

# WISDOM OF THE AGEDS: STORIES FROM PRACTICE

Rick E. Ricer, M.D.



## FOREWORD

This is the third book in a series entitled, “Wisdom of the Ageds”. These are stories from the memories of physicians in practice. Most are humorous patient related stories but some are told to make a learned point. This e-book is part of a sabbatical entitled, “Wisdom of the Ageds” (experienced Family Physicians). Over 100 board-certified Family Physicians from almost every area of the United States were interviewed using a targeted, convenience sampling technique. These physicians were asked a series of questions with this book dealing with only one of those questions. The physicians were asked simply to relate a humorous patient related story.

Medicine is a very humbling and serious undertaking, and it is important to be able to laugh with patients and at ourselves. This helps keep a physician firmly rooted in the reality of life. The vast majority of physicians interviewed had 15-25 years in medical practice, a few over 50 years. Interestingly enough, most of the physicians went back to their training days for a humorous story. This may be because time has a way of taking the sting off an experience and allowing us to see the humor in it. It may be that trainees are allowed to make mistakes and experienced physicians are not supposed to make mistakes. It could be that, as trainees, each experience is new but with practice, the highs and lows tend to become more flattened. As time goes by, “there is nothing new under the sun”.

This book is an attempt to bring some humor into the reader’s day and to remind everyone that we are all fallible. Perhaps these experiences will remind the reader of similar occurrences in their own life and practice.

The author has attempted to replicate these stories exactly as he heard them. I may have missed some minor or major points of the story or misinterpreted phrases. If these stories aren’t exactly as the storyteller remembers telling them or living them, I apologize profusely. Every attempt was made to be accurate in relating these stories.

## ABOUT THE AUTHOR

Rick E. Ricer, M.D. is a board certified Family Physician who has been in medicine for 28 years. He currently is a tenured professor in the Department of Family Medicine at the University of Cincinnati. He attended medical school at The Ohio State University and completed a Family Practice residency in the military at Fort Belvoir, Virginia. After an honorable discharge from the US Army, he practiced rural medicine in West Virginia and was on faculty at Marshall University. He then joined the faculty in the Department of Family Medicine at The Ohio State University and later transferred to the University of Cincinnati. He has been residency faculty, Predoctoral Director, Vice-Chair, researcher, author, and mentor. He has continued to actively practice the art of Family Medicine throughout his career in rural or inner city practices



## CONTRIBUTING FAMILY PHYSICIANS

(Alphabetical by last name)

Glen Aukerman  
Orson Austin  
Jennifer Bain  
Mary Ann Barnes  
Jim Barnett  
Lewis Barnett  
Joe Bateman  
Bryan Beggin  
Doug Bower  
Mark Boyd  
Jack Brose  
Todd Carran  
Alec Chessman  
Steve Cobb  
Dave Coddair  
Jack Colwill  
Howard Corin  
Kevin Crowley  
Anna Daddabbo  
Alan David  
Sharon Dawso  
Phil Diller  
Kathy Downey  
Tim Dudley  
Nancy Elder  
Mary Fairbanks  
Scott Fields  
Andy Filak  
J Fogarty  
John Fox  
Ken Fredrick  
Tim Freeman  
Jerry Friemoth  
Suzanne Gahl  
Sim Galaska

Betsy Garrett  
Dave Gaspar  
Bruce Gebhardt  
William Geiger  
Janet Gick  
Valerie Gilchrist  
Mary Groda-Lewis  
Robert Guthrie  
Mike Harper  
Jeff Heck  
Keith Holten  
Martha Illige  
Jane Kano  
Joe Kiesler  
Carol LaCroix  
Steven Lawrence  
Mike LeFevre  
Joe LeMaster  
Dave Lillich  
David Little  
Monica Lobo  
Randy Longenecker  
Robert Lyon  
David Mehr  
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Monty Matthews  
Anna Maxey  
Dan McCarter  
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Karl Miller  
Kathy Miller  
Fred Miser  
Arvind Modawal  
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Allana Oak

John O'Connor  
Mark Olson  
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Erik Powell  
Sarah Pritts  
Paul Reiss  
Ron Reynolds  
Rick Ricer  
Milisa Rizer  
Russell Robertson  
Dave Ruiz  
Peter Schweibert  
William Shore  
Mindy Smith  
Robert Smith  
Dale Stafford  
William Stafford  
Harry Stagaman  
Jim Stageman  
Marga Sproul  
Jeff Susman  
Donald Swikert  
Barb Tobias  
Gregg Warshaw  
Charles Webster  
Wilburn Weddington  
Mary Jo Welker  
Tenny Williams  
Hal Williamson  
Mark Worthington  
Therese Zink  
Steve Zweig

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## COMMUNICATIONS

- In preparing to examine the lungs of a middle aged woman, the doctor said, “big breaths”. As the doctor tried to listen to the lungs, he could hear the lady talking through his stethoscope. She didn’t seem to stop talking, and he couldn’t hear well. He removed his stethoscope and caught the last few words she was speaking. She was explaining that her breasts weren’t this big before, but after childbirth and gaining some weight, her breasts had enlarged. The doctor stated, “no, I said big breaths, not big breasts”. The patient laughed about this for the next five minutes. People don’t always hear what we think we say.
- One patient of mine always brought a cartoon in to the office as a description of his chief complaint. It sometimes took days for him to find the right cartoon.
- I was at a big company banquet and got paged by a male friend who asked for antibiotics. He was hesitant to explain why he wanted antibiotics. Finally he admitted that his wife recently got a new partial dental plate and got a little rough while “doing some good”. He had some abrasions on his penis and he didn’t want an infection to set in.
- I was seeing a middle-aged deaf patient who had the symptoms of a urinary tract infection. I was trying to determine why she would get her first UTI at this age. Our communication was hampered by my poor understanding of sign language, so she reverted to hand signals I might understand. It seems that she had used a rather large dildo for the first time. I had discovered, in a rather graphic way, the cause of this UTI.
- An elderly, widowed man was wheeled into an examination room by his daughter. He had heart disease and lung disease leaving him disabled but still mentally intact. He stated that he was watching television and an ad suggested that he ask his doctor about Viagra®. I saw the shocked look on his daughter’s face and she quickly shook her head no behind his back. When I asked him about the ad, it was apparent that the ad didn’t say what the medication was for and he had never heard of it. I discretely told him that the medication would not be right for him, much to the visible relief of his daughter.
- An older lady came to the office to get a refill on her Premarin®. She stated, “Doctor, I really need my Premarin®. My husband isn’t as stupid when I take my Premarin®.
- My patient was a curmudgeon of a man. He was an ex-police officer and World War II vet who was mad at the world. I could never get him to warm up or open up. He cursed and complained through every visit. One day I became a patient when I had appendicitis. I awoke in the recovery room and there was this same

patient in the next bed. He smiled and cheerfully called out, “Hi doc, how are you feeling?” Our relationship was much more open and friendly after that.

