

II

The Visitation

“The threat of a neglected cold is for doctors what the threat of purgatory is for priests—a gold mine.”

—Nicholas de Chamfort, *Pensées*

You get sick. Not terribly sick. Just sick. You ache all over, your throat feels scratchy, you have a stuffy nose, you've lost your appetite. The ubiquitous thermometer shows you have a fever—not much, but fever's fever, isn't it? Otherwise why do the manufacturers go to the bother of marking those lines in red? You reach for the aspirin, but on the label, by order of the Federal Food and Drug Administration (which will look after your health whether or not you want it to), you read, “In case of persistent fever, call your doctor.” Not only are you patriotic and willing to do what Washington says, you are also clever. You don't believe in patent medicines. You're also lucky. You have a doctor and it isn't Wednesday, Friday, Saturday or Sunday. So you can call him.

(I like that phrase *believe in*. It shows that Americans are not credulous like other folk beyond the Law. This is a free country. You can believe in or not believe in psychoanalysis, penicillin or poultices. You can believe in blood counts and not believe in birth control pills or the other way around. It's the American way of life. That's why orgone boxes got sold in such quantity and why Lydia Pinkham survives only in bawdy ballads.)

The doctor comes in his big black car with the M.D. license plate and the Aesculapian emblem. Sometimes the latter is replaced by the caduceus because he doesn't know the difference. Snakes are snakes, aren't they? Maybe the caduceus is the more accurate symbol, anyway. It's the sign of Hermes, the god of travel, thieves and commerce.

The doctor is almost always dapper, whether he wears a sports jacket or a black suit like an undertaker's. His costume varies according to where he lives: the suburbs or the city. His Countess Mara tie is neatly knotted. His shirt is gleaming white. He carries a little black bag. The size of the bag depends on his fees: if it's big, he charges less than if it's only a little larger than a lady's handbag. Just by looking at him you know he's competent. Why shouldn't he be? He spent four years in college, another four in medical school, a year or two in internship, maybe three more as a resident. After all that training he has to be good, hasn't he? Even an airplane pilot (on whom life often depends) doesn't have that long an apprenticeship.

The doctor stands by your bedside, disregarding the proffered chair. How can a busy physician take time

out to sit down? It's enough that he deigned to come to your house. He listens to the recital of your symptoms until he gets bored, which doesn't take too long. After all, what new are you telling him? He puts a thermometer in your mouth.

He takes your pulse, looks at your eyes, reads the thermometer, shakes his head and goes on to apply the stethoscope to your chest. Maybe he thumps here and there. Then he says sympathetically, “It's A Virus. It's been going around.” He really is sympathetic. Doctors are very good at sympathy. It's part of the bedside manner. Sympathy is a cheap commodity—costs absolutely nothing, as a matter of fact—so why not be generous with it?

Phase One of the ritual has been accomplished. Now you have a rational diagnosis, which is better than being told someone put a curse on you. By the use of inspection, palpation, percussion and auscultation, the doctor has brought to bear on you the full weight of the marvelous advances of Western medicine. And he comes up with . . . A Virus.

No doubt that's more dignified than a common cold. You'd feel like a fool if you paid out your good money for just a cold. It's also far superior to what was once fashionable—U.R.I., or upper respiratory infection. U.R.I., because of cultural lag, can still be found on hospital charts where the intern's history records “Patient had U.R.I. treated by L.M.D. and followed by S.O.B.” That last abbreviation got you, didn't it? You're wrong. It's not a pejorative characterization of the L.M.D., who is the local medical doctor and very, very, very far down on the totem pole. It means shortness of breath.

A Virus is guaranteed to get you more attention than U.R.I. because everyone knows that A Virus can have many complications. And what could be more serious than A Complication?

Now Phase Two starts. The doctor says, being of the new school and perfectly honest with his patients, “Of course, The Virus is a self-limited disease. You'll be better in three or four days, but just to make sure I'll give you a prescription.” The logic of his remark escapes me—not you, because you're the patient and at the moment in your clouded state what he says seems to make sense. But if you'll be better in three or four days, why take any medication? And if he's not sure, what's

he prescribing? And for what? Don't ask. Yours not to reason why in this day of specialized technology. The pen comes out and the little white pad is scribbled on and the prescription is dutifully carried to the drug store and the bottle of red-and-white, blue-and-green, or orange-and-yellow capsules brought home. You take them. Later on I'll discuss what's in the capsules. Don't cheat. Don't look ahead. You'll spoil the mystery.

Phase Three is important. As the doctor pockets his fee or makes a note in his charge book, he says, "Call me if he's not better in a few days." This is known in the lingo of the trade as *covering up*. It is highly recommended in books on medical management and in journals of medical economics. It is a talisman against potential malpractice claims. But by that soothing remark a little anxiety is added to the family's cares. The doctor knows more than he is telling. *This Virus* is nothing to be fooled around with. Even the doctor is worried.

Not too much. When the telephone call is made, "Doctor, he still feels weak. He has no fever but he complains that he's tired," the doctor calmly answers, "Now, don't worry. He'll be better tomorrow. Just see that he gets plenty of fluids, especially juices, and give him a full diet. It was only The Virus." Did you get that *only*? A trivial illness, so why are you concerned? Reassurance is so pleasant, isn't it? And Doctor's so patient, he's an absolute angel! And you do get better, becoming a living proof of the wonders of scientific medicine.

Before The Virus, a cold lasted four days or ninety-six hours, depending on the treatment. That's a real doctor joke, straight from the in-group. You took capsules. And what was in the capsules? An antibiotic? Maybe—but antibiotics have been shown to have no value in the curing of The Virus. An analgesic? (Good word. Thanks to television commercials, future generations will have no trouble distinguishing between anesthesia and analgesia.) Aspirin's cheaper—and safer. An antihistamine? Interferes with normal body response to infection and is potentially dangerous to children, pregnant women and the aged.

Time out for education. Dr. Joseph Garland, in the *New England Journal of Medicine*, reported on a study of 781 patients with acute infectious illness assumed (that's exactly the word used in a reputable publication highly regarded by physicians) to be viral in origin. The study showed that antimicrobial agents affected neither the duration of the illness nor the development of complications. Another study reported in the *Lancet*

(a British publication) that penicillin and the tetracyclines had no advantage over aspirin in the treatment of minor respiratory infections. In actuality, even aspirin had no effect on the course of the illness. In an interview reported in *Patient Care* (August 15, 1970) Dr. Martin McHenry, a Cleveland infectious disease specialist, recommended chicken soup and time, not antibiotics or aspirin.

Maybe the doctor's prescription was for your comfort only and he knew well it wouldn't cure you. Maybe he was merely trying to keep our nose from running and your bones from aching. Grandma did just as well, remember, with hot tea and rum and a featherbed.

But look what you'd have missed if you hadn't called the doctor. All that glamour, all that ceremony, all that sympathy. You could have saved money, but what's money compared to your health?

(While we're on the subject of the treatment of colds, here are a few therapeutic measures I have come across in addition to the standard time-filling ones. My father used to mix a teaspoon of cayenne pepper with a double shot of whiskey. Mrs. Vermicelli—[obviously not her right name. You wouldn't believe the real one. It was Lemonjello]—varied that by squeezing a clove of garlic into a glass of homemade red wine. Mrs. Mocz dosed her children with Epsom salts in soured milk; the result kept their minds off their colds. Mr. Schwantz swore by red flannel dipped in vinegar and wrapped around the neck. Mrs. Skatoulos liked horse-radish stirred into yogurt and followed by a raw egg. I'm just telling you about these. I never ran a double-blind control series on any of them, so I can't say whether they were any more effective than what I used to prescribe—*aspirin, vodka and hot tea*. If you want to try any one of them, go ahead. Don't bother to let me know how they worked. Tell your neighbors. They're getting tired of that old chicken soup deal.)

Ah! you say, but a neglected cold may lead to pneumonia or something worse. Nonsense! If you stopped to think, you'd realize you know better. Pneumonia is an infection caused by a specific germ; it has nothing to do with the common cold. And what's neglect? It must mean not calling the doctor, obviously, even though his treatments have no value and are purely ritualistic. When you have the doctor "treat" a cold, you are going through the motions of propitiating the gods. That wouldn't be so terrible were it not for the doctor's naive belief that he's doing you good. Read on. You'll find a chapter on what he does to you in good faith and bad judgment.