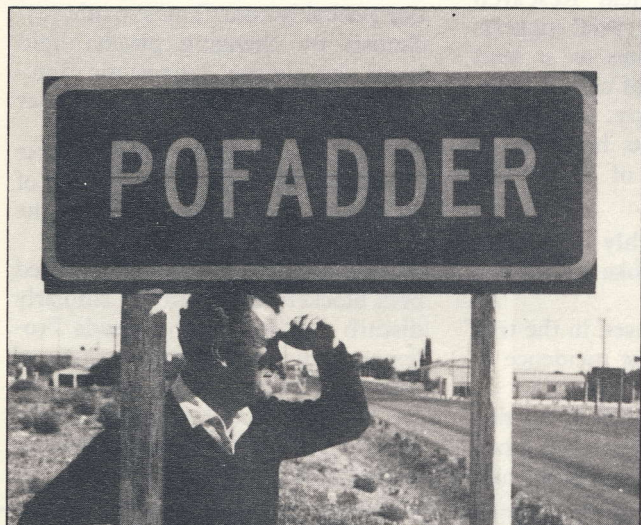


A dress with a floral design

by Chris Ellis



She comes to see me at regular intervals, settles herself down in the chair and starts a painfully slow and extravagant history. The liturgy of her consultation is nearly unalterable. It begins with a routine offering of a set of complaints delivered with huge yearning eyes according to the normal rules of the game and I give the same answers and evasions each time. We discuss her pills and several of her conditions and I get lulled into the feeling that all is very well. We've covered all the possible ground in good time and I'll be able to catch up on the morning's work and even get to tea before all the cheese biscuits are gone. I arise to show her to the door and then she says it.

"But, doctor, that's not what I came to see you about."

It is at this point that the eyes glaze over and the labyrinth starts to spin. It's my let down reflex again. Her symptom is usually something vague and deep inside and involves the removal of about six layers of clothes. She has a dress on top with a floral design. It's what I call a one way dress. She must have had to run at it with a considerable force to get it on. It has no buttons and extends from beneath the neck to below her knees in one sheet-like tent over her

considerable body. If she hasn't got this dress on I've got the wrong diagnosis. It's compulsory if she's having symptoms inside. She puts it on especially for her visit. Even the bravest of men would hesitate to try and remove such a raiment which must have taken an hour to get into.

On some visits I have found myself lowering my stethoscope down inside it like a deep sea diver's plumb line, moving it around like a bathoscope over her subterranean bosoms. If this is not enough then to get at the tortured flesh beneath involves undressing. She has to pull the dress up and over her head. It's like trying to peel the skin off a sausage. It gets bunched up, her petticoats piling up like a paraphimosis under her chin as she disappears out of sight. The voice sounds become muffled and then replaced by distant melancholic sighs echoing from beneath the underwear.

Then suddenly just before imminent suffocation it comes off. Round one is complete leaving us both slightly out of breath. After this there's only a bone reinforced corset and some woolly undies to be negotiated. This part tends to set up a talcum powder dust storm as we reveal the rippling waves of abdomen underneath.

All in all, it's a very unsatisfactory pain (it's not really a pain doctor, it's so hard to describe, doctor). It goes up and down and around like a bar of soap in a bath. You can't quite catch up with it. It's also an unsatisfactory examination because she's too obese to feel anything and she can't breathe. I ask her to breath in and out and nothing happens. Even with concentrated efforts and clear slow instructions there follows a panting sound from the mouth but the chest never moves. I've often wondered how she exchanges oxygen for carbon dioxide. Perhaps she photosynthesizes through the floral design.

I had done this whole ritual one day and she had just pulled her dress back on. The end was nearly in sight and I could almost taste the tea on my lips when she said "Oh, doctor, I forgot, I want you to have a look at a mole on my back".

I don't think I can bring myself to tell you my reply.

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