- I was working in an indigent clinic and cared for a man over a long period of time. I helped arrange medications, did procedures on him, arranged specialist visits, and did lab work. This took a lot of time and effort. Then came a time when he didn’t come in to the clinic for several months. I saw him one day in the hallway and he called out to me in a loud voice, “Hi doc. I haven’t been in to see you because I’ve got insurance now and can see a real doctor”.
- I was delivering babies during my residency in a hospital that had a large percentage of patients with English as a second (or third) language. I frequently asked the patients if they felt warm. I often wondered why they got a funny smile on their faces when I asked them. Finally, a kind patient took pity on my cultural ignorance and explained that there are several terms for “hot” and the one I was using had a sexual meaning. She then gave me the right words to use.
- I had a patient who had severe atherosclerotic disease and had already gone through coronary artery bypass grafting. He refused to believe smoking, cholesterol, or life style issues had anything to do with his problem, but had read somewhere that inflammation could contribute to this. He reasoned that the inflammation would be from bacteria, and bacteria would probably come from the mouth. He asked if he should have all his teeth removed. I told him no, but he did it anyway. He then developed severe inflammation from the dentures rubbing on his gums.
- I named my son Max. When I got back from maternity leave, I shared his story with most of my patients. One of my patients was mentally retarded and asked if I had named him after the train. The light rail system in Oregon was named MAX.
- I had a hypochondriacal patient who loved coming to the office. She would arrive hours early to socialize with everyone at the front desk and in the waiting room. She always complained of dizziness and nothing ever helped her symptoms. By mistake, we discovered that blowing in her ear relieved her symptoms and it was the only way we could get her out of the office. We even had a special instrument made, just for her.
- I was seeing an elderly widow and her chief complaint was “a quiver in my quiver”. I had no idea what she meant. She elaborated by telling me about a problem “down there”. She had the symptoms of atrophic vaginitis, but the topic was too “delicate” to discuss with this young doctor.
- I was treating a very polite, proper elder lady who had dysphasia after a stroke. She would greet me by saying, “good morning d . . d . . donkey”.

- A teenage patient presented to the office with bruises. She claimed to have gotten these wrestling with her younger brother. Her brother adamantly denied this since the father was very angry with him. After I spoke to the patient without any family members present, she confided that she got the bruises having roughneck sex in the back of her father's Ford.
- I was seeing a very gorgeous young woman. At the end of the history, I told her that I would step out so she could undress and then I would examine her. When I stepped back into the room, she was totally naked, sitting on the examination table.
- A patient's wife called and left a message that her husband wouldn't be in for his appointment because he shot himself in the head. I was panicked when I got the message and called the hospital to see if he had been brought in and if he was stable. It turned out that he had shot himself over a month ago and was in the ICU. No one had informed me.
- As a medical student at the VA, I cared for a patient who was admitted to lose weight. He was a baker and a smoker and weighed over 400 pounds. I examined him daily and got to know him well. A few months later, I met him on the elevator. I hadn't seen him in several weeks and he had gotten his jaws wired shut. He smiled at me and said, "check my panus now". With his jaws wired shut it sounded to everyone in the elevator like he said, "check my penis now".
- I was seeing a young male with a sexually transmitted disease. I gave him a sheet and told him to take off his pants and drape himself. When I came back into the room, he was standing by the table with his penis on the table and the only thing draped was his penis.
- I told my patient he needed his cholesterol or "oil" checked. He asked me where the dipstick was.
- Another patient had heard about "good cholesterol" and asked me where he could buy some.
- I had a patient who teasingly called all the nurses "big butt". No one really took him seriously since he was mentally retarded. I had a new nurse working for me one day when he came to the office. It turned out that she was very self-conscious about her weight and body image. She was extremely upset with this patient.
- I was about to see a new elderly patient when my nurse warned me that she was a little gruff. I entered the room and introduced myself when she said, "I don't care much for doctors." I responded, "That's OK, I don't care much for patients." She roared with laughter and we had a great relationship from then on.



- As an intern, I was explicitly explaining to a patient about the physical exam I needed to do including a rectal exam. He smiled at me and said, “Honey, I have AIDS. There’s nothing you could stick up there that could surprise me.”
- A patient presented to the office complaining of “scabs”. She had multiple scratch marks and pinpoint dots above her public area. As the doctor observed one of these “scabs”, it moved. She had pubic lice.
- I had a very demanding patient who was very obnoxious to my staff. She was unresponsive when I discussed common courtesy to my staff. Then, opposite to my usual meek self, I yelled at the patient and told her to find another doctor. She became very apologetic and was never again mean to me or my staff. They didn’t teach us that in medical school.
- A teenage mom who often tried to use words that were somewhat beyond her understanding brought her 4 month-old child in with a cold. The baby’s nose was very congested. The mom told me that she had tried wiping his nose, cuddling him, using saline drops, and using a bulb syringe. When that didn’t work, she stated that she “vaporized” him.

