undertake medical activities in British general practice must have the generic skills for collecting medical data from patients and be trained in a level of differential diagnosis that at least enables them to make an informed "triage" decision.[12]

The attachment also convinced us that it would be possible in Britain to train an auxiliary physician to handle a considerable proportion of the more straightforward cases in primary care. At present it seems unlikely that auxiliaries of this kind would be needed as the result of a shortage of doctors, but it is barely a decade since the Americans were compelled to adopt this as one solution to the problem of selective under-doctoring affecting their inner urban areas, among others. Current social and economic trends in Britain suggest that the same problem may become acute here as well, and a type of physician's assistant specially selected and trained for work in areas with serious and unusual problems should be considered as among the possible, even desirable, solutions.

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Letter from . . . Chicago

Exotic diseases: sheriffiosis

GEORGE DUNEA

In a moment of inspired upmanship this young moonlighting casualty officer had quietly dropped the word that he was a famous specialist in exotic diseases. For, although he enjoyed the work and the extra income of his weekly pilgrimages to the green suburb of Mount Forest, he badly wanted to cut down to size those arrogant paramedics, forever strutting around the emergency room in their purple and white overalls as if they were about to take the field against the Chicago Bears.

Two years later, when he had quite forgotten about this, his phone rang one evening and it was one of the paramedics—who, having remembered that his young friend from the medical school knew more about exotic diseases than anyone else in the world, wanted some information about Sheriffi's disease. The doctor ransacked his medical books and scoured the *Index Medicus*—but all to no avail. At last admitting his ignorance, he asked about the symptoms of the mysterious disease. "It was mainly fever and diarrhoea," replied the paramedic, "and heaven knows what would have happened had Dr Shigella not prescribed a powerful antibiotic."

We might feel sorry for Dr Sheriffi, conqueror of the non-lactose fermenting enemy, so close to becoming immortalised as the eponymous discoverer of a dread disease, yet pre-empted by Dr Shiga and now forever condemned to deliver primary care in the sleepy township of Mount Forest. Yet things might have turned out differently, he might have become a celebrated exotic specialist, perhaps founded the Exotic Society, edited the *Journal of Exotic Diseases*, lobbied to have exotic medicine recognised as a bona fide specialty, and even organised the first clinical examination for the exotic boards. He might have written many excellent monographs on sheriffiosis, its nature and its nosology, painstakingly proving that this was not a mere syndrome or a transient departure from health, but a true disease, appropriately named and officially coded in the international classification. For was it not true that *his* was a generalised disease, not one bounded by the *musculis muscularis mucosae?* Had he not shown that involvement of the urinary tract could cause the debilitating condition of epidemic koskinuria,[1] and that retrograde spread to the oral cavity resulted in the grinding agony of malignant nocturnal bruxism?[2] Was not enteric pediculosis in absent-minded Cambridge men[3] merely another expression of the protean manifestation of his disease? And did not its occurrence as a chronic form of petrositis in the brush-tail rat[4] confirm his famous dictum that if you knew sheriffiosis you knew medicine?

More remarkable still was his discovery that some atypical forms of his disease were caused not by *Sheriffella sheriffi* but

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by penicillin-resistant chlamidae and manifested as gargoylism. And although not all the major criteria of the American Gargoyle Society had been satisfied—especially as regards consistency and height—there was enough material for him to think it unethical to hide his observations from the rest of the scientific community. So that at times, impelled by overwhelming altruism, he might even have resorted to autoplagiarism,[5] publishing the same report in English; in Urdu; in Sanskrit; turned upside down, then cut in half and glued together; or republished with the same introduction and conclusions but with different data. He might have published or perished or even committed referential incest, referring to his Swahili paper in his Sanskrit article, and referentially anticipating part two of his glued-up review in his Basque publication.[6] Happily climbing the academic ladder, he would undoubtedly have been offered a chair, then quietly dozed through dozens of clinicopathological conferences, though perhaps wondering about their intrinsic pedagogic value[7]; and, having lost the battle of teaching successive generations of house staff how to present a case succinctly in 90 seconds,[8] he would have resigned himself to spending an hour every morning listening to an endless litany of normal physical signs, but waxing indignant at the suggestion that the "morning-report syndrome" failed to stimulate scholarly inquiry and research.[9] And all of this time he would have served as a role model to generations of young investigators, inspiring them to travel with their slides from Hilton to Hilton and from Sheraton to Sheraton in search of more exotic clinical syndromes.

