
THE SOFT EDGES

Small black dogs and the house call

—Chris Ellis

I have always taken a sneaking enjoyment out of doing house calls. They get me out of the surgery and I can drive around the village inspecting the gardens. The drive may sometimes be diagnostic as I can see who is coming out of the pub or watch the workman I signed off yesterday on workman's compensation, vigorously digging his potato patch!

The drive may sometimes give me more unexpected diagnoses. On driving to a patient's house I once diagnosed another patient's problem. The other patient was a man of twenty five who I had seen in the surgery three times for a tight chest and difficulty in breathing. I suspected that he was hyperventilating but he had said that he had no worries. I found out the cause of his hyperventilation because I took the longer and rougher road that is seldom used, behind our local golf course. As I came round a corner I saw his wife in a car parked off the lane and she was in an embrace with a man who was not my patient. It was that most feared diagnosis, *in flagrante delicto*. I now knew the cause of the husband's hyperventilation.

House calls, apart from revealing the village wild life and being a pleasant drive, can also have their dangers. The general practitioner often finds himself treading cautiously as he opens the garden gate. Like the postman and the milkman, they share a common enemy; the much loved family dog.

These come in two varieties, canis major and canis minor. In my nightmares they are, for reasons which will become apparent, always black in colour. Canis major appears as a great flapping blood hound with a bark like a blow torch being turned

on and off, while canis minor is a small black dog of hysterical disposition whose cries are aimed at the higher ranges of auditory nerve damage.

Thus I find myself walking down the garden path holding my medical bag in front of that portion of the anatomy which all GPs fear to be bitten on, the tender part. The dogs are usually on edge and doing some furious pacing up and down as someone inside is sick and they know that something is wrong. Locking the dogs up doesn't seem to help my fear much either. It is the incredible crashing and clawing as the splinters come off the outhouse door to the accompaniment of anguished howls of canine frustration that worry me. Just as I am bending over the patient I imagine them breaking through the door and two dobermans like Higgy Baby's Zeus and Apollo, leaping onto my back as I palpate Miss Tresbold's spleen.

The reason for my paranoia is that I have, to date, been bitten twice on house calls.

The first was a call at the end of a tiring day to an imposing suburban house. As I walked down the pathway two small black dogs silently appeared around the corner of the house. I think the two of them must have been planning their strategy for days. I rang the doorbell. A few seconds later the wife of the house opened the door. It was then that they struck. I felt this excruciating pain in my right achilles tendon and turned to see the pair of them hightailing it around the corner of the house. I was actually unable to exclaim because my tongue had got wedged between my front teeth in surprise. I limped into the house like a tendon strung bull trying to control

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my anger. This was made worse because the wife addressed me in a voice that implied that I must have provoked them.

"They've *never* bitten anyone before" she admonished. I was starting to choose some descriptive words for her dogs but became overtaken by self pity and hopelessness. I examined her daughter's tonsils standing on one foot and then, having unstuck my tongue, gave some instructions in a lame voice. I then silently left to do some serious psychic bleeding.

The second occasion was a house call I had done many times before and this had obviously lulled me into a false sense of security. I didn't even know they had a dog. Amanda, the twelve year old daughter, let me in as her mother was in her customary state of fugue under the bed clothes. I went into a routine where I talk and examine at the same time. Asking some perfunctory questions to which I knew the answers. I started to listen to her chest with my stethoscope. It was then that he bit me and in the same right ankle. He must have been secreted under the bed all the time. The same excruciating pain gave me such a surprise that I forgot what I was doing. Startled, I came up with a jolt but the bell of my stethoscope caught in her brassiere. As the tubing took up the slack I found myself thrown back on top of her by my earpieces. It was almost *flagrante delicto* again. I started to be overwhelmed with self pity again and became petulant and complaining but the fugue had not noticed anything was amiss and in fact was still answering my questions with a long list of complaints. I cautiously looked under the bed to be met with a small growling black dog obviously trained in the same school of perfect timing.

I think I have got the answer to dogs

and house calls now since a call I did last week. I have found out that it's not the size that matters, it's the colour. I was asked to drop in, on my way to work, on a patient who was feeling unwell with flu. The front door was open and her calls from the far end of the house indicated the venue. As I entered the bedroom I saw that she was still in bed and lying wearing a diaphanous nightie and twinkling eyelashes. Unfortunately on the bed was the dog I dread most, a Manchester Bull Terrier. It is what the Zulus call *ngulube mbhlophe*, the white pig. It was the biggest one I'd ever seen and appeared to occupy half the double bed. I believe in my paranoia that when they bite they go into masseteric spasm and hang on for days until the body of the visiting doctor has stopped twitching. It didn't help when she said: "He's *never* bitten anyone before, Doctor".

I very slowly sat down on the bed and asked her what the matter was. I had to restart as at the first attempt to speak the words came out in a strangely high pitch. The thing never moved and everything seemed to be going well until the examination. As my hand approached her bosom, he started to throw his tonsils around in the back of his throat somewhat like the sound of distant thunder. The thunder died down when I took my hand back but restarted as soon as I approached again. I could see that his pink eyes had now started to cross and uncross. I was busy assuming that he was judging the distance to my radial artery when she gave him a terrific kick onto the floor and sent him scurrying out of the door.

So maybe it's the colour after all and the big white ones are alright, but take my advice and watch out for the small black ones. Their timing is perfect.