Finger-Pickers, and Pen-Clickers at medical meetings: come the Revolution and you will be the first to go.

* * *

As an intent listener to thousands of Missourians in my office, I have developed a secret code for use in the next war. If you can decipher the following, you are a Friend, not a Foe: "I feel all stoved-up 'cause my stomach teeth are a 'hurtin an' I cain't hardly go. Well, I taken a right smart a 'round a that stuff an' it don't he'p, seem-like, by heck, so I left out an' come here to try you out!"

"Man is equally incapable of seeing the Nothing from which he was made, and the Infinite in which he is swallowed up."

Pensees; Blaise Pascal

H. L. Mencken said, "civilization is still only a superficial dermatosis." No doubt he was correct; otherwise people would stop consulting Naturopaths, faith-healers, and other such quacks.

* * *

If you will observe the behavior of your children carefully, you will discover the mainsprings of sophisticated adult behavior. Billy says, "Look, Daddy, see me stand on my head?" Billy in later years will seek approval in much more obtuse ways: he will seek political office, either in a local club or in the National legislature, he will give a speech or a lecture, he will buy a new car every year, and he will invite lots of ill-fitting friends to show his fancy, mortgaged home.

On the other hand, all of this is constructive and not to be demeaned, but simply understood. One should have this insight so as to prevent himself from wasting too much time and money on worthless tinsel.

* * *

Completely "objective" intellectuals discover joy in using their "objectivity" to find the flaws in their neighbor's behavior. They are usually neurotics driven by unconscious forces that demand everyone else's deficiencies be magnified. In this way, the "objective" man can continue his own illusion of superiority.

* * *

There is one thing a snob hates more than anything else: one who sneers back.

* * *

Medical students are full of ideals, brotherly love, and the milk of human kindness. How is it that so many of them become greedy cynics thirty days after they open their offices?

* * *

Whenever a doctor scoffs at his patient and grumbles about having "so many neurotics" in his practice, he should begin reading his medical journals again. How many people with, for example, porphyria, hyperthyroidism, hyperparathyroidism, and early brain tumors have been slogged off with a reassuring word and a box full of placebos?

* * *

Here is an old adage for doctors: "For each mistake for not knowing, there are ten mistakes made for not looking."

* * *

I have forgotten the genius who said this long, long ago: "We must weigh opinions, not count them."

This applies to physicians as well as to others. Doctors, as a matter of fact, are particularly susceptible to the argumentum ad hominem approach by detail men, pharmaceutical advertisers, and medical writers.

* * *

If you are frustrated by the silly medical concepts and attitudes of the patients in your community, do not always blame the people. Perhaps it is your own colleagues who, before you were born (and perhaps even yet),

have inculcated such ideas as: 1. Not eating pork for the treatment of practically any disease you can mention; 2. Not washing the hair for prolonged periods of time while convalescing from practically any disease you can mention.

* * *

The reason so-called rare cases are common at medical schools is that each patient is suspected of having them. And then appropriate studies are done. To be specific, for example: An old, stuporous man was admitted and his serum calcium was performed, on suspicion: it was high, and thus a wise diagnosis of hyperparathyroidism salvaged from the wastebasket of senile dementias.

* * *

The only way to know everything about any disease is to discover it yourself. Usually, however, two days later someone else discovers the same condition independently, and finally, years later, some erudite ~~show-off~~ finds a prior report written fifty years before in an obscure Chinese Medical Journal.

* * *

A physician who says "This case is not interesting to me" has stopped being a good doctor.

* * *

Experience teaches the doctor that some of the oldest remedies are the best. Consider Paregoric for diarrheas, for example: the tincture was first prepared in 1710 A.D. and opium, its principle ingredient, was

was first described in the Ebers papyrus in 1550 B.C. We would be wise not to discard good old remedies out of fickleness for the showy creations of pharmaceutical propagandists.

* * *

Arnold Toynbee, the historian, said, "A fatuous passivity toward the present springs from an infatuation with the past, and this infatuation is the sin of idolatry." Does this remind you of anyone you know?

* * *

It is nice to have names like "Ardmore Disease" and Epidemic pleurodynria" to help classify our ignorance.