In time he would have formulated some fundamental concepts, based on the work of his young men, clearly showing that sheriffiosis was a disorder of confused immunity; that the K-cells were madly proliferating and causing release of prostaglandins; that immune complexes were activating the alternate complement pathway; that prostacyclin was being released; and that plasmapheresis was vastly superior to any other treatment ever tried before. And, as wealthy patients kept on arriving from all over the Middle East to be cured by his wonderful machine, his reputation and investments continued to grow by leaps and bounds, a just reward for his early days of autoplagiarism and dispassionate research.

By now he would have dabbled in medical history, discovering to his surprise that Sheriffi's disease was mentioned in the Papyrus Ebers; that the ancient Chinese knew about it; that Hippocrates referred to it in his chapter on fluxes; and that the 16th verse of the 10th book of *Deuteronomy* in the new translation unmistakably referred to sheriffiosis of the intestine and not of the prepuce or pericardium.[10] The great Avicenna had devoted an entire chapter to disseminated sheriffiosis; Paracelsus had made an infusion to treat it; and later it had been rediscovered by Corvisart, by Graves, and under a pile of old clothes by Teuffelsdrökh; then buried again in the Serbo-Croat language Festspiel of the *Medical Annals of Bengal, Bihar, and Orissa* (reference obscurans, 6), despite the remarkable similarity between chronic cutaneous sheriffiosis and the lesions resulting from prolonged subliminal exposure to the fangs of the black she-cobra.

The rewards of fame

About this time he would have branched out into more practical endeavours, having by now developed an interest in the forces maintaining the balance between providers and consumers, between reformers and supporters of the status quo. As chairman of the Exotic Regional Planning Area he would have worked closely with the Professional Organisation for Auditing Exotica and with the Exotic Financing Agency, heading a team of tired physicians who have long forgotten the dose for ampicillin, who think propranolol is a new drug for asthma, but who know all the big words such as "reduplication of essential facilities" (pronounced quickly, as a one syllable word). He would have acquired a fashionable suite in a glass building at $200 a square foot (perhaps a little too large, but you must have plenty of room for the files) and he would have told his staff to take it easy, make no waves, just keep on churning out illustrated brochures and five-year implementation plans. And he would have also told them not to worry for the foreseeable future, for even if the Republicans were to come into power it would take them a couple of years to figure out what's going on.

Later, he would have considered it appropriate to devote some time to restoring the purity of the English language, wondering with Dr Radovsky why good science and good medicine so rarely go together,[11] at least in America, despite Professor Strunk's little book, while, on the other hand, the British write so much better despite being opinionated and competitive and partial to expressing their not always justified opinions in a too witty and tongue-in-cheek style.[12] With Samuel Vaisrub he might breathe relief when grumpomycin is added to the pharmacopoeia but not to the therapeutic armamentarium.[13] With Dr Rowland he might rail against the patient who ambulates instead of walking, masticates instead of chewing, and expires instead of simply dying.[14] And with another enemy of verbspeak he might wonder why patients have to be broncked, tubed, IVPed, bolused, echoed, or venogrammed.[15]

At last, after being president of the American Society for Exotic Diseases for five years in a row, he would have become a dean, spending his life absentmindedly listening to complaining students and faculty, occasionally changing the curriculum or making little fund-raising speeches, inventing a new system to grade students, thundering at house staff unions,[16] firing the occasional department chairman, or reorganising the promotions committee. Yet always transcending the narrow bounds of local academic politics, he would have remained active on the international scene, chairing the international study group on treating sheriffiosis by combined acupuncture and resin-haemoperfusion, while at the same time working on his definitive monograph on *Early days of Sheriffi's disease*. Loaded with honours, he would have become a member of the Numidian order of the Garter, perhaps a laureate of the Nobel prize for exotica, until at last, with a modesty reminiscent of that other conqueror of diarrhoeal diseases, the great O Uplavici, he would have wept that he had no diseases left to conquer and that his work was done.

And yet it was not to be, all because of that wretched Dr Shiga and of that silly paramedic who could not keep names straight. So we must leave Dr Sheriffi, forever condemned to the obscurity of Mount Forest, forever taking continuing medical education courses that bear no relevance to his daily work, and prescribing powerful antibiotics for a disease that is not even his own.

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