

Letter from . . . Chicago

Birthdays in January

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27 January 1982 marked the 200th anniversary of the birth of Wolfgang Amadeus Mozart. All day the classical radio stations celebrated the occasion by playing his music; and the continuing pre-eminence of Mozart's works after two centuries attests to the greatness of this extraordinary genius. For the greater part of mankind, however, it is the very lack of this commodity that presents a more immediate problem. Mediocrity, an issue of no little concern to medical school admissions committees, constitutes perhaps the main theme of Peter Schaffer's *Amadeus*, now produced on Broadway with British actor John Wood in the leading role. As the curtain rises we meet Antonio Salieri, chief music master at the Imperial court in Vienna, a man possessed all his life by an irresistible urge to write beautiful music. He had worked hard at it, ever since as a little boy he had knelt before the statue of the Madonna in a village church in northern Italy, promising to honour her and lead an exemplary life if only the Lord would condescend to express his unspeakable sublimity through his compositions. All had gone well for him, and he had risen from success to success. But then comes young Mozart, uncouth and profane, yet writing the most heavenly melodies, his notes so exquisite that Salieri cannot escape from the sense of his own mediocrity. Yet he had been good and had worked hard—but the Lord, in his inscrutable way, had chosen Mozart, not him, as the object through which some of the most beautiful music ever written was to be revealed to man.

What followed, and what happened to Mozart, will engage the interest of historical sleuths for years to come; but the play poignantly brings home the truth that hard work and perseverance, while allowing most people to achieve a reasonable degree of competence, will never make up for the lack of true inborn talent or genius. This problem has long confronted educators in all disciplines but especially in medicine, where qualities such as empathy, selflessness, endurance, attention to detail, and the ability to put up with trivia, boredom, and foolishness are at least as necessary as superior intellectual ability. And we may expect medical admissions committees to go on agonising over this dilemma for years to come, sometimes swaying towards the student of high academic achievements, sometimes preferring the "complete" man with wide background and liberal education, sometimes looking for qualities that promise to make a good practitioner, and sometimes giving up in despair and declaring, like the late Lord Moran, that since you cannot tell how they will turn out, you might as well have a good football team.

Yet in football, as elsewhere, our true sympathies go mostly to the men of genius, the men whose achievements may change our culture and lives—which is not to deny that during their lifetime many of these unusually gifted people have had a

rough time. Mozart had more than his share of misery; Albert Einstein and Thomas Edison were regarded by their parents and teachers as being retarded; and there is now much interest in America's 2.5 million "gifted and talented" children, the 3-5% of all schoolchildren who in the past have also experienced great difficulties. Often the victims of their teachers' and colleagues' resentment and bored with the lack of challenge offered by standard curricula, they may fail to fit into existing educational programmes, appearing to be disruptive, obnoxious, hyperactive, or rebellious, or becoming withdrawn, taciturn, and isolated. They may also be more prone to depression and to feelings of loneliness; and the problems are worse for girls (who are not expected to excel or be rebellious) and minority groups. Parents may also have difficulties, being expected to deal with the problems not only at the school but also in the home. Yet lately there has been an increased momentum in helping and nurturing these gifted children, and much has been achieved by setting up special classes, curricula, and instruction courses, a trend first begun in 1921 when Lewis Terman started a special programme for students with IQs greater than 140. Yet such programmes are sometimes regarded as elitist, and, being largely funded by the Government, are prone to be the first ones cut in times of recession. Some 39 States now have various types of special programmes; and there has even been a problem-solving Olympics of the Minds. Furthermore, educators are also trying to define more specifically the diverse talents of these children, who may be artistic, have extraordinary mathematical abilities, or show unusual qualities of leadership. Of particular interest are students with IQs over 180, of whom only some 50 have been discovered, and who, if properly nurtured, may indeed change our lives.¹⁻³

New federalism

One leader who left this world a different place than he found it was Franklin Delano Roosevelt, whose 100th birthday on 30 January attracted much notice. "One of the world's greatest statesmen," said the headlines. "He checked the rising tide of fascism." "He saved the nation twice, first during the Great Depression, then during world war two." "His leadership made a major impact on the course of events in recent history." Enjoying a special link with Chicago because three of his four presidential nominations were at the Chicago Stadium, FDR, though continuing to grow in stature as his figure recedes into history, has never been free from controversy, being loved by some as much as his New Deal was hated by others. Medically he is remembered for his long struggle with the ravages of poliomyelitis, but equally indicative of the advances of modern medicine is his final illness, the doctors at the time being powerless to check the inexorable progression of a hypertensive state that nowadays would have been easily controlled with the many drugs at our disposal.

One significant aspect of this celebration may well have been the realisation that whereas Roosevelt radically increased the

