

IV

The Sacred Precincts

“Examine me, O Lord, and test me; try out my reins
and my heart.”

—Psalms, 26:2

Maybe you're not sick enough to have the doctor see you at home. You go to his office.

Civilized people need no skulls hanging outside the cave, no totems, no jujus to awe them and fill them with appropriate respect when they enter the doctor's office. You're beyond that. You don't expect alembics, skeletons, or fetuses in bottles, as your fathers did. In keeping with your sophistication and your recognition that the practice of medicine is a business—although unlike other businesses—you look for a crisp, efficient place where your ills can be attended to quickly and you can be on your way.

That expectation is part of the modern ritual of the healing art. You have been indoctrinated by magazine articles, by television interviews and by club lectures. You know that a doctor who is so behind the times that he has no appointment system must be a scientific laggard. You're aware that the doctor has many demands on his time (like golf or bridge) and you don't want to waste it. You're in his office to do your business and get it over with.

The waiting room is shiny clean, with uncomfortable chairs and a magazine rack filled with the latest issues of *Fortune*, *Vogue*, *Golf*, *Travel*, *Outdoor Sports*, *Playboy*, and *National Review*. The chairs are uncomfortable because tradition can't be broken with entirely. Hard chairs keep you painfully alert. The magazines are those the doctor has read and discarded; they give you an idea of the kind of man he is. On the walls are hung reproductions of Picassos, Braques and Miròs for the wealthy suburban crowd; there are also bland autumn landscapes and “The Stag at Bay” for the run-of-the-mill bunch. At the far end of the room, sometimes behind a glass partition, is the receptionist dressed like a priestess in a see-through white uniform and a permanent smile. She is the dragon who guards the filing cabinets, the telephone, the intercommunication system, the billing ledgers and the appointment book. She has another function—to politely and firmly ward off presumptuous visitors to the doctor. You have

an appointment, so you're welcome.

If this is your first visit, you give the receptionist such vital statistics as she may ask for, including your Blue Shield and Social Security numbers. If your doctor is really with it, you'll receive from her a history sheet which you'll be asked to fill out. You understand that the self-history is a great timesaver for the doctor. At a glance he'll be able to see what your medical background is and what you're complaining of now. You want to be accurate (after all, it's your health), so you carefully fill in what Papa and Mama died of and what Aunt Minnie had and you check whether you had measles, malaria or tsutsugamushi fever. (That last one's a humdinger, isn't it? Some other good ones are verruga peruviana, ainhum, Q fever, Rocky Mountain spotted fever and kala-azar.) Then comes the list of present symptoms starting with backache, belching and blurred vision. Half the time you're not sure whether the term fits your case. For example, “sensation of fullness after meals.” Does that mean that you have a good appetite and get pleasantly replete or that you have such a bad appetite that a little food fills you up quickly? You don't want to appear ignorant, so you leave that space unchecked. The self-history sheet is fascinating. It's a better time-consumer than a crossword puzzle or a coloring book. You suddenly realize that your appointment was for two-thirty and it's now past three-fifteen. You mustn't keep the doctor waiting. You hurriedly rush through the remaining questions and turn the paper in to the receptionist. That makes you feel as though you're back in grammar school—rather a pleasant feeling, to shake off all those years. Then you settle back and wait for your summons.

Now you have time to see who else is waiting. Your confidence in the doctor rises. It's a good thing, you congratulate yourself, that you chose him. Look at the patients: well-dressed, clean, obviously upper upper class. Even later on, after you've become a regular visitor to the doctor and you've discovered that the stylish lady is actually the wife of the storekeeper down the

street and the distinguished-looking man is an electrician, your confidence is not diminished but rather heightened. You're impressed by the doctor's democratic spirit and his love for humanity. He's willing to treat anyone, of any race, color or creed, providing he will pay. Or his insurance company will. Or Medicare.

