

“HELLO-O-O, MR. WORM”

By Paul M. Riley MD: FACS

“Paul, I want you to take out Jannie’s appendix tomorrow. It has been giving him trouble for over a year. You don’t have to examine him; I know what’s wrong with him!” I was surprised to be called by my first name by a lady I had never met before. “Lady, I am Dr. Riley, I am pleased to meet you.” I replied. “Why do you think your son has appendicitis?”

“Oh, I am Mrs. Van. My family grew up in Swaziland and own several businesses. We always see Ken or Sam but they are both overseas. They always do what I tell them to do. They took out all my children’s tonsils and my other son’s appendix when I told them to. Now it is time to take out Jannie’s appendix. I know he has appendicitis. He has stomach cramps after he eats, and he has lost weight”; she said, looking at me in disbelief, because I had dared to question her diagnosis!

I was the only fully trained surgeon of any kind in Swaziland, a small Independent Country in Southern Africa. I was working in a Mission Hospital located about two hundred and fifty miles straight east of Johannesburg. Mrs. Van was one of several long time White Residents of Swaziland who self diagnosed their diseases, and expected the doctor to order self prescribed medicines for them! They called doctors by their first names. They also expected the doctors to agree with their diagnoses, and prescribe the treatments they requested! For over two years these individuals had avoided consulting me. If the two British trained general practitioners couldn’t do their surgery, they were referred elsewhere for even minor surgery. These individuals were convinced, that, since I trained in the United States, my training was inferior to that of British or South African trained doctors. Now I was on trial. If I didn’t carry out Mrs. Van’s instructions to the letter, I would continue to be on their black list.

Mrs. Van finally let me examine six year old Jannie. It took several minutes to get his attention. He had taken my otoscope apart and was having trouble reassembling it. After examining Jannie, and reviewing the pre-operative lab work ordered by Dr. King, who had referred Jannie to me, I turned to his mother. “Mrs. Van, Jannie’s physical exam is entirely normal. His blood count is normal except for an increase in eosinophils. I am sure he has roundworms causing his pain. I will prescribe medicine for him. You will soon see some results!”

“That does it”, Mrs. Van growled as she grabbed Jannie by the arm. “Jannie always wears shoes and washes his hands before he eats; he can’t have worms. You obviously know nothing about medicine! I am taking him to Nelspruit, in the Republic of South Africa, to see a REAL surgeon. Dr. M. always follows my advice. It is a three hour drive, but will be worth it.” As she stormed out the door, I breathed a sigh of relief. I was glad I did not have to operate on Jannie. I didn’t need the extra “help” from Mrs. Van. In two days’ time I was leaving for a much needed two weeks’ vacation in the Republic of South Africa. I was also glad that I did not have to burden Dr. King with caring for another post-op patient. While on vacation, I relaxed, forgot all about Mrs. Van, and enjoyed the time with my family.

The day I returned to work, Dr. King met me just inside the hospital gate. He was grinning from ear to ear as he said; “I have news about Jannie. A few days after you left, Mrs. Van rushed Jannie to our Hospital. Dr. M. at Nelspruit had removed his appendix three days before, but the morning after coming home, he coughed several times, and then had severe abdominal pain. I examined him; he had rebound tenderness all over his abdomen. I started IV fluids and antibiotics and called for a Medivac helicopter to take him to Johannesburg. Nearly three hours later the helicopter landed. Jannie appeared to be improving but still had a very tender abdomen when he left. That night my bedside phone rang. I heard: “This is Dr. B., the surgeon at the Johannesburg Hospital. The helicopter, with Jannie, landed safely on the roof of the hospital. He was taken down one floor to ICU and evaluated. We were surprised that he was very stable after the long flight. X-rays showed a lot of air under the

diaphragm so we took him to the operating theatre and opened his abdomen with a long vertical incision. Dr. M. had made a small keyhole incision. As soon as we examined the cecum my assistant gasped and said; "Hello-o-o Mr. Worm". There, staring us in the face, was a huge roundworm at least a foot long, half the worm was protruding from the appendiceal stump completely plugging the hole like a cork! The worm was stuck. Very little fluid had escaped, so the peritonitis was resolving. After removing the worm, we found that the catgut pursestring suture closing the appendiceal stump had become untied, causing the hole to open up! I know Dr. M. at Nelspruit. He did a surgical fellowship at our hospital. He had a bad habit of tying granny knots. He also would use a single pursestring suture to invert the stump of the appendix without tying the stump first. Maybe he will listen to us now. We felt many roundworms in the small bowel, so those will need to be treated when he recovers completely. By the way, the Nelspruit Hospital sends their surgical specimens to our lab. I checked the report before going into surgery. Jannie's appendix was normal. I will make sure Dr. M. gets my surgical report. Thank you for sending such a great teaching case for our students! Hopefully they won't ever repeat Dr. M.'s mistakes!"

Several weeks later I met Mrs. Van and Jannie on the street. "Hello, Mr. Riley; I owe you a big apology", she said. "Jannie is fine now but he had a very rough time. The worms are all out and he no longer has cramps, and he is gaining weight. It turned out that you are the REAL surgeon!" Being called "Mister" was the ultimate compliment, especially for a non-British trained surgeon! One by one the skeptics changed their minds and started calling me "Mister" instead of "Paul" or "Doctor". Some even let me operate on them and their families. Still there were a few die-hards, who refused to be treated by any doctor who had been trained in the U.S.A.! The American Revolution was still being fought in their minds!

NOTE: Many British trained surgeons are called "Mister", instead of "Doctor", a term of high respect. It dates back to the time when surgery was done by Barbers instead of Physicians. The Physicians were too sophisticated to get their hands, silk shirts, and ties dirty. They also didn't want to be the "bad guys" by causing pain to their patients. Blood-letting was a very popular treatment, so patients were referred to Barbers who had been trained in blood-letting and drainage of abscesses. Also, the Physicians had someone else to blame if their patients died! The Barber Surgeons became better with time and experience and developed more surgical skills. After the advent of anesthesia some Physicians started doing surgery. The Barber Surgeons were outraged. Their territory had been invaded! For many years a battle raged between the "Barber Surgeons" and the "Physician Surgeons". Each tried to prove they were the very best! The problem was finally resolved when the same training and exams were set up for both groups. Because the "Barber Surgeons" wanted to keep their identity they chose to be called "Mister" after they passed the very difficult surgical exams and became Fellows of the Royal College of Surgeons. This way they could be identified as being descendants of the original British Surgeons. These Surgeons strive to defend their reputation and be the best in the world! By being called "Mister", instead of "Doctor", their origin and reputation is being acknowledged!