## ASSUMPTIONS

- While eating lunch in the “preceptor’s room”, a doctor noticed a patient placed in the room directly across the hall. When the patient was alone, she began seizing. The doctor quickly ran across the hall and was beginning to administer aid when the patient shrieked, “don’t touch me”. She continued to jerk while she spoke. The patient was in no respiratory distress and appeared perfectly awake. The physician said, “OK” and stepped back over her to return to the preceptor room. He finished his lunch while watching the patient “seize”. Her regular doctor then went in to see her. Her regular doctor explained that this patient had multiple mental health problems and had documented pseudo-seizures. Still, it was a strange and memorable lunch.
- In the early days of my career, I inherited many patients from an older doctor who was dying of cancer. Among those patients were several who were used to receiving house calls, some weekly. One patient was seen weekly at home. This was a very needy patient with the same complaints every week. In fact, she stated weekly that she thought she would die the day before the visit. This patient was seen weekly for 9 years (303 visits) and always thought she was going to die. One day I saw her name in the obituary column. The day after our usual home visit, I received a call from her asking why I didn’t come see her. The name in the obituary column was another person with the same name. This lady lived to be 93.
- I was called to a ranch for “troubled kids”. One of the 16 year olds had an earache. As I started to look in his ear, he covered the opposite ear. When I asked why he did this, he stated that that was to block the light from coming out the other ear. He was very serious. He was told this as a child and always assumed it was correct information.
- I was caring for a patient in the CCU who kept everyone at rapt attention with his adventure stories. He worked with Jacques Cousteau and told riveting stories of their undersea adventures. It turned out he had Munchausen’s syndrome.
- I was working on a research unit and using all of the new hypertensive medications. There was one patient who had high blood pressure that no medication helped control. After talking to him for a long time, he stated that he didn’t like being treated like a “guinea pig”, so he never took any of his medications.
- As a medical student, I was working in the volunteer free clinic when I was attempting to educate a female patient. She had stated that she was sexually active but was not using any birth control. I asked if she wanted to become pregnant and she responded that that would be a terrible thing. I asked her, “What’s wrong with this picture?” Her response was, “nothing, I’m a lesbian”.

- I had a very bright female patient who originally was from another country where she had been tortured for her political views. She had moved to this country and had been “Americanized”. One day she came in totally veiled. Trying to be culturally sensitive, I discretely asked her what had made her change her mind. She said that she had tried to dye her hair red and the result was a mess. She would wear the veil until it could be fixed.
- I was seeing a new patient who was sitting in the examination room holding his temples. He said, “Excuse me, I just had a seizure”. I assumed he was bizarre or unbalanced. My nurse informed me that he had a history of a brain tumor. It turns out that his seizures were real. Beware of your assumptions.
- One of my patients was a devout motorcycle rider who had chronic hepatitis. He wanted me to leave my practice and come with him on all the motorcycle tours to take care of his hepatitis and keep him as healthy as possible. He was very upset when I wouldn’t leave my practice.
- I was doing sick call at a military school when I saw two large football players in the waiting room. As I entered, they both came to attention. The larger male told the other to sit down, he was going first. As I protested, he said, “He’s only bleeding from his bowels. I’ve got the real emergency, I’ve got crabs.”
- I was examining a young female whose cleavage was totally filled with talcum powder. She was otherwise dressed very well and seemed to be from a high-class background. When I asked her why she used so much powder, she replied, “I didn’t want to smell like a working person.”
- My wife was pregnant during my residency. She complained of abdominal pain, but when I examined her, I found nothing. Later, she complained of side pain. Worried about appendicitis, I took her to our family doctor, who referred her to an obstetrician, who referred her to a surgeon. Hours after her initial complaint, she finally was taken to the operating room. About a year later, I began having similar pains. I went directly to a surgeon and was in the operating room very quickly. My wife noted that when the patient was me, things moved a lot more quickly.

## PROCEDURES

- I give patients a benzodiazepine before doing a flexible sigmoidoscopy. It relaxes them well, but sometimes too well. I had inserted the scope into a lady's rectum when she began moaning and saying, "Oh, Fred".
- My first rotation as a student was on general surgery. Our patient had a volvulus. The chief resident performed a rigid sigmoidoscopy to reduce it but had to dodge the gas released from the volvulus. It didn't help that the chief resident was a dead ringer for Bud Abbott.
- I was attempting to do a colposcopy on an MR/DD nonverbal patient who had an abnormal PAP. I inserted the speculum and she produced a large stool that popped the speculum out and filled the bowl. Each time I inserted the speculum, the same thing happened. After about half an hour, I decided to quit. It seemed that the speculum was a great enema.
- As I was doing a vasectomy, the patient fell asleep. I thought that my technique must be superb if he could sleep through it. His wife deflated my ego when she mentioned that they had been up all night having sex in case they could never do it again after the surgery.
- A man who was scheduled for a vasectomy brought a magazine to read while waiting for the procedure. The title of the article he was reading was, "Enough to Make a Man Cry".
- I was precepting a resident who had never fitted a diaphragm. I showed him the rings and went through the procedure with him. He then went back in the room to fit the patient. He used too much jelly and as he was trying to place the bent ring, it sprang out of his hand and stuck to the ceiling. He said, "OK, that's how not to do it".
- I was doing a vasectomy on one of my farmer patients and had one side completed when he asked if this would affect his fertility. I stopped immediately and tried to determine if he knew that this procedure was to stop any more children. I asked him exactly what he meant. He answered that he was an artificial inseminator of cows and wondered if this procedure would affect him doing his job.
- A man came in for his vasectomy with a big smile and his hands held behind his back. He told me to close my eyes and hold out my hands. He then placed a walnut in either hand. "There are my nuts for you" he said.

