

Philological Obfuscation



Each day in general practice we see all sorts of conditions that don't quite fit into the boxes that medicine loves to put people. Patients often have bits of one diagnosis and other parts of another condition and then in our minds they end up with neither. They fall through all those cracks in the ghastly ICD codes and the DSM 1V Revised classifications.

I find that there are several conditions that I have been looking at for many years that now, all of a sardine, have names. It is strange how one sees these conditions and because they don't have a label attached to them they don't really "exist" in one's mind. It is actually Aristotle's fault for starting all this categorization and classification and now we have the ghastly ICD codes.

One such condition is women who have asked me about their hair lost, especially the middle parting through the hair. Because I didn't know what it was I would give the GPNC (The GP's Non-Committal Reply) playing the ball off the back foot and neatly deflecting the question down to fine leg. Imagine my excitement when I heard it has a name. It is called Androgenic Alopecia. It's the sort of diagnostic label that should scare the average middle-aged housewife into complete baldness.

Being a mother in the 21st century with all the information available in the media and online, can create a lot of anxiety especially with a small child who gets a rash. I have always seen babies of about three or four weeks with that rash they get around the neck from just having a newborn skin which is exposed to the atmosphere, soap and heat. It is often called prickly heat rash but it now has a name, viz: miliaria rubra. Imagine a doctor, nodding prophetically, and giving a mother this diagnosis. I would think she would have a cadenza magnifolia.

Another condition I have observed subliminally are those young women who run furiously down our lane in the morning and do all sorts of athletic pursuits and tell me all about their electrolytes and training regimens. This is now called Exercise Bulimia and Body Dysmorphic Syndrome. Apparently these are secretive eating

disorders with some purging on the side and then off for a merry run in the morning. This, I am told, is partly due to the body image of the 21st century and the praises and rewards that society heaps on our competitive athletes and our thin fashion models.

For years I have been seeing patients with dizzy turns which I now, with an air of intellectual superiority, inform the patient, is due to benign paroxysmal vertigo. This is similar to those funny turns when teenage girls go all floppy and fall to the ground after laughing or crying. They are no longer suffering from the vapours, they have cataplexy.

A couple of decades ago we were introduced to Munchausen Syndrome by Proxy. This was probably first mentioned, but not by this name, by Michael Balint in his seminal book *The Doctor, His Patient and the Illness* in 1957 when he said that the child can be the presenting symptom, when the person really ill is the mother but "Munchausen by Proxy" is a much catchier phrase. I often see what I call Patients by Proxy. These are the patients who are persuaded or pushed by their wives (or husbands) to go and see the doctor. It is the spouse who is worried and not the patient (or so they say). "Doctor, there is nothing the matter with me, it's the wife that's worried".

Cardiology is another one of the disciplines that has acquired a lexicon of splendidly opaque labels. There is the Prolonged QT interval which goes by the magnificent label of Jervell and Lange-Nielsen syndrome (and why not add the name of the doorman?). And somewhere along the line palpitations became atrioventricular nodal reentry tachycardia (known, of course, as AVNRT) or if you like junctional reciprocating tachycardia (JRT). How do you differentiate JRT from paroxysmal atrial tachycardia with block (PAT)? Well, apart from the fact that the first condition has 39 letters to its name and the last condition has only 27 letters you can tell them apart by doing carotid sinus massage (at least that is the correct answer on the MCQ).

My most recent diagnostic label came to me while I was gently nodding off in a CME symposium. The speaker woke me up with a power point slide on Heloma Molle. I had never heard of it before. So imagine my excitement on finding another label with which to confuse the population. It turned out to be another condition I have been looking at all my life and never knew the cause. It is the smooth white thickened skin between the fourth and fifth toes, which we often mistake for fungal infection but, in fact, is due to water and rubbing of the toes into a Heloma (corn) that is Molle (soft).

Heloma Molle, now that's a bit of peripheralia to drop into the conversation the next time I go into the tea room.

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