

Our Patients, Our Teachers

Lendon H. Smith, MD

Sometimes doctors get bored. If they only see "normal" people day after day, they could let significant clues slide right by. They need a challenge or two, an unusual disease -- but not too tough a case -- to make their day. Getting a bean out of a youngster's nose is enough to excite me for a day or so.

It took me years to figure out what some young girls aged three to 10 were trying to tell me. It was nothing verbal, but in hindsight they were really shouting to me. These occasional girls would scream and stiffen when I would try to bend them at the waist to take a peek at their pudendum. It finally dawned on me that they had been sexually molested and this stranger (me) was going to do it again!

How stupid and naive of me not to understand this normal response of a child trying to protect herself. Statistics tell us that 25 percent (or more) of girls have been sexually molested as children. (Boys are also, but less so.) We are supposed to be the children's advocates, taking care of their bodies and minds. We don't know what to ask. What are the clues that tell us to do something about a child's miserable life?

"Are you happy?" may not be enough. I'm sure you have had feelings of discomfort when you have walked into the examining room where two or more members of a family are seated, waiting for your therapy. There is no show of emotion on any face; that's called the flattened effect. You feel chilly. You tell the latest dumb-blond jokes since they happen to be brunettes. No change. Something is wrong, and it is more than a muscle spasm.

If I know the family well enough, and there seems to be a pall, a gloom that permeates the room, I will jump right in and ask what has happened. But, if the family is new to me I will tread more lightly. I well remember coming into the examining room and meeting the mother and father of a beautiful little five-year-old girl. "How may I help?" I ingratiatingly opened the conversation while the father stands at the window eying the street.

Mother, whispering: "We want you to test this cake for radioactivity." She opened a cake box from a well-known bakery here in town. Inside was a half-eaten cake. It looked good. I was going to cheer everyone up with some asinine remark like, "Let's turn out the lights and see if it glows in the dark," or, "I'll eat some and see if my hair falls out." In the nick of time, I got the ambiance of this family; they were seriously paranoid. It is called a folie a deux.

It seems that they all ate some of the cake and got sick. (I believe that they all came down with the intestinal flu at the same time.) The father had been "blown up" in World War II and was on a permanent disability getting a good amount of money every month. The father and the mother were convinced that Naval Intelligence was trying to do them in so the government would not have to make anymore disability payments -- real paranoia.

You too can be a help to your patients. Animals smell each other's emotions. We have to use our eyes.

We can diagnose love (not much of that in doctors' offices); fear (you should know how to alleviate that); disgust (due to your bad breath, bad jokes or high charges); sadness (it is part of the treatment to say, "You look depressed." It might bring out the reason for the backache); anger ("What's gotten into you?"); boredom (you've seen that in your spouse a hundred times); pain (you're good at that one); and cheerfulness (you should see that on their faces as they leave the office. If not, call them back.)

We are our brothers' keepers. You should be able to read the diagnoses in their faces. You don't have to be bored all day. These are human beings you are dealing with. Do what human beings are supposed to do with and for each other. It is a part of the helping professional's job. You can make it fun.

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