* * *

A friend of mine joked yesterday that he is "specializing in Human Knowledge: Its Scope and Limitations." Very funny, only some people imply they have already mastered this field.

* * *

"We should not be able to say of a man, 'He is a mathematician,' or 'a preacher,' or 'eloquent'; but that he is 'a gentleman.' That universal quality alone pleases me."

Pensees: Blaise Pascal

There is a French proverb which states, "There is no sickness; there are only sick people." This is a reminder to each physician that when he catches himself thinking about "cases" instead of patients, or "crocks" (the most evil word in the language) instead of suffering human beings, he should immediately kneel and pray that one day someone does not refer to him in this way.

* * *

Heard yesterday: A stool that is black due to blood smells like "something dead," whereas the black stool due to iron does not. True melena has an overpowering decaying odor.

* * *

The mouse, rabbit, and ferret can make their own vitamin C from glucose, yet man cannot. Now, is this not odd? We are all familiar with so-called "inborn errors of metabolism" such as gout, pentosuria, etc. Therefore, it would seem that the whole human race suffers an inborn chemical error manifested by potential scurvy.

* * *

What do you do when a patient states emphatically and in obvious distress, "Doctor, you charged me too much!"?

There is an old theory that we are supposed to be adamant about a fee: never give in; the patient might think that we know we overcharge.

The patient thinks we are exploiting his pain anyway. So let's not convince him he is right by this bare-knuckled attitude. I suggest that

one can (1) save the friendship of this patient and all his acquaintances, and (2) save face by saying: "George, let's not have a falling out over money; your friendship means more to me than dollars: Let's work this out so you'll be satisfied. Now I think this fee is the right fee, but I'll be glad to give you a discount if you need it."

* * *

Many times all that a colicky baby needs is one or two rectal dilatations. It is best to think of the rectal sphincter as the cause of "little gases" first and foremost.

* * *

Patients like to be told exactly when to return for a checkup. Never trust to luck that they will return of their own volition at the proper time if they are not recovering. If it is not emphasized that they must return, frequently they will change doctors because they are not getting well.

* * *

I despise waiting rooms. Most patients do too. Don't fool yourself into thinking that people like to sit there all afternoon waiting for you. If we could figure out a way, no one should ever wait: half the patients are contagious, most are impatient, and frequently they something else they would rather do.

* * *

Many rare diseases are rare simply because we think they are rare-- and they really are not, because when we start looking intelligently we find them.

* * *

A frequent enigma: "Is it the whoop with the croup or the croup with a whoop?"

* * *

Never horse around with horse serum.

* * *

A difficult decision in infants is the differentiation of asthmatic bronchitis from bronchial asthma.

* * *

The dry air of our houses in winter no doubt desiccates our respiratory tract, inactivates the ciliated mucosa, and ruins our defenses against the cold viruses. This probably explains why soldiers in fox-holes many times are free from upper respiratory infections. Many have told me they did not become ill till they went back to the barracks at a rest camp where there was nice, civilized, warm, dehydrated air.

* * *

Despite the latest developments in laboratory tests, a good history, even though it may take seventy-five percent of the time, will evince the correct diagnosis seventy-five percent of the time.

* * *

When you begin to regard each friendly suggestion as malicious criticism, it is time to take a vacation or to see your analyst.

* * *

Don't leap gleefully onto your colleague or your neighbor because he has made an error. No man should be wholly condemned for anything. Who knows, even he who now considers himself perfect might some day be found to have a mote or even a beam in his own eye.

* * *

If your colleague enjoys telling you what he knows, by all means, listen to him. You will make him your friend and you might even learn something; you probably need both.

* * *

There is a great deal to be said about statistics and how one can determine Truth by using the Laws of Probability. Do not be dismayed, however, if you have not collected a series of one thousand cases of each disease yet, because if your eyes are open and your acumen sharp, your one case may have disclosed more of the Truth than did the one thousand cases of John Doe.

Genius, it is said, is the ability to come to a correct conclusion with insufficient evidence.

* * *

If a doctor feels ill at ease after sending his patient out of the

office with a placebo and a request for lab tests, it is because he knows he should have examined the patient. It is very difficult to discover pigmentations, adenopathies, and masses by scrutinizing the patient's chart.