## PELVIC EXAMS

- A female patient came to my office for a pelvic examination. She stated that her husband insisted she have this exam but wouldn't tell her why. I discovered a French tickler that was stuck deep in the vagina.
- A female patient was sexually active but didn't want to become pregnant. A friend suggested half strength bleach after sex as a prophylactic douche. She used this for years. Some time later, she needed a hysterectomy and she interpreted this as needing surgery for her "pickled uterus".
- I was helping a 3<sup>rd</sup> year student do a pelvic exam on an exotic dancer. As the student was performing the exam, the patient closed her legs on his head. The student was very embarrassed but the patient thought this was humorous. It did make for a more interesting day.
- I was in the middle of a pelvic exam when the power to the office went out. Although this was embarrassing for both me and my patient, I finished the exam while the nurse held a flashlight. As soon as I had finished, the power came back on.
- I was about to do a pelvic exam on a very prominent but very obese lady. As she scooted to the end of the table, the table tipped up. The nurse dove onto the other end of the table to keep it from tipping over. She changed to another doctor. The other doctor told me that for some reason, she never allowed him to do a pelvic exam.
- I had a female patient who had multiple sexual partners and saw me fairly frequently for vaginal problems. Every time I saw this patient, the KY jelly in the room disappeared. The nurses noticed this and finally put a note in the drawer with the patient's name on it asking her not to take the KY jelly. She never took it again.
- As a resident, I had been up all night and was very tired. I was doing a pelvic exam and as I inserted the speculum, I said, "say ahh".
- My patient was a very attractive female who had had multiple partners and divorces. She was in for a sexually transmitted disease exposure, but I could not find her cervix. I asked if she ever had any type of surgery and she said no. I then asked if she had ever had a hysterectomy and she said yes, but don't tell anyone. She then began to laugh which split the plastic speculum longitudinally down the middle. It is very difficult to get a broken speculum out of a laughing patient when you are laughing too.

## RURAL PRACTICE

- I was in a rural practice. While working in my garden one day, a neighbor came running to get me. She stated she needed me quickly for a delivery. When we arrived at her house, there was no one there. There was a goat delivering in the barn. Her response was, “you’re a doctor aren’t you?”
- I had a rural practice and was called in the middle of the night to see a patient who was driving through from New York City and had gotten a facial laceration. The office’s air conditioning was out. Since it was hot and sultry, we left the windows and door open. My office was in the middle of being redone, and the procedure room light was dangling from bare wires. As I sewed the patient up, I noticed him looking at the open door and windows, the bare light, and the flies buzzing around. I began to hum “Dueling Banjos”. He must have thought he was in a third world country.
- My patient was the fire chief from a very rural county and he had been injured in a fire. He had used over 8 gallons of phenergan with codeine over 3 months and could no longer urinate. He came to see me on an urgent basis with a bladder distended to his umbilicus. I could not insert a Foley even using a guide wire. I called a urologist, but he didn’t call back for 6 hours. I was desperate, but our rural office didn’t have the necessary equipment. I finally used a trocar to put in a suprapubic catheter. He saw the urologist the next day and the urologist called me. He was curious about the equipment I had used for the suprapubic cath. The trocar and catheter were from a chest tube kit.
- As a student, I rotated with an older country doctor. He would tell his patients that he and his wife had used that type of birth control and it worked fine. Over the month, I heard him tell patients this about birth control pills, condoms, IUDs, diaphragms, vasectomy and tubal ligation.
- I was called by a male patient who wanted the “morning after pill” for his girlfriend, but his girlfriend wasn’t a patient of mine nor was she covered by his insurance. I explained this to him. He argued that I should give the pill to him since this was his problem and his sperm causing the problem.
- I was working in a rural ER when a patient came in with a gunshot wound to his head. He had “sweet” and “sour” tattooed on his nipples and “love” and “hate” on his hands. When it was obvious that he was going to die, his family argued in the waiting room as to whether he would go to heaven or hell. I guess opposite choices were part of his life and death.
- I had a patient who had 3 children and was pregnant with her fourth. The family lived on a sheep farm. I was called by the 11 year old son and was told that the

baby was coming and it was coming out wrong. I knew that she was breech, so I drove to the farm as fast as I could. When I got there, everyone was in the barn. My patient told me that she needed help delivering a breech lamb and the sheep needed a C-section. I protested, but she said, "If you can do a human, you can do a sheep".

## AFTER HOURS CALLS

- In rural practice, I had to get used to getting calls in the middle of the night. One particular patient used to call about trivial matters, so I decided to reverse the pleasure. The next time I was awake in the middle of the night, I would call this patient to “check” on them. When I called a few days later, the patient stated, “I’m glad you called doc. I was awake and trying to decide if I should call you or not”.
- I was called at 5:00 AM by a resident in the emergency room, and he gave me a very detailed presentation of my 80 plus year old patient. I asked where he got all his information. He answer was “from the patient”. I then asked him if he knew that she thought she was 35 years old and living in another state.
- I was called late in the evening by a mother who had refused pertussis vaccinations for her children. She stated that she had read in the newspaper about a pertussis outbreak and would like to get the vaccines for her children now.
- I was on GYN call as a resident when I was called to see a patient who had an IUD in place and now pelvic inflammatory disease. I was explaining why the IUD should come out and that she would need to be on some other type of birth control. She responded that she was already on birth control pills. I explained that she did not need to be on two types of birth control at the same time. She stated that I didn’t know her boyfriend. He was very potent.
- I was making a house call on a very elderly lady. Her daughter informed me that her mother was upstairs and then she picked up her purse and headed for the door. She mentioned that her mother couldn’t be alone and she needed to get her hair done. I told her that I would leave when I was finished with her mother. She said, “No, you have to stay until I get back”. I was stuck until the daughter was finished with her errands.
- I was called one evening by a patient who complained of abdominal pains. During the interview, I asked what she had eaten that evening. Her answer was two pounds of raw hamburger.
- My own child had a bronchogenic cyst and would cough and wheeze at night. As I was holding my baby one morning at 3 AM, I received a phone call from a patient. She didn’t identify herself, but told me that her baby couldn’t sleep. I responded with a sarcastic “neither can mine”. The lady hung up and I never did find out who called.
- My wife got a call at 5:05 PM from one of my patients who asked, “Is the Doc home?”. My wife responded that I was still at work. The patient became indignant and said, “You don’t have to lie to me, the office closes at 5:00”.



- I received an early morning phone call from a patient who was too upset to identify himself. He stated that he was awakened with crushing chest pain that felt like an elephant was sitting on his chest. I asked if he had called the squad. He stated that he didn't want to get them out of bed. He then said that he felt somewhat better and hung up. I got no sleep the rest of the night. I had no idea who had called, only that I had a patient somewhere who was probably having a heart attack. Hours later, I got a call from the ER that a patient of mine had arrived with a heart attack and was doing well.
- I practiced with my wife for 18 years. Patients would call and talk to either doctor as if he or she was the other one. They didn't seem to recognize a male or female voice.

