

Not Everything Can be Found in the Index of Cecil
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My medical training took place during the seventies. My teachers had been some of the pioneers of the era of infectious disease. Gene Stollerman, my first Chief of Medicine, had linked Streptococcus to acute glomerulonephritis and had been involved in developing the understanding of Rheumatic Fever. Dr. Stollerman and his contemporaries had ushered in the antibiotic age. They were proud of their accomplishments and we students were in awe of what they had achieved. Diphtheria, Cholera, Yellow Fever, Polio and even Tuberculosis were thought of as subjects for medical historians, not clinicians. The challenges that lay ahead were in the areas of heart disease and cancer. Infectious disease had been conquered and the only thing left was to mop up - maybe find a treatment for herpes.

I passed my boards in 1978 with flying colors, so when I started to practice Medicine here in 1979 I felt I was quite well equipped to deal with anything that might enter my exam room. My confidence was shattered within a few months however, when I began seeing young men with nonspecific complaints such as night sweats, diffuse lymphadenopathy, irregular bowels and, most significantly, profound fatigue. I found a few with elevated CMV titers and one or two patients with titers suggesting Toxoplasmosis. Several had parasites. But for the most part, all of my training and further reading left me empty, with no clear diagnosis to explain what I was seeing. Since I was new in practice and my waiting room was vacant, I had plenty of time to spend with these patients and listen not only to their symptoms but also their frustrations, which I began to share.

Over time, the number of patients in my practice with mysterious ailments began to grow. Many came to me because previous physicians had told them there was nothing wrong with them. Others were told that they were just depressed. I was convinced that there was something wrong with them but I was shaken by my inability to figure out what it was. The only thing that allowed some continued confidence in my abilities was when I spoke with some of my colleagues who were experiencing the same thing. At some point I decided it was a virus, but that was just a semantic game - a "virus" became my black box for anything I could not understand.

One day I was examining a particularly exasperated patient. His voice was almost pleading. "Just tell me what's wrong with me Doc. I don't care if you can't cure me. Just tell me what it is." By now I had become fairly adept at saying "I don't know" - something very difficult for a new physician to admit, especially to a patient. But something in his tone stopped me from launching into my oft repeated disclaimer. Suddenly, for no particular reason, my mind flashed to a ceramic hippopotamus that was given to me by an old girlfriend. That creature still lies on my living room rug. His name is Fred. "You have Fred." I heard myself saying with confidence. Before I could apologize for my flippant remark, my patient's eyes widened and a smile came to his lips. "Thank you doc!" he exclaimed. "Now that we know what it is, we can start looking for a way to beat it." What I came to realize is that by giving his symptom complex a name, I had validated his complaints. They weren't all in his head. Yes, maybe he was a little depressed, but he now had good reason to be, he had Fred. Over the next few months he sent me many of his friends. They also had Fred. I was no closer to finding relief for their physical ailments, but at least emotionally we knew what we were up against, and it was real.

Eventually, Fred was recognized as AIDS and I found myself in the middle of one of the worst infectious disease epidemics of modern times. Most of my Fred cases are gone now but a few still remain. I'm not sure I was able to contribute much to our understanding or treatment of immune deficiency, but those experiences as a young physician were invaluable in forming my medical

consciousness. I learned that one of the scientific conceits of Medicine was the attitude that if we can't see it, touch it, measure it - basically, if it can't be found in the index of Cecil - then it doesn't exist. Fred taught me the humility necessary to be a real physician. We don't know it all, and never will. And yet we must practice our profession armed with imperfect knowledge and a mind open to endless possibilities.