* * *

Every physician in private practice will agree that a doctor's worth cannot be measured by the length of his bibliography or the number of official accolades. It is when he is faced with a dying patient alone in the small hours of the morning without benefit of a retinue of subspecialists and fancy technicians, that the greatest test is made.

* * *

Do not sneer at your colleague's speculations and theories. He might just be a hundred years ahead of you.

* * *

If the patient is not doing well, think about simple things first, if the therapy seems good: 1) Ask the patient "Are you taking the right dose in the correct manner?" (A patient was taking one capsule every morning instead of every four hours). 2) Ask to see the medicines (the druggist has switched labels once, and my patient was taking the ant-acid three times daily and the sedative every two hours, instead of vice versa). 3) Examine the medicine the nurse is giving to see what it is like: (no one knew that the pitressin needed thorough mixing in the oil in the ampule and so the patient with diabetes insipidus became resistant to therapy; the pure oil was being injected while the hormone was dropped into the waste basket

in the bottom of the vial.

* * *

Why do all broken and worn-out stethoscopes belong to hospitals? That is the ultimate end of these instruments, is it not? Who has ever used a hospital stethoscope that worked?

* * *

It is wise to forget the medical school dictum that you should wait until positive cultures come back from the laboratory before starting treatment with antibiotics. While you are observing the natural course of the disease in this way, the patient might be developing little complications (such as dying).

* * *

Well, I have to admit that you can't learn everything: they keep gaining on you.

* * *

Many medical authors know where they are heading when they write an article, but they frequently do not share this secret with their readers.

* * *

If you are trying to create order by finding Truth, consider the possibility that when you discern it, Truth will be found to be chaos.

* * *

The growth of our species closely parallels that of a culture of microorganisms. This is a problem for 40 million more people yearly. You figure out what happens next.

* * *

A doctor recently stated that he knows what will happen because of the promiscuous use of antibiotics. "There will be no I.C.B.M.'s, there will be no satellites, there will be no people. There will be just mounds of penicillin-resistant staphylococci."

* * *

A pearl I heard: the "flapping tremor" of the precomatose patient with cirrhosis of the liver is his waving goodbye to us.

* * *

Another about hepatic pre-coma: These patients characteristically urinate in inappropriate places.

* * *

Bertrand Russell stated a truth when he said: It is a characteristic of Homo sapiens that he is more anxious to kill his enemies than to stay alive himself." Compare, for example, the money spent on bombs and missiles with the funds spent for bomb shelters, tornado shelters, safety belts, and medical research.

* * *

A doctor's relatives who ask him for advice frequently are merely being polite, inasmuch as the doctor is still regarded as Cousin Bessie's little boy--the one whose shirt was always hanging out and who almost blew up the store with gasoline not too long ago.

* * * *

Doctors who pass gastric tubes frequently for various tests are meddlers and should have this procedure done to them daily for one week to cure them of the habit.

* * *

One thing a patient cannot understand is how his physician can be so busy as not to sit down to chat with him in the sick room.

* * *

A doctor who is sick has one of two types of physicians: the dogmatic, Prussian type who will demand obedience, or the doctor who feels embarrassed about giving orders to a colleague who ordinarily gives his own. Either way, this patient probably thinks he knows best and he will take his pills only occasionally and tell the nurses to stop bothering him with those fool treatments.

* * *

Does hate help your health or your sickness? Have you tried Love for your enemies? Let us also advise our patients of the medical value of love over hate.

I speak of Agape (altruistic love) not philo or eros.

* * *

When your pregnant patient lies supine on the examining table and turns pale, has a thready pulse and a low blood pressure, this is probably due to the heavy uterus lying on the inferior vena cara. Watch this patient carefully when hse is on the delivery table.

* * *

I am not afraid to use some technical jargon to a patient or to his relatives. I explain everything as well as possible, not so much to educate as to promote confidence. It is probably reassuring to the patient to realize that his physician knows more than the family does.

* * *

All true coffee addicts will recognize that the new "energizers" are simply variants of caffeine, in effect. Most people need something to strengthen and alert them for their multitude of miserable daily problems.