## ERRORS

- I began my internship on obstetrics. On my first night on call, and caring for patients alone for the very first time, a lady presented in either early labor or “false contractions”. I called my attending and he suggested “sleeping” her. This is a common treatment method of giving a medication (usually a barbiturate) to relax her and make her sleepy. If she is not in true labor, the contractions will stop. If she is in true labor, the labor will continue. I gave her 15 mg of IV morphine, not realizing how high a dose this was. She did sleep. In fact, when she awoke several hours later, she was complete and ready to push. I did get her into the delivery room and delivered the baby without any complications. After the delivery, she told everyone how wonderful I was and what a great doctor I was. She stated that she wanted me to deliver her next baby too. She never realized how inexperienced and incompetent I really was. I had given her too much medication, but everything turned out well. Sometimes, it is better to be lucky than good.
- After finishing up a morning session of patients, I went to noon conference. It turned out there was one patient left. She was in for a pelvic exam and was up in the stirrups. The nurse discovered her when she was readying the room for the afternoon’s patients. This poor lady had stayed up in the stirrups the entire lunch hour.
- As a young looking female resident, I was making rounds on my hospitalized patients. One elderly patient asked why I was visiting him. He thought I was a candy striper and refused to believe I was one of the doctors. I don’t get that reaction much anymore.
- For me, the cervix is just at the point where I need to wear my glasses. Many times, I wear my glasses on the top of my head while doing a pelvic exam and then put them back on after the exam has been done. One day my patient looked everywhere for her glasses and never found them. Later I noticed I had glasses on AND a pair on top of my head. I had picked up the wrong pair and put them on. It isn’t fun to get older.
- I had a patient who always brought me gifts and gifts for my children. Even though I protested and specified that I didn’t want her to do this, she persisted. Later, I found out that she was a kleptomaniac.
- I worked in a very busy emergency room and when the pubs closed, there was always a long line in the ER. There were even extra mattresses in the waiting area for these people. One patient was incoherent, so I injected a medication to reverse the effects of alcohol. He was furious. He said he lost his “buzz” and I had ruined his whole evening.

- I dressed early in the morning, in the dark and discovered when I got to the office that I had one purple shoe and one brown shoe. This changed the whole spirit of the office. Both the patients and the staff were lighter and more cheerful.
- It was the end of a long day and I turned out the lights in the waiting room as I prepared to leave. A patient shouted, “Hey wait doc, I’m still here – I’ve waited over two hours”. The patient had signed it. The front desk personnel had missed the name on the ledger.
- A patient had hemorrhoids and received suppositories as a treatment. On a return visit, he stated that he was worse. When I rechecked him, a suppository was still in place with the foil wrapping still on.
- When I first began practice, I was a single, young female. I was about to see a male patient whom I had seen previously for a sexually transmitted disease. The nurse assumed that he was coming in for a follow up of this problem and had him undress from the waist down. In reality, he was complaining of a toe problem. The patient told all his friends that this unmarried, female doctor has her young male patients get undressed to see her.
- I was working the ER as a resident when a lady came in with a circular burn across her buttocks with the anus at the center. It seems she was using a public restroom when she noticed that the only seat not taken was a metallic appearing opening with no seat cover. It turned out to be the vent from the coal furnace.
- During one of our evening clinic sessions, several of the residents decided to pull a practical joke on one of the interns. We had a stripper pose as a patient with a sprained ankle. All of the residents were crowded behind a two-way mirror of one of the examination rooms waiting to see the spectacle. The intern wanted to be nice to the patient and not have her walk all the way down the hall the end examination room where we were all waiting, so he took her into a closer room that had no mirror. Our joke backfired on us.
- One of my partners was a doctor who occasionally mixed up his words and used the wrong word for the wrong thing. He had seen an elderly hospitalized patient and had admitted her to the nursing home. He called her son to report on her progress and told him, “I saw your mom last night in the hospital and then again this morning at the funeral home. She’s looking much better.”
- I was called, as senior resident on the medicine team, to see an admission at 2:00 AM. She had been admitted to a room with three other patients. She had come in from a nursing home with a urinary tract infection and dementia. I went to the bed with a light on and found a very pleasant lady who told me she was being discharged in the morning. I thought that she was really demented and proceeded to do a full physical examination. I ordered labs and when the tech came to draw the blood, he went to a different patient in the room. It turns out that I had been

examining the wrong patient and the patient I examined was being discharged that morning.

- I had a student working with me when we looked at x-rays. He asked about one x-ray, “What is that, an elbow?” He was looking at a mammogram.
- I was on a live radio talk show when someone asked me what caused Lyme disease. I said it was caused by the bite of a teer dick. Everyone roared with laughter.

## PREGNANCY

- I was at the end of a very busy clinic day and didn't realize that a patient was still waiting in the far room of the office. I left the clinic and was paged after I was 30 miles from the clinic. I spoke to the patient and promised to see her the next day. She was one of my favorite patients and happened to be pregnant at the time. I baked her some brownies as an apology. The very next week her diabetes screen came back positive. She jokingly blamed me for the diabetes since I gave her brownies.
- I was doing a delivery and as the head crowned, I noticed a bad deformity in the head. I called in the pediatric team to handle this problem. As they arrived, the hole in the head moved. It turned out to be a face presentation. The baby was fine.
- I was moonlighting in the ER when a young lady presented with constipation and abdominal pains. She was crowning, so I delivered her baby. She denied ever having intercourse or being pregnant. Even after the baby was delivered, she continued to deny that she could have been pregnant. I did cure her constipation.
- During my residency, I did an overseas rotation to get extra OB experience. The language and customs were foreign to me. The training was overseen by a nurse midwife. On my first delivery, I got ready to deliver the crowning head and sat back on the stool. The midwife had removed the stool since everyone delivered babies standing up. I fell over backward and the baby was caught by the midwife.
- I had been up all night delivering babies during my residency. I was examining a patient the next day and fell asleep with my head on the fetoscope. I jerked awake which startled the mother. She assumed something was wrong with her baby.
- I was working the labor and delivery floor when I noticed a woman step off the elevator. Her pajama pants leg was moving. She had just delivered a baby on the elevator.
- My patient was a 16 year old pregnant girl who lived with her parents about 45 minutes from the hospital. Her father drove her to the hospital when she went into labor. They only got about half way to the hospital when she had a precipitous delivery in the car. Her father didn't know what to do about the placenta or umbilical cord, but knew that alcohol was a disinfectant. He therefore drenched everything in beer.
- I was precepting a 3<sup>rd</sup> year resident when he presented a 30 year old patient he was very concerned about. She was in for an employment physical and he found