At last your name is called. You enter the *sanctum sanctorum*, the consulting room. Here you find a thick carpet, two or three comfortable chairs (but you sit on the straight-backed one by the desk) and a general sense of luxury. On the walls are displayed framed diplomas and various certificates. The desk, very imposing, has on it a large picture of the doctor's family, an ornate Florentine inkstand, eight or ten medical journals, in-and-out correspondence boxes piled high with letters and insurance forms.

The doctor leans back in his swivel chair and, peering over the Ossa and Pelion on his desk, asks, "What's your chief complaint?" See, no nonsense. He gets right to the point. The self-history you've so painfully struggled over lies open on the desk before him, but he ignores it. You tell him why you came. He makes a few notes and while you're in the middle of describing the terrible heartburn you get after eating your mother-in-law's stuffed cabbage, he gets up and ushers you into a small cubicle where you undress and put on an examining gown. You're supposed to know whether it goes on frontwards like a kimono or backwards to expose your behind. That skimpy costume, the stock in trade of medical humorists, is not comic. It is a real put-down.

Nakedness puts you in a properly humble frame of mind. It is also used for a similar psychological reason in concentration camps, prisons and draft board examinations. Unclothed, as Erving Goffman points out in *Asylums*, you are immediately inferior to the civilized man who stands before you. You become painfully conscious of the roll of fat, of the pimples on your legs and of your ridiculous lack of muscle or curve.

The doctor then proceeds to the examination, even though he's already made up his mind about what you've got and what he's going to do about it. Medical schools teach that 80% of diagnoses can be made on the history alone. But without an examination you wouldn't believe him no matter how graphically you've detailed the spells of vertigo, deafness and buzzing in your ears you've come about. (That's known as Ménière's syndrome. Don't get hypochondriacal.) You're inspected with and without instruments in various orifices, palpated, percussed, and auscultated (to auscultate—to

listen to, medically).

Inspection is comprehensible. If the doctor doesn't look, he can't see. Although sometimes you may wonder, because of his abstracted expression, whether he does see. I can assure you he does—most of the time. A medical joke (a favorite with doctors) tells of the proctologist who fails to remember the faces of his patients but who never forgets a posterior.

Palpation is also understandable, particularly when the doctor's hands are cold, making you wince when he places them on your abdomen. (I use *abdomen* because it is correct. *Stomach* is not; it is an internal organ of digestion. *Belly* is okay, but to the layman—no offense meant—it carries connotations of infantilism and vulgarity, if not downright obscenity. The layman is wrong, but this is not the place to correct either his anatomical confusion or his nice-nellyisms; let him read *The Song of Solomon* or *Venus and Adonis*.) Palpation is a form of laying on of hands, a highly regarded thaumaturgic practice. Many doctors neglect palpation when it does not seem necessary to them for diagnosis. The abandonment of that method is one of the causes of public discontent with the profession. "He didn't even put a finger on me!" The patient, particularly the neurotic searcher after magic, feels he has been short-changed if the doctor hasn't touched him. He becomes a devotee of chiropractic, which means literally *the laying on of hands*.

Percussion, the tapping of the chest, sometimes of the abdomen, rarely of the skull, is a technique by which the doctor presumably gathers information about the contents of the cavity he is percussing. From variations in tonal quality he can deduce what's wrong or what's missing despite the loud piped-in music overhead. The variations are slight; the doctor must have a keen ear. Fortunately, most doctors have that; it is constantly being trained by hi-fi stereo recordings of jazz concerts and Tchaikovsky symphonies.

At last comes auscultation, the most arcane and yet the most routine part of the examination. The stethoscope is the badge of the profession. It is an insigne that belongs exclusively to medical men. When you see a garage mechanic using a stethoscope, you get suspicious that he's reaching above his station and for your pocketbook. When a nurse takes your blood pressure and uses the stethoscope, you're skeptical. She doesn't seem to have the same careless finesse with which the doctor brandishes the instrument. The stethoscope protrudes from the doctor's pocket or lies atop all the other tools in his bag. (Dr. Watson carried his in his hat, as

you recall. It must have reeked of pomade.) The mysterious instrument is applied to your chest and moved from spot to spot while the doctor has a faraway look in his eyes as though he were listening to the music of the spheres. He tells you to breathe in and out, to stop breathing (temporarily, of course) and to say *ninety-nine*, and all the time he listens as though to distant harmonies. There's no question that he's finding out something about you. Alas! That's not true. I must advance your knowledge by dispelling that illusion. A recent survey of physicians' stethoscopes showed that about 20% didn't transmit sounds bilaterally and that more than half distorted the sounds. Blood pressure determinations which depend on the use of the stethoscope, it follows, are often fallacious, as Dr. Irvine Page pointed out in an editorial in *Modern Medicine*. He ended his statement there with, "Far better no measurement at all than an inaccurate one. I mean it!"

But auscultation cannot be omitted, as palpation often is. It is an essential part of the ritual. For you *have* gone through a ritual. The doctor sincerely believes he is doing something to aid him in diagnosing your ailment. He may rush through the procedure, he may rely on defective instruments, he may not know the rationale for what he is doing, but he would never, never, never skip the examination, no more than he would expect to examine you gratis. He needs the ritual as much as you do. And most often he does discover what's wrong with you.

(Sometimes he discovers what isn't, too. Two true stories: A doctor discovered a lump in the groin, suspected malignancy and advised a biopsy; he ignored all the infected pimples on the patient's leg which had caused secondary enlargement of the lymph nodes of the groin. Another doctor of my acquaintance found unexplainable very low blood pressures in his patients until he realized that his sphygmomanometer [blood pressure machine] was poorly calibrated.)

The examination being over, you're ready for the next phase: the necessary laboratory tests (discussed in another chapter).

And then you're back in the consulting room. Like a prisoner awaiting verdict and sentence you wait for the fateful words. You don't have long to wait. The doctor tells you what you have and what must be done to restore you to health. No sweat—for him. He has the diagnosis at his fingertips. He's not a lawyer who tells you he'll have to look up the law before he can solve your problem. He's not a minister who must seek divine guidance. He *knows*. His knowledge is encyclopedic. It

ranges through the alphabet from Addison's disease to zoster. And he gives you the benefit of his knowledge, almost with a snap of his fingers (This is known in the trade as a *snap diagnosis*). You leave the office relieved and happy you chose such a good and smart doctor.

I quote now, deadpan, a statement by a Georgia doctor from a book entitled *Listen to Leaders in Medicine*, a book for the guidance of fledgling doctors: "A successful doctor is one who inspires confidence . . . without any trace of dishonesty, he can appear competent to manage the patient's problems, even though he admits that he cannot give an exact diagnosis or treatment at that moment. Most patients are confused and frightened; they need the reassurance and comfort that a trained person can give them." A trained person, indeed! Trained in what? Science or magic? Reassurance and comfort are what a mother gives when she kisses her child's scraped knee. If that's what you want, okay, but then don't blame the doctors when more than that is not forthcoming. To have good doctors there must be good patients, and good patients are not those who seek father figures and mother substitutes when they need fungicides or mercurhydrin. Sympathy is no surrogate for science.

No wonder the author of Ecclesiasticus said (38:15), "He that sinneth before his Maker, let him fall into the hands of physicians."

Unfortunately, sin is common. So is sickness. Sometimes you must go to a doctor. But when you go, go as you would to a technical adviser, not as to a hallowed sacerdote. Don't be bemused by the opulence or severity of your surroundings. Keep your wits about you. Watch what the doctor is doing. Observe him. You can tell whether his examination is a series of mechanical motions, whether he is attentive to your description of your ailment, and whether his diagnosis is meaningful. A good doctor needs no bedside manner. A good doctor establishes rapport with his patient by his sincere interest in helping the patient get well, not by his skill in the ritual of the examination.

And there is another objective test of a doctor. Do his patients return to him? Do they recommend him? Patients may like to be mystified and fooled but not all of the time. They quickly separate the wheat from the chaff. When they recommend a doctor, it's because they've had good results with him—or because they like his hand of magic. You may too. That won't last long if you're an intelligent consumer.