Perhaps we could epitomize the above with a bit of fiction: Three men are walking to the gallows to hang for murder. The first man is helpless, terror-stricken, tremulous. The second man has had a sedative and he couldn't care less about this hanging. The third man has had an energizer and has just figured out three ways to escape.

* * *

If you don't like what you are doing, don't do it. Life's half finished or more for most of us and if we continue sacrificing to "get ahead," we might awaken one day to find that we have purchased nothing but an expensive funeral.

* * *

How much treatment for a dying patient? This is the most difficult of decisions for the doctor. When is it more compassionate to withhold the endless needles and infusions and treatments? Is it absolutely necessary to persist in the dogma that everything must be done until the very last heart beat even for the obviously terminal person?

I think the answers for the above must not be the sole responsibility of one physician. What could be done, for example, in the case of an aged person dying of a massive cerebral hemorrhage, would be to obtain adequate consultation, jointly apprise the family and minister of the hopelessness of the case, and come to a united decision regarding the advisability of continuing or stopping any meddlesome treatment. This: (1) relieves everybody of sole responsibility, (2) assures all of the truth of the case, (3) individualizes the treatment, (4) and prevents the "absolutizing" of a relative principle in therapeutics.

* * *

The only tension that smoking a cigarette relieves is the tension caused by not smoking a cigarette.

* * *

A way to win the confidence of the family of a patient is to talk freely with them. A doctor who explains nothing to anybody is open to the suspicion that he knows nothing to explain in the first place.

* * *

Appendicitis is a nauseating disease that ruins the appetite. If the patient is eating, the abdominal pain is another condition.

* * *

A farmer friend tells me that his hogs and cows grow fat and healthy on grain with added wheat bran and sorghum molasses. Furthermore, he reared nine healthy children on the same diet, and nobody had vitamin pills in those days.

This is probably a nutritional gem. Whole wheat bread with sorghum molasses on it not only is nutritious but also it is a treat that even a French chef would love.

* * *

Do you tell people to eat a balanced diet? If so, first tell me what a balanced diet is. How am I going to be sure that the foods are grown in soil that contains all the vital trace minerals? Have you taught how to prepare the food so the vitamins are not oxidized and the minerals are not vaporized by excessive heat, the nutrients not leached out by boiling water, the juices not removed by dehydration? Are you sure the grains are not full of toxic nitrates accumulated by over-treated soils? Are all the

golfing, walking, playing tennis, or beating on the ,punching bag in the basement at night. (This is a physiological way to rid yourself of stress hormones.) 4. The one way most of us forget: if you understand your adversary completely, and all his reasons for his conduct, you will have compassion and not rage. Think of him as a child. The Bible says "Love thine enemy". This is the way to prevent anger in the first place.

* * *

Patients love to be on a diet. A diet list at home is a constant reminder of the ever-loving parental concern of the physician. This part of the art is a marvelous opportunity for us to put everybody on a low-fat, corn oil diet to prevent atherosclerosis.

* * *

A chimpanzee's intellect at the age of six is no different, according to the clinical psychologists at Yerkes Laboratories, from that of a congenitally aphasic six-year old child. Which has a soul? Do both, or do neither?

* * *

On Free Will:

Premise: the newborn infant has complete freedom of choice.

Observation: during the formative years, this instinctual method of acting is inhibited, suppressed, sublimated, substituted, etc.; the person is "civilized". If the training has been done with the proper kind of love, a "normal" social human results.

If, on the other hand, the process has been lax, a psychopath results-- a person with an unblemished, unrestricted free will. No conscience. No super ego.

If civilizing has been too harsh, the defensive mechanisms produce a neurosis or a psychosis.

If civilizing has been too cruel and there have been added motivations of an anti-social character by direct or indirect suggestion, a delinquent or a criminal results. (Frequently this type is mistakenly called the psychopath).

Therefore, pure free will is not good, because only the (1) infant (2) and the true psychopath typify freedom from parental or social restraint.

* * *

It is not true that the chemical content of plant food is the same regardless of the chemical nature of the soil. Nitrates, for example, accumulate to lethal levels in many plants in over-nitrated soils. Let us stop bamboozling ourselves with the trite phrase "Eat a well-balanced diet and you will be healthy". Who knows yet what the correct diet is!