- a large, smooth mass in her abdomen that extended above the umbilicus. I asked for a differential and he gave me multiple possibilities. I then asked what was the most common abdominal mass in a young female. He said pregnancy, but this lady was told she could never have children. We went in to examine the patient and heard fetal heart sounds. The lady was so happy she had to be restrained from running out in her gown to tell her husband in the waiting room.
- I had a patient with pre-eclampsia who was being treated with Pitocin® and magnesium. She had developed a cough from pulmonary edema and begged me for something for her cough. During one of her coughing spells, she delivered the baby in the bed. With the next cough, she shot the placenta across the room. She said, “See doc, I told you I needed something for my cough.”
  - I was delivering a baby and gave the parents the happy news that it was a boy. The father immediately asked, “Is he circumcised?”
  - My patient was a multiparous female who told me at the first prenatal visit that she didn’t want an episiotomy. I told her that was OK since it usually wasn’t needed. At every prenatal visit, she would remind me that she didn’t want an episiotomy. During delivery, with the baby crowning, she sat up and said to me, “no episiotomy”. I guess she didn’t want an episiotomy.
  - I was assisting a couple with a birth, her second child but the first with her new husband. He had seemed somewhat knowledgeable during the prenatal visits, but seemed overly anxious as the labor progressed. Many times I had to reassure him. When the baby appeared, he looked horrified. “My God,” he said, “What happened? She was supposed to look like her mother, but instead looks like me.” I again looked at the baby who had the typical squashed face and somewhat flattened nose of a newborn, and a thick head of dark hair. She did look like her dad who had a thick head of dark hair and a prominent flat nose. I didn’t have the heart to tell him that her appearance would change over the next few days. Luckily, she continues to resemble her dad as she has grown into a charming and bright little girl.

## KIDS DO AND SAY THE DARNDDEST THINGS

- A mother brought her child in with “something hanging out of his butt”. On examination, I found a three foot long piece of string hanging from his anus. He denied everything, of course. His sibling finally confessed to challenging him to eat dental floss. I couldn’t pull the string out, so I just cut it off. He later passed two more feet of dental floss.
- A physician was attempting to educate a patient when he realized that the patient’s 3 year old daughter was tapping on his leg. When he turned his attention to the child, she said, “I have a blue pen”. She had been using his pant leg as her drawing board. Neither the mother nor the doctor had noticed. This was a great way to start an afternoon of patient care.
- I was ruining the fact that some of my medical students were not born yet when I graduated medical school. I went in to examine a 4 year old and sat on the base of the examining table to be at the patient’s level. Her very assertive 18 month old sister sat down beside me and used her butt to move me off the step. She was showing that I was in her seat. The children have a way of bringing you back to earth. Even as old and wise as I am, this little one showed me my place in the hierarchy of her family.
- The chief complaint on the chart of a 4 year old was “sat on a duck”. As I walked into the room, I noticed a bath towel on his bottom, soaked in blood. He had a 3-4 cm stellate laceration of his gluteus. I asked what happened. Mom said she heard a thump and then a hideous scream. He had slipped and fell onto a porcelain duck towel holder. I could see a foreign body in the wound. When I pulled it out, it was a beak. Mom said, “see, the duck bit you”. I had performed a beaectomy.
- I was examining a child’s ankle and noticed his McDonald’s toys lying on the floor. I mentioned that he must like going to McDonald’s. He asked, “How do you know that from looking at my ankle?”
- I was alone in a rural practice on a weekend when a patient with a laceration needed to have stitches. She brought her 2 year old child with her. As I was placing the stitches, she turned white and fainted. At the same time, the phone rang and the baby started crying. I managed to deal with all the crises without much trouble. When she returned the next week for suture removal, the child said, “Oh, is mommy going to sleep again?”
- I was doing acute care when I saw a child with an abscess on her face. She was sitting in her grandmother’s lap and when I touched the abscess, it exploded. It caught me by surprise and I got some on my face. The grandmother remarked,

“You have to know when to keep your mouth shut.” I saw the same child the next month and she remembered me. “You’re the doctor who got pus in his mouth.”



## LESSONS LEARNED FROM PATIENTS

- I was seeing a female patient with vaginal warts who wanted these removed. As I glanced through her chart, I noticed that she had seen the head of gynecology in the past for the same problem. I asked her why she hadn't gone back to this doctor since I knew him to be very competent. She stated that she didn't feel comfortable going back to see him since he had done some "weird" things to her at the last visit. She stated that he "blew in her vagina". As I got the full story, it turns out that the doctor was using liquid nitrogen to freeze warts at the vagina introitus. When the very cold liquid nitrogen touched the warm, wet vaginal environment, it caused a fog to form. The doctor was blowing the fog out of the way in order to get a proper view for further treatment. When I explained this to the patient, she felt embarrassed but also laughed at her misinterpretation of the events. It taught me to always explain what I'm doing and why to every patient.
- I would rather admire the resilience of some of my patients than relate a humorous story. These patients deal with adversity on a daily basis and impress me every time I see them. They make my troubles seem trivial. The 40 year old mother of four with severe anorexia/bulimia and anxiety disorder. The 45 year old blind diabetic man with a teenage daughter. The capital crimes lawyer going through a difficult divorce and depression. The mother of four children - one with Cerebral Palsy, another with a learning disability, and young twins. These are just a small sampling of patients who have a lot more to deal with than I do.
- A patient was admitted with a very low sodium, confusion, and hallucinations. The low sodium was corrected slowly and everyone expected the patient to improve. However, she continued to have hallucinations. She insisted that there was a bug on the ceiling but no one paid attention to her protests. The doctor looked up to the ceiling and there was a large wolf spider on the ceiling. The doctor got a chair, climbed up and removed the spider. The patient was fine then and had no more "hallucinations". Always listen to the patient and give them the benefit of any doubt.
- A female patient was admitted for a D & C. The next day she was to be discharged, but complained of being unable to swallow and that food got "stuck". An NG tube was passed and the problem seemed to be abated. When the NG was pulled out, round worms were stuck on the tube. Patients can have more than one unrelated problem.
- An elderly man's wife died. He missed her, but what really upset him was his regret at all the years he worked while she house cleaned, made the food, and treated him like the most important person in the world and he never told her every day how great she was. Tell the loved ones in your life how much you cherish them.

