

Letter from . . . Chicago

Uplavici syndrome

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Some 90 years ago Dr Jaroslav Hlava ingeniously inoculated six Bohemian cats with infected human stools and successfully produced amoebic dysentery in four. On completing his experiments he immortalised his results in a scientific paper entitled "O Uplavici," meaning "On Dysentery." Unfortunately he committed the error of adhering to the Gaullist heresy of communicating in a language that was sweet music to his compatriots but plain gibberish to the rest of the world. So that the greater portion of the world's scientific community was reduced to learning the glad tidings about the cats from a German abstract—which left out Dr Hlava's name and moved Uplavici O into the author's position. This unfortunate but inspired mistake laid the groundwork for the future growth of Dr Uplavici's fame.¹ Many scientists have since that day maintained a lively correspondence with the famous parasitologist. Globe-trotting investigators have visited his laboratory and met his charming wife and lovely children.² And some members of the Uplavici clan later emigrated to America, were immortalised through the writings of Winston-Salem S C,³ and played a part in originating a newer version of the Uplavici syndrome, the infamous cabbage story.

This is the favourite story in the repertoire of a pipe-smoking country sage, whose wisdom and indeed very existence originate in the public information department of the Mobil Oil Corporation.³ The old man first points out that the Lord's Prayer has 56 words, the Gettysburg address 268, and the Declaration of Independence 1322 words—and then indignantly asks why it took the Federal Government 26 911 words to issue a regulation on the sale of cabbages. At which stage the plot thickens, at least for those wishing to find out which arm of government has issued this opprobrious regulation in defiance of the all-powerful cabbage lobby. For some time the Agriculture Department, the Food and Drug Administration, and the Federal Trade Commission remained under suspicion. But later a newspaper sleuth traced the regulation that never was from journal to journal, back to a 1951 farming magazine, and even further back to the second world war. He found that, while the words in Mr Lincoln's speech and in the Declaration of Independence varied widely from journal to journal, the length of the cabbage regulation has remained remarkably constant at 26 911.³ And he also discovered a man who has led a 26-year-long crusade against the cabbage lie and finally apprehended the real culprit, a retired parasitologist turned interpreter, responsible not only for the 26 911 words but also for President Carter's recent Warsaw speech in which he announced that he had abandoned the United States never to return, and that he was lusting for the Polish people and their constitution.

Mr Carter's speech amused the Polish Poles but infuriated the American Poles—and had the effect of dividing the American public opinion. The prospect of a Vistula White House was by no means unattractive to those displeased with the gap between Mr Carter's rhetoric and his achievements. But the puritan element was shocked by the thought of an American president ogling the Polish constitution. The unfortunate interpreter, despite protests that he had waited for three days in the cold for an advance copy of the President's speech, was cast to the lions. His superiors in the State Department suffered exquisitely lingering tortures. And the plan of having Mr Carter visit the famous feline laboratory, admire the amoebic cats, pat the Uplavici children on the head, and further international relations by speaking Bohemian was abandoned for fear that he might announce that he was taking up residence in the Hradschin Castle and that he was lusting for a national health service he could ill afford.

At home meanwhile the enemies of the cabbage lie went on to expose the Uplavici steel lie—that General Motors were spending more money on health benefits than on steel—the truth being that they spent more money on health than on the steel of merely *one* of their thousands of suppliers. But the point was made, that medical care was too expensive, and with the hospitals consuming 40% of the nation's \$150 billion annual health bill, they offered themselves as the logical target for corrective action. So that in April 1977 health secretary Califano announced that the hospital industry had become too obese and should go on a diet, and that "instead of having five pieces of chocolate cream for dessert they should hold it to one."

Mr Califano also said that 12 cents in every Federal dollar now went to health, hospital costs were rising by 15% a year, and by 1980 the health budget would exceed the defence budget (Uplavici, O, 1977). His remedy, introduced in Congress in April 1977, contained a complex formula, but in essence consisted of a strict 2500-calorie reducing diet and a 9% "cap" on hospital expenditures for the fiscal year beginning October 1. He called his proposals the first step in making national health insurance feasible, and described a suitably complicated bureaucratic process whereby hospitals would report their charges semi-annually to local planning boards and would be appropriately punished if they went over the cap.

The administration described its proposals as carefully defined and fair, but the hospitals did not think so, and neither did Congress, and by the end of 1977 nothing had happened, the cap having been lost in one of the many committees dealing with health. But then the chairman of one of these committees challenged doctors and hospitals to come up with their own voluntary cost-containment programme, and the year closed with their various organisations meeting in committee to try to phase in over several years a rigid 3000-calorie reducing diet. Then President Carter delivered in Bohemian the health-care section of his State of the Union message, and we are informed by Professor Uplavici that he promised to introduce a national health insurance bill late in 1978—which in Bohemian means 1979, but in American probably means somewhat later. And at

the time of writing the various legislative and voluntary committees are still working on a cost-containment diet, and will probably compromise on a 3500-calorie regimen suitably enriched with bran and yeast and cod-liver oil and megavitamin supplements.

