

When lightning struck twice ...

Never rush into giving someone the tongue lashing you think he or she deserves, Dr Sanjiva Wijesinha advises.

'Remember that appendicitis and lightning cannot strike twice in the same place.'

Anon

Hold your tongue

One of the things that experience has taught me over the years is that you should never rush into giving someone a tongue lashing, no matter how much you think that he or she deserves one, because you will almost certainly end up regretting the episode.

At the risk of mixing my metaphors, I now firmly believe that it is far better to keep a civil tongue in your head, or better still to hold your tongue, for otherwise you could end up putting your foot in your mouth and tripping over it. And if you find yourself in a situation in which it appears that somebody is trying to do something wicked, crooked or devious, it is safer to hold your horses before you rush to get angry. There will usually be a more simple and non-sinister explanation for that person's actions. I now realise that in many instances the first explanation that strikes you when faced with an unusual situation could well be the wrong one. Fortunately, when I've found myself in such situations, I have often had with me a cautious colleague whose wise counsel prevented me from putting my foot in the proverbial 'poo'.

Look for another explanation

I recall one such instance that happened a long time ago when I very nearly acted on my first impression and made what would have been a disastrous mistake. I was working as a young doctor in the army. I was in the middle of a particularly busy clinic when I received a phone call from a senior colonel, who was well known to us young officers as a particularly rude character.

'Captain', he thundered over the phone, in the arrogant manner he was accustomed to using when talking to us sub-alterns. 'I want you to come over immediately. My wife has been vomiting and having the most severe pain in her stomach. I am sure she's got appendicitis.'

I covered the mouthpiece of the phone and quickly asked my assistant (an experienced sergeant 'medic') to get me the officer's family file so I could leaf through it. These were the days before computers were in vogue, and one had to peruse the illegibly written, acronym-loaded notes penned by colleagues and predecessors.

Spotting a typed operation record in the file, I read it carefully and then, rolling my eyes upwards, I turned to my assistant and said: 'This bumptious colonel thinks that just because he's so much senior to us young medical officers, he knows more about medicine than we do. Just look at this detailed operation record – his wife had her appendix removed seven years ago. It's all here in black and white. Have you ever heard, sergeant, of anyone having a second attack of appendicitis?'

I was about to uncover the mouthpiece of the phone and tell the peppery old colonel with politely restrained sarcasm that his appendix-less wife could not possibly be having an attack of appendicitis when my sergeant prudently stopped me and quietly cautioned: 'Sir, it may be possible that the colonel divorced that first wife who had her appendix removed, and now has a second wife who has also developed appendicitis.'

It was a laterally thought out explanation that did, in fact, prove to be true.

MT

Share your innocence

Sometimes on our journey of learning we can be enlightened by events that are humorous, surprising or touching. Clarity is invariably sharpened by looking through the retrospectroscope. We'd love to hear about your own experiences and will send a bottle of Moss Wood Margaret River Cabernet Sauvignon 1998 to those who submit contributions that we publish (under a nom de plume if you wish). Please send your anecdotes to: Medicine Today, PO Box 1473, Neutral Bay, NSW 2089, for consideration.



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