- I had an elderly patient in the office who was doing well but seemed slightly confused. I thought this might be early dementia, so I ordered several lab tests. His sodium came back a very low 110. Patients can tolerate very abnormal labs if this occurs over a long period of time.
- My patient was a fundamentalist church member who felt great guilt at wanting to attend a dance. This bothered him so much that he finally asked for a referral to a counselor. He stopped seeing the counselor and his reason was that he needed to find someone with the same religious background as he had, like his doctor. We had never discussed my religious beliefs. Patients can assume more than you realize.
- As a student, I was diligently going through the review of systems with a 61 year old female patient. She had just told me she had had a hysterectomy. My next question was, “what do you do for birth control?” As students, many times we do our exams by rote and never stop to think.
- When I was a resident, I was caring for a patient in her mid 60s with a brain tumor. There was a lot of family strife and disagreements about her care. I went to the family home on a weekend to have a conference about placement in a nursing home. I finally convinced everyone to admit her to a nursing home and called the emergency room to let them know she was coming in. An hour later she got to the emergency room dead on arrival. She simply gave up. This type of event has happened multiple times.
- A patient of mine was pregnant with her 4<sup>th</sup> child. Her labor came on quickly, so her very excited neighbor called the ambulance to transport her. They took her to the nearest hospital, which was not a hospital where I had privileges. She wanted me to deliver the baby, so I was called at home. She was only 3 centimeters, but the hospital was very concerned about transferring her. I drove to the hospital and then drove the patient myself to the other hospital where I delivered a healthy baby. The mother still tells this story and laughs about it. Some patients are so faithful that they’ll go through anything to keep their doctor.
- I did a house call on a female patient with a fungating breast cancer. The house was very plain looking on the outside but was very ornate and expensively furnished on the inside. There were more bedrooms than one would expect. It turns out my patient was the local madam. You can discover a lot that you didn’t know about a patient when you make a house call.
- Patients have varied backgrounds and beliefs. One patient gave me the following advice. “When you are faced with a tough decision, just ask yourself - what would the druids do?”

- I was caring for an Amish woman who was pregnant. Her last baby was delivered by C-section, so I discussed with her the procedure of a VBAC and all the ramifications of this. She and her husband asked mostly questions about the costs of all the options. They decided on a repeat C-section, since this was actually the least costly of all options. I decided not to charge a physician's fee. The next day, the husband gave me a gift in a brown paper bag. It contained an orange and three cookies. For several hours work, I had received an orange and three cookies. However, I realized that they had given me a good portion of all the possessions they had.
- I had an obese lady who stated that she had tried everything to lose weight, but couldn't seem to lose even a pound. She claimed to follow diets religiously. I finally diagnosed the problem when I spoke to the patient's roommate. It seemed that no matter what diet she was on, she always ate ½ quart of ice cream every night.
- As a student working the ER in an indigent part of town, I was very proud of my achievements and ability to speak the medical language. I entered the room of a young lady who had the symptoms of a venereal disease and began to take a history. I asked when she last had intercourse, but she didn't understand what I meant. I then asked about her last sexual congress. She asked, "With a senator?" I finally took another approach. I asked if she had a boyfriend, she did. I asked what she did with him. She stated that she borrowed his car a lot and drove around. I finally asked if they did anything close or intimate. She answered, "We screw a lot". I learned to speak the language the patient understands.
- As an intern, I was called by the ER to admit an inebriated patient who couldn't be sent home. I knew that if I waited until all the paperwork was done and the patient was taken to the floor, that I would get no more sleep this night. So, I went to the ER, did the history and physical examination, and took the patient up to the floor myself. I was awakened a few minutes later by the ER asking why I had never come to see the patient. I had admitted the wrong inebriated patient. The first patient was very happy to have a bed to sleep in. I got no sleep that night since I had to admit the first patient. It taught me that haste does make waste.

## WILD KINGDOMS

- I was working in the emergency room in the Midwest, when a patient came in with a very messy and strange bite wound to his leg. He stated this was a “lion bite”. Having never seen one before, I asked him to explain. It turns out that the local grocery store displayed wild animals raised from cubs to attract customers. This patient was an artist asked to paint pictures of the animals. He was petting the male lion when the female grabbed his leg to get his attention. The artist slapped her muzzle to make her let go and she chomped his calf.
- A patient came to the office complaining of a “bug” in her ear. I looked in the ear canal, but couldn’t determine what I was seeing. It turned out to be the eye of a moth looking back at me.
- I was called to a scene where a man had been attacked by a mountain lion. It was late at night as I arrived at the scene and parked beside the only vehicle present. As I got out of the car thinking about the big cat, the lion roared and lunged. It turns out that the patient had captured the lion as it jumped into the cab of his truck and he closed the doors on it. I didn’t know it was trapped in the cab of the truck. It was a memorable night.
- A friend cut his leg with a chain saw while we were camping in a cabin far from any medical facility. He sedated himself with margaritas and I sewed him up on the kitchen table.
- I was a resident in the emergency room when a mother brought her son in after a bee sting. The mother stated that the son was allergic to pollen and she was worried that the bee may have had pollen on its feet when it stung her son. She wasn’t worried about the bee sting, but wanted him checked for pollen allergy.
- In my rural practice, I had a patient who lived in a lean-to against a rock formation and collected rattlesnakes. He dressed like a mountain man. One day he was berry picking and found a rattlesnake, but decided it was too small to keep. On the way back from berry picking, he reconsidered and picked up the snake, which immediately bit him on the forearm. He pulled it off and the snake bit him on the thumb. He shook it off and it landed on his abdomen where it bit him the third time. He decided to lie down in the cold river to “slow down his metabolism” and was found by a passing trucker. He did fine with treatment and was able to return to his “line of work”.