Automatic blood pressure recording devices

So much for Congressional dietary reforms. Meanwhile in Chicago a newspaper reporter astonished the medical community by abruptly developing malignant hypertension, Addison's disease, and severe aortic incompetence. Another opinion was sought but this time the diastolic pressure was 20 points higher than the systolic. It turned out that this novel manifestation of the Uplavici syndrome resulted from America's determination to wipe out its number one enemy, hypertension. For just as the red guards once waged war against the domestic fly, so myriads of American health care workers have for the past decade scoured the countryside in search of enemy No 1. Armed with stethoscopes and sphygmomanometers they have laboured and screened and referred and detected—fired by slogans proclaiming that 23 million Americans had high blood pressure, that of these half were undetected, that of those detected half were untreated, and that of those treated half were still hypertensive. And so they screened from their vans and preached in the churches; they fought on the beaches and never surrendered; and they captured the imagination of the public, the medical profession, and the drug industry.

Recently, enterprising manufacturing companies went a step further in bringing health to the masses by installing automatic blood-pressure recording devices in supermarkets and hotels, thus providing curious individuals with an accurate printout of their blood pressure for only fifty cents. Unfortunately, each machine, though accurate in its own way, was by no means in agreement with the next, at least not in any one particular individual. Hence the many unexpected cases of galloping hypertension or hypotension; hence the unusual case of our newspaper reporter; hence the many calls from alarmed individuals who ditched the automatons in favour of their telephones and swamped doctors all over Chicago with calls. At present the authorities are conducting an investigation. In future they will undoubtedly regularly inspect not only lifts and

butchers' scales but also public blood pressure measuring devices. Meanwhile cynics and those who disliked the profit motive of the whole idea predicted that the public would next be offered coin-operated ultrasound machines and CAT-scanners. But consumer advocates thought that the project was a giant leap forward in lessening America's dependence on doctors. In this sentiment they might well be joined by Dr Keith Sehnert, author of *How to Be Your Own Doctor (Sometimes)*, who thinks that people should take not only their own pulse and blood pressure but also listen to their hearts and look at eardrums with otoscopes. Indeed, with the relentless march of women's liberation he predicts a heightened interest in pelvic self-examination, and wants women to look at their own cervix and take their own Papanicolaou smears—which should please Professor Ivan Illich, who has long complained about the expropriation of health and the dangerous machinations of élitist doctors.

It is now several years since I heard Dr Illich lecture on hubris and Tantalus and Pleonexia, and on bearing one's pain like Zarathustra. He thought that doctors had become a major threat to health, and that Nemesis was about to catch up with all of us. He was in high spirits as he fielded questions about the evils of peddling ambrosia. But he became visibly annoyed when I asked about what his liberated man should do with his gangrenous appendix: should he leave it in, have it removed by the village guru, or take it out himself? He retorted that by now he had grown accustomed to having in his audience at least one self-satisfied individual who would ask such smug questions at the end of his lectures. I would have liked to pursue the subject further but never had a chance—for the room was full with disciples, who knew in their hearts that the village elder (or for that matter the village idiot) would remove any appendix (other than their own) with more feeling and empathy than any member of the decadent, venal, and profit-oriented medical profession—including the unfeeling professor who for the sake of science so indelicately invaded the innermost precincts of six Bohemian cats.

References

- ¹ Dobell, C., *Parasitology*, 1938, **30**, 239.
- ² *Bulletin of the American College of Surgery*, 1977, **62**, 22.
- ³ *New Republic*, 1977, **176**, 9.

Does paw-paw fruit have any place in the local treatment of infected wounds?

The "healing properties" of paw-paw (papaya fruit) gained considerable publicity last year in the press. As with many such tribal remedies, however, there is virtually no reliable evidence supporting its use. Certainly paw-paw contains many factors, such as vitamins, sugar, proteolytic enzymes, etc, which have individually and in different preparations been used for treating infected or ulcerated lesions. It might be suggested, therefore, that paw-paw merely offers in a convenient (and slightly exotic) package remedies that together could encourage healing. Individual experience also suggests that paw-paw is an effective agent for desloughing and cleaning such lesions, and thus allowing, or perhaps even encouraging, the growth of healthy granulation tissue leading to satisfactory healing. The possibilities for its use are considerable—particularly in the care of infected and dirty varicose ulcers and bed sores—but at present only anecdotal evidence supports its use.

Does the Diapulse machine have any therapeutic value?

Diapulse equipment emits bursts of electromagnetic radiation of 27.12 megahertz (MHz), each burst lasting for 65 μ s (65×10^{-6} s). The frequency can be varied between 80 and 600 per second, and the peak output varies from 293 to 975 watts (average output at 600 per second is $600 \times 975 \times 65 \times 10^{-6} = 38$ watts). The equipment

is claimed to work by the direct action of the electromagnetic field it produces on the tissues. It is not thought to produce a heating effect, and there is no evidence of a change in muscle blood flow. Uncontrolled experiments have shown changes in peripheral blood flow in normal subjects when pulsed diathermy was applied to the epigastrium. The equipment has been used for about 20 years, particularly for acute injuries. There is some evidence that Diapulse has a therapeutic effect greater than control treatment or short-wave diathermy in such cases, especially if used early. There are no reports of its use in chronic joint conditions such as rheumatoid arthritis. Diapulse equipment is expensive and treatment times are relatively long (at least one hour of continuous treatment a day).

Correction

How obstetricians manage hypertension in pregnancy

We regret that conversion errors occurred in the paper by Mr G V P Chamberlain and others (11 March, p 626). Under "Results" question (3) should read "How would your management of the previous case differ if the patient had a plasma urea concentration of 12.5 mmol/l (75 mg/100 ml)?" In tables I and IV the blood urea values on the top line should read "< 12.5" and "≥ 12.5" and the footnote to table I should read "Blood urea: 1 mmol/l ≈ 6 mg/100 ml."