* * *

I think some doctors fear consultations. They fear losing face and patients. This is the wrong attitude, I believe, because if done properly, obtaining another opinion will gain the physician prestige in his patients' eyes, will gain him the confidence of those who were losing it, and thus will gain him, eventually, more patients.

* * *

I tell my new patients to stay with me and develop the idea of a personal physician. "If either you or I," I say, "do not feel you are doing well, then either you or I may ask for consultation. That way you know you will always get the best medical treatment."

* * *

Some of the most picayune things can ruin a doctor's reputation with a family: consider the effect that allowing a fecal impaction to develop in a hospital case has, not so much on the patient, as on the relatives. If you are aware of this communal anal complex, you will personally make sure each hospital patient keep "his bowels open." Ask every patient every day.

* * *

I have completely eliminated the word "abortion" from my medical vocabulary. People simply do not understand that this is a technical term, and they always regard its meaning as criminal. One nice lady was so upset by the diagnosis "threatened abortion" that appeared on her insurance forms that she left town. I convinced her that this meant "imminent miscarriage", but she did not believe she would ever convince her friends. Now, I never allow myself to write this bad word anywhere.

* * *

If you will observe fat people, you will see that it is not so much a matter of over-eating with them as it is a matter of under-exercise. Most fat people do not burn calories the way they should. It is not a metabolic

difference, I am sure. It is a lifetime of languid habits. My patient, Mr. A., for example, and I can both walk up a hill together, but I wager I use twice the calories he does. He is so relaxed and slow that he appears to be half asleep even when at work. My conclusion, therefore, would be to inquire into the physical habits of the obese, rather than the diet.

* * *

And so far as observing patients goes, one would find it instructive to ask all very old but still healthy people, as I have, what foods they have eaten most of their lifetimes. I have discovered nobody over the age of eighty around here, who is in good health, who has been accustomed to a high-fat diet. This further corroborates the well-founded theory that high-fat diets cause athero-sclerosis.

* * *

"My bowels are all tore up," the lady said to me. I was new to the local idiom and I had visions of an entirely new pathology. ~~How~~ was I to know that what she meant was that she had "the runnin' off?"

* * *

This reminds me of the countless patients whose present complaint is, "I got it in the back." What is meant is "a hurtin'" in the lower lumbar area which has been present, to be specific, "a good while."

* * *

I believe in knowing the difference between right and wrong and then

acting upon it. A man is dishonest who turns away from evil. Thus: when a greedy, fraudulent, health insurance company drops one of our patients just because he became ill, I think we should rise in wrath. These cheap, chiseling insurance companies with their high pressure, exaggerated, amoral claims are going to drive us to socialism faster than Marx himself could have done.

* * *

A physician must attempt to be all things to all people at all times, and yet, to be effective, he must remain independent, intellectually honest, and genuinely sincere and compassionate. We should not be disappointed if we fail in some respects to meet the challenge of this impossible goal, but should congratulate ourselves for that part of the art we have mastered.

* * *

Many patients have complained to me that their previous physician "never told me anything." In investigating these cases I usually discover that the doctor actually told them everything. What really happened was this: the doctor finished his speech to the patient and left and the patient had some unanswered questions. To avoid this type of dissatisfaction, one must finish with, "Now, do you have any questions?"

* * *

There are some talkative patients who would use up all of our time if we left openings for them. These people just love to talk, even though they say nothing. There are three ways of handling these cases: the first

is to sit and listen in utter boredom. The second is to brush off the patient and rush to the other room. The third way is best: direct the conversation to some topic interesting to you and use the opportunity to learn something. A little extra knowledge never hurt anybody.

* * *

I think that doctors know the misery and brevity of human life better than does any other professional group, including preachers. This very experience is a factor in strengthening the natural tendencies of the physician toward mechanism and agnosticism.

* * *

If a detail man tells you a medicine is better than another, ask him why. Demand statistics. Then, use rules for evaluating his statistics: If there are relatively few case studies, reject it; if the studies are uncontrolled, reject it; if there is no double-blind study, reject it; if there has been no comparison of the figures after subtraction of the standard deviation of error in each sample, reject it; if there is no apparent rationale for his statements, reject it; if he quotes some authoritative conclusion, but gives no proper data, reject it. Some drug companies are more greedy than they are honest.

* * *

I believe that if all doctors started needling all detail men about all of their outrageous advertising claims, we might get some medical ethics back in the drug business.

* * *

I understand that turnips and cabbage can cause goiter. Well, I'm glad to hear that, but I wish they'd put a few other unpalatable foods on that list too. Like egg-plant, for example.

* * *

If any of you fellows who are eating eggs and butter and solid fats have a coronary or stroke tomorrow, please let me know. I am proposing a large medal of honor to each of you for the courageous act of eating what you damn please.

* * *

Do you know what the local idiom for "defecate" is? It is: "I went out". The only way I can understand this is to conjecture that this began when everybody had backyard privies and they really "went out".

* * *

Why is it that every time I tell a patient on the examining table to lie on his back, he turns to lie on his abdomen? This completely baffles me because it happens every day.

* * *

The young doctor fears charging money, because he instinctively realizes that the patient regards the fee as exploitation of his pain. This business of getting rich at the expense of the misery of others is the real cause of many antagonisms between doctor and patient.

* * *

Every physician believes when he graduates from medical school that he knows all the symptoms the human race can have. This is, of course, wrong, since he has not learned even half of them. Every day he will learn more symptoms, most of which have no disease to go with them. I give you a sterling example from a lady patient who told me yesterday that her "kidneys fluttered".

* * *

If a child is not doing well at school, and you are sure his health, and his eyes in particular, are good, it is well to find out with which parent the child is identifying. Frequently the parent is one who boasts of how he hated school and drops little hints to the child which turn him against schooling. You can perform a great service by informing this parent how he is unconsciously producing this type of behavior.

* * *

What all patients need more than anything else, is good old T. L. C. (tender loving care). We are not physicians when we do not give it. The prime ingredient in this prescription, if you have not heard, is love. There are three kinds of love in the Greek, which we should be aware of so as not to be misconstrued: Eros, the erotic type; Philos; the intellectual type; Agape, the selfless, altruistic type. Agape is one love the world knows the least about, despite 2000 years of Christianity.

* * *

Have you heard of oral diarrhea with mental constipation?

* * *

R. R. Grayson,

...nal rule in the art of medicine is to always give the patient
...ng for his money.

* * *

If you get over two hours of uninterrupted sleep while treating a patient in diabetic coma, I would say that you are probably trusting too much to luck. These patients usually will get well if they are treated vigorously and personally on an hourly basis around the clock. I say this with conviction because I learned the hard way in my internship, and since I have discovered this rule, I have lost no patients in diabetic coma.

* * *

Sometimes comical things happen in hospitals that only doctors might appreciate as being funny. There is a case of ours, for example; a post-operative patient had tubes in every orifice. He had I. V. tubes going, a catheter, a colon tube, a stomach tube, and a nasal oxygen tube. What was humorous was the fact that the oxygen and the stomach tubes were accidentally switched one day and the nurses couldn't figure out why the poor man had to belch so much. He was getting constant suction to his nose and six litres of oxygen to his stomach.

* * *

There was a surgical professor of mine who claimed he had a "Ph. T. B." degree. He was a doctor of tubes and balloons.

* * *

When a patient complains of a sore back, remember that if you do not "lay on hands", in other words, examine his back, the patient will accuse you of neglect. It is so tempting, is it not, to forget this, even when we know that the person simply pulled a muscle. Furthermore, once I found a gibbus caused by a bone cancer that another M. D. had missed, simply by following this rule.

* * *

One of the finest impure placebos I know is the green APC capsule. Red, yellow, and white ones are good also.

* * *

We doctors have trained and disciplined ourselves to do a thousand things. Why can we not train ourselves similarly to be always cheerful, charitable, and courteous to our poor, suffering charges?

* * *

hundreds of food additives, colorings, preservatives, and insecticides that end up on the dinner plate perfectly harmless? Have you told how to get six to nineteen grams of essential fatty acids daily?

The facts are that nobody knows yet what we should eat, anyway.

* * *

The line between a food faddist and a nutritionist is probably non-existent. Most thoughtful people realize that food has something to do with health and our state of ignorance is only relative anyway.

* * *

People who challenge the Fates by refusing to change their dietary patterns in the face of scientific evidence usually are people who scoff at safety belts, fire extinguishers, and lightning rods. These same people, for some strange reason, lock their doors at night, buy automobile, fire, life, and disability insurance policies, and even get smallpox vaccinations.

* * *

The art of reassurance lies in the ability to exude confidence without ever implying a guarantee of cure.

* * *

When I first began to practice medicine I was completely baffled by patients who had nothing wrong with them. I soon learned that a doctor must always do something for all his patients. When I tell a patient "There is nothing you need", he thinks, "Well, you have not earned a fee."

* * *

If we, as responsible leaders in medical matters, make a vigorous legal fight every time a health insurance company cheats a patient, we do ourselves a favor. Insurance companies which cancel policies ad lib, misrepresent their policies and refuse to pay should all be reported to the Insurance Commissioner in the state capital.

* * *

Leptospirosis in cattle is epidemic in Perry county; we should be seeing human cases but we are not. This should remind us--do we have adequate liaison with our veterinary colleagues?

* * *

Many patients complain about the doctor. It is of great value to the physician if he does not complain about the patient in return. He should, instead, evaluate and correct his art.

* * *

Some sick persons leave the hospital disgruntled, saying, "I was there five days and they did practically nothing for me." Doctor, this is a failure.

A case of pneumonia, for example: the patient might need only one or two injections of penicillin a day to get well, but if he really needs the hospital and if you are seriously interested in his satisfaction with this time and money-consuming interval, it is best to write such "luxury orders" as these: 1. Vaporizer at bedside constantly. 2. Infra-red lamp and liniment to chest for pain for fifteen minutes three times daily. 3. APC tablets two, three times daily for discomfort. 4. Nembutal gr. 1½ h. s.

5. Laxative at bedtime as needed. 6. Luminal three times daily for nervousness. 7. Occupational therapy as tolerated. 8. Up at bedside as tolerated. 9. Leg exercises each two hours during day. 10. Temperature four times daily. 11. Two hour each morning for amount and color.

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Many old people are not senile, even though they look that way. Before jumping to conclusions that the old one has no memory and is disoriented, try being friendly and sociable. Because he is slow and tottering does not mean he has an old mind.

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I find that the most valuable attitude of all in developing real friendship for people, regardless of age or condition, is to think of them as the children they are at heart. For who can hate a child?

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Someday I plan to write a book on ethics. The theme of the work will be that there is no relativity in ethics, that, in moral questions, an act is either good or bad at all times and places. Practically nobody now believes this, in spite of 2000 years of the Beatitudes, but it can be proved by referring all questions to the thought: "What effect will this have on the children?"

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Beware of paranoid people. I have seen many, both in and out of

asylums. Those who are not hallucinating are frequently shrewd citizen who may cause many of the troubles of a community. Only the rare person recognizes the disease. Some helpful hints: They are utterly rigid in their paranoid outlook; they are unforgiving; they are unloving and many times, as a result, unloved; logical argument does not work when talking with them. Absolutely nothing can make them reason differently or take a different stand. Do you recognize any of your acquaintances here? Suggested reading: Caine Mutiny.

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A minister I know claims that he can always recognize a liar by physical signs such as, (a) the inability to look you in the eye for a silent count of ten while conversing, and (b) by the nervous movements of his hands. This could be worked up into a nice paper on the physical diagnosis of lying.

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Four things you can do when you become angry at people:

1. Give them hell and tell them off. Don't let them treat you that way. Who do they think they are? (This attitude will give you all the enemies you will ever need on which you can blame your high blood pressure and your peptic ulcer).
2. Suppress your rage completely. Never be so immature as to allow people to know you have emotions. After all, you are Somebody, not just a human being. (This works beautifully until (a) Your hypertension becomes malignant, (b) your tension headaches become intractable, (c) or your alcohol habits draw the attention of A. A.).
3. Work it off by hunting,