## STOICS

- Some patients will go through great pains not to bother the doctor. One elderly lady fell during the night and fractured her hip. She was found by her daughter the next morning, lying on the floor beside the phone. When asked why she didn't call, the patient stated that she didn't want to bother the doctor at home and was waiting until the office opened.
- Some patients, especially farmers, have a tremendous work ethic. An elderly patient of mine came in on an urgent basis for the first appointment of the day. She was having her first episode of supraventricular tachycardia. She was very weak and short of breath. When asked when this began, she responded "four hours ago". When asked why she didn't come in sooner, her answer was that the hogs needed to be slopped first. This lady had done her chores with a heart rate of 180.
- I was doing a home visit on a diabetic patient who complained of pain in his foot. As I removed his shoe to examine his foot, I saw the problem. He had a nail in his shoe that was poking into his foot. Yes, diabetics really do need to check their feet and shoes daily.
- A grandmother (over 50 years old) wanted to breast feed her granddaughter after her daughter returned to work, so she pumped her breasts daily. After about a month, she could produce about a cup of breast milk per day. This just goes to show that the well never runs dry.
- I asked a male patient to urinate in a cup and he responded, "No problem, my wife has me do this all the time". I was a little intrigued, so I asked him to explain. It seems that his wife used human urine around her plants to keep the deer away. They collected the urine in a carafe. He called this "pee Chablis".
- I was a third year student on a Urology rotation. The patient had renal cell carcinoma and was in the ICU recovering from a nephrectomy. He awoke and began trying to pull out his Foley catheter. The nurses came to the bed side to stop him and he asked, "Where am I, Hugh Hefner's mansion?"
- My 94 year old, former nurse patient was developing dementia. She always complained that she didn't want to live to be 100 and couldn't understand why she was still living. Yet, she was the most compliant patient I had and always took all her medications
- A 4 x 4 rider was not using his lights at night when he hit a deer and was thrown off his vehicle. He stated he was going over 40 mph. He was very matter-of-fact about the whole thing. His mother brought him in to be checked out. His father was still out in the field skinning out the deer.

- I had a student with me when I went in to see one of my patients who has multiple degrees, 13 patents, and a large farm where he raises award winning cattle. He was dressed like a farmer. The student was trying to be social and asked him what type of cattle he raised. His answer was, “black ones”.
- I was working the ER at a Marine base during my first week as an intern. When I walked in to see a patient, he immediately came to attention. I asked what his problem was. He said, “Belly pain, sir and fever, sir.” I asked why he didn’t sit down. He stated that a Marine never sits in the company of an officer. He turned out to have a ruptured appendix.
- A young man had cut his knee with a saw, but didn’t want to bother the doctor so he sewed it up himself. Days later, when the cut became very infected, he came in for treatment. I told him that I applauded his initiative, but this wasn’t how we usually sewed up cuts. He had used a straight needle and carpet thread.
- An elderly gentleman presented complaining of shoulder problems. When I asked him to explain his symptoms, he stated that a week ago he could get his arms all the way up to here (he raised his arms all the way up above his head to demonstrate), but now, they will only go to here (he dropped his arms down to 90 degrees of abduction). I had to leave the room so I wouldn’t laugh in front of the patient.

## MISCELLANEOUS

- My patient had recently had breast augmentation done. As she waited on the table in a gown, she flashed the doc to show off her new breasts.
- A patient wanted narcotics, so presented with the symptoms of a kidney stone. His urine had flecks of blood, but the dipstick was negative for blood. On closer examination, the red flecks in the urine were catsup.
- My office manager had recently divorced and sometimes used her lunch break to take her laundry to the Laundromat across the street. One day her clothes weren't there when she returned to pick them up. We took up a collection in the office to help her replace her clothes. Several days later the office manager came to me and informed me that her clothes were in the waiting room. I asked if some Good Samaritan had returned them. She replied, "No, one of your patients is wearing them". We called the police.
- I have never lost my amazement of patients who have things stuck in various orifices that are very foul smelling, but the patient is totally unaware of the object.
- A 17 year old female patient of mine came in to see me with a fractured elbow. She was accompanied by her large, burly boyfriend, and I immediately suspected partner abuse. She told me that they were watching wrestling and were rooting for a wrestler who had just used an elbow smash on his opponent. She thought she'd try that on her boyfriend and elbow smashed him on top of the head. Her boyfriend was fine.
- I was seeing an African American male in the ER with bright red rectal bleeding. I needed to do a rectal exam, but he refused because I was a female. I offered to get a male supervising resident, but told him that this male's finger was much larger than mine. The patient thought about this for a while and then said, "I guess it's OK for a woman to do my rectal".
- I was going to the bathroom down the hall from a University clinic and happened to stand next to a prisoner. I felt badly for him since he was elderly and in chains. I asked, "What are you in for pops?" He stated that he shot a man who was trying to kick his door in. Then, when the man tried to get away, he ran after him and shot him twice more. My empathy for him drained away quickly as I thought, "pops, you're right where you belong".
- I had a patient who claimed to be an undercover agent for the FBI and admitted himself under an assumed name. After discharge, his HIV result came back positive, but we couldn't locate him because we didn't know his real name or address. When he was admitted again several months later, we finally told him the results. He was very upset because he assumed he was negative since he

never received a call telling him of the results. We never could document any type of actual employment.

- I had an elderly patient with an artificial valve who I saw for frequently for routine care. I had gotten to know her well and always gave her a hug. When I went on vacation, I transferred her care to another physician, but told him he had to hug her in my place. When he saw her, he told her that he was seeing her for me and was supposed to hug her for me. She stated that she had been waiting for that hug.
- I was chief of the medical staff and attended many formal functions. On the way to one function, I was called for a pregnant lady delivering at 32 weeks gestation. I sent my wife on ahead with the drink, meal, and raffