



Revenge of the Osteologists



By John Ostrich, MD

It's time to bring out the big guns in our battle against Internet printouts: maschalyperidrosis, podobromidosis, thalassoposia — even zuckergussleber.

ALLAN WAS ONE OF THE FIRST first-year medical students I met as I proceeded through the registration and orientation process. He was the roommate of the fellow who eventually became one of my best friends and the best man at my wedding. They lived next door to me and my two roommates in an apartment complex a few miles from the medical campus.

Allan was the first major league Type A person I had ever gotten to know well. He arose every morning before most of us had emerged from REM sleep and ran a few miles, returned home to do a few dozen push-ups and some light weight lifting, then cooled down over a fruitarian/vegetarian breakfast.

He occasionally ate meat, almost always chicken. When he ate chicken, he ate the bones and gristle (honest). When he ate apples or pears, he ate the seeds and stems (honest). When he ate peaches, he ate the pits (honest again). In spite of all that debris in his GI tract, he never got obstructed. He was about 5 feet 10 inches tall and weighed about 140 pounds.

Anyway, there we were, a few weeks into our first year of medical school, trading stories about ourselves and gratuitous comments and impressions of our teachers and classmates, plus jabbering about where we planned to go in our medical careers. We had had enough exposure to medical school to realize that the microanatomists, physiologists and biochemists had outflanked the macroanatomists.

We were much more impressed with people who knew how a mitochondrion functioned than by those who could recite an off-color mnemonic to recall the names and arrangement of the carpal bones.

Allan had worked the summer before med school at a resort in the Catskill Mountains as a bus boy and waiter. He recalled waiting on a table full of gray-haired folks one evening and, of course, they had inquired what he was doing with his life other than wait on tables at Pincus Pines. When Allan announced that he would soon be entering medical school one of the gentlemen told him that he himself was a recently retired physician.

As the meal progressed, Allan and the retired doc became good buddies. Afterward, Allan returned to the table to be sure all was well and thank the folks for his generous tip. The old physician got up, took Allan conspiratorially by the elbow out of earshot of everyone else, and said, "My boy, always remember that all through medical school, you've got to know your osteology!" Allan must have looked blank because the old man said, "You know, osteology. The study of bones." Oh, yes, of course, Allan nodded.

The old doctor went on, "Why, when we had an osteology test, we'd be given a human rib —placed in your hands behind your back, so you couldn't see it — and we'd have to tell the examiner which rib it was and whether it was the right or left rib just by feeling it with our fingers!"

We had a good chuckle at that story. Who could possibly care if anyone could tell the tactile difference between the right eighth or left ninth ribs?

Well, Allan is a successful gastroenterologist now, and I am sure he makes a lot of money peering into aging colons and telling their owners they have diverticulosis and to not eat peach pits. ("But doctor, if I don't eat peach pits, I get all bloated.") A lot of good memorizing the Krebs cycle and worrying about DNA metabolism got me. Many of my patients would be more impressed if I could interpret goose entrails than accurately explain why they get the world's worst migraine when their in-laws come to visit.

Many patients, as we in clinical practice know, now arrive with what look like spreadsheets of information culled from the Internet. They already know what's wrong, and are pre-programmed to be upset when we will not prescribe this or that "alternative" nostrum.

Our patients have outflanked us just like the microanatomists did the macroanatomists in the 1950s. All of a sudden, we are supposed to know the clinical pharmacology of goldenseal, black cohosh and valerian. ("Which do you think is better for my sinus condition, doctor, Bayberry or Chinese rhubarb?")

I have a lady patient who is chronically anemic by virtue of menstrual blood loss. She refuses standard hormonal therapy and eschews standard iron therapy in favor of some seaweed extract that, she tells me, is rich in iron and much less "toxic" than, say, ferrous sulfate. She gets a lot of her pharmacotherapeutic advice from clerks at Elliott's on El Camino. Like many people these days, she is leery of estradiol, but a bottle of pills labeled "natural estrogen complex" is just what the doctor (should have) ordered.

It is time we counterattacked. We need to go back to a time when physicians hid their ignorance behind arcane language and complicated terminology. Our patients are snowing us with Internet print-outs of the fabulous and almost mystical virtues of alternative remedies. We ought to wow them with some good old-fashioned medical mumbo-jumbo, and maybe even demonstrate how we can tell which rib we hold in our hands, even if blindfolded.

Listen to a typical exchange...

"Doctor, do you remember those pills you gave me for my headache and urinary problems that made my hair fall out and made it impossible for me to sleep? Well, I went out and got this natural herbal extract, and I'm all better. Here's the bottle. Do you want to look at the ingredients?"

Doctor grimly scans the list of ingredients. "I'm glad you're better, and your hair looks great. I am concerned, however, that something more serious is going on. You may be coming down with maschalyperidrosis or perhaps podobromidosis. When I first saw you, I considered the possibility that your symptoms were suggestive of thalassoposia or cilliosis or even... even mancinism. Failure to treat any of those problems could lead to what our German colleagues call zuckergussleber, which is usually called hyperthelesia or Fenwick's disease in this country."

"Thank goodness I'm better in any case. By the way, doctor, exactly what is Fenwick's disease?"

"You can look it up."

P.S. All of those antiquated medical words can be found in Stedman's Medical Dictionary,

20th Edition. Honest.

John.Ostrich@kp.org

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

Copyright © 2000-2008 Sierra Sacramento Valley Medical Society - All Right's Reserved