influence of the Federal Government in all spheres of activity, a seemingly equally determined leader is now trying to move the country in the opposite direction. So far, in his first year, Mr Reagan has lowered taxes, cut many Government programmes, and begun to chisel away at the maze of Federal regulations. But his real test is still to come. Hamstrung by high interest rates and worried by the looming huge Federal deficit, the financial markets have not responded to supply-side economics. Although the inflation rate has abated, the economy remains depressed, with unemployment, a high bankruptcy rate, and many industries in a slump. The President, however, has steadily argued that his programmes have not had time to work, and that the present difficulties are the result of decades of excessive Government spending. So in February Mr Reagan unveiled the second phase of his programme, and, having refused to increase taxes, against the advice of many senior advisors, he proposed a further \$56 billion budget cuts for 1983, as well as outlining his new "federalism" plan, designed to change the face of American Government. "Let us solve this problem with a single bold stroke," he said, proposing that the Federal Government assume, by 1984, full responsibility for Medicaid in exchange for the States taking over some 40 programmes now being administered from Washington. If approved by Congress, which is by no means certain, the Federal Government would be left with defence, Medicare, and social security, while the States would become responsible for food and income supplementation to indigents and families with dependent children; community developments such as sewer treatment plants, neighbourhood renewal, and inner city revitalisation; bridges, streets, highways, and mass transport; all education, including that for the handicapped; and many social and health programmes—such as day care, rehabilitation, social work, drug and alcohol treatment, mental health, black-lung programmes, family planning, child welfare and abuse, and community health programmes. Whether the States will have the money, let alone the ability, to run all these programmes is by no means certain, and there was also some criticism that the new "federalism" would favour the "sunbelt area" to the disadvantage of the "old cold" States.

Yet many commentators called the plan bold and innovative, though somewhat of a financial gamble, especially since taxes were not to be raised. Some thought that Congress would not agree to such drastic changes in an election year, though one White House aide warned that one should not underestimate this president's ability to get the people behind him. Critics of the plan thought that it favoured the rich and punished the poor, and that Mr Reagan wanted to go back to pre-federation days. But the *Wall Street Journal* was left with the uneasy feeling that Mr Reagan and his team were lacking the courage of their conviction, and that the budget cuts should have been bolder and wider, even if Mr Reagan had to take the issues directly to the electorate.

Bold wide cuts

Still on the subject of bold wide cuts, we read how in New York surgeons removed 67 kg of fat from the abdominal wall of a 362-kg obese man, having first built a special operating table three times the normal size, and having to use a hoist to lift the layers of fat as they were removed. In Oklahoma a barber used his razor to perform a caesarean section and deliver a son weighing 3740 g before sewing up the 30-cm abdominal incision with a thread. "He just prayed for guidance and received it, evidently," said the police sergeant, who found the infant in good condition and the woman not doing too badly. Also satisfactory was the condition of a 21-week old fetus found by ultrasound to have urinary obstruction with hydronephroses, who underwent ex-utero surgery at the University of California Hospital. The repair was achieved during a 90-minute operation in which the fetus was removed from the womb, though still attached to the umbilical cord, while surgeons bypassed the

obstruction. From Boston we hear about a "surgical marathon" in which a surgical team of 44 people worked for 46 hours to replace eight fingers severed in an iron-press accident, and it is reported that the patient, who spent all that time under general anaesthesia, was pleased at being able to wiggle his partially functional, albeit 2.5-cm shorter, fingers. Not that anaesthesia is always safe, at least according to a Virginia study that indicated that there was a one-in-10 000 chance that a surgical patient will die solely from the administration of an anaesthetic. In community hospitals, where patients generally are not as ill as in teaching hospitals, the odds were one in 20 000, the report said, most of the deaths being from anoxia or cardiac failure.

Leeches, however, are not only safe but quite widely used, especially in plastic reconstructions, where excessive formation of haematoma may easily jeopardise the results of microsurgery. A 5-cm medical leech (*Hirudo medicinalis*) available at selected pharmacies for \$10, will double its length and swell to sausage-like proportions as it drains blood at a rate of 28 g an hour, as well as secreting the anticoagulant hirudin. Other plastic surgeons are now transplanting pieces of cartilage removed from the patients' external ear to reconstruct their crushed or even severed noses. And another form of transplantation, that of the kidney, effectively provides not only life but also intimations of mortality—as we read how in California surgeons successfully transplanted a kidney from a 75-year-old woman to her 36-year-old daughter. The surgeons optimistically expect the graft to function for many years, perhaps until the recipient is 75, by which time the kidney would be some 114 years old—when presumably it could be used again for a further transplant. We look forward to celebrating this particular kidney's 200th birthday, if not with *The Marriage of Figaro* then at least with a particularly vigorous diuresis.

References

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What precautionary advice on health care should be given to a family who will be going to Saudi Arabia to live?

In general Saudi Arabia is very healthy for Western expatriates. They are unlikely to live among Yemeni immigrants and the like, some of whom have pulmonary tuberculosis that is clearly dangerous in overcrowded and poor living conditions. Malaria occurs in the Eastern Province, the Azir, South-west Saudi Arabia, and near the Yemen border. Immigrants are advised to take prophylactic chloroquine. Malaria, however, is unusual in the central region (Riyadh area). Renal calculus is common among the Arab population, and it is advisable to ensure a high daily fluid intake. Bilharzia is common in the Azir region and is found in other parts of Saudi Arabia. It is therefore highly undesirable to swim or paddle in ponds or desert wadis.¹ Hydatid disease is common in the south-west and contact with dogs should be avoided. Food poisoning is not uncommon after eating out in the poorer restaurants. Ice-cream is a common source of food poisoning and should not be bought from the street shops. Any servants should be screened for amoebiasis, pulmonary tuberculosis, and bilharzia before employment. All fresh foods—that is, green vegetables and fruit, etc—should be washed with care, particularly where hydatid disease is common. So-called civilisation has brought very cheap cigarettes to Saudi Arabia, and cigarette smoking should be actively discouraged among the younger members of the family. In the cities cheap petrol and massive traffic jams have led to considerable pollution of the atmosphere with petrol fumes.—FRANCES GARDNER, consultant physician, London.

¹ Wallace DM. Urinary schistosomiasis in Saudi Arabia. *Ann R Coll Surg Engl* 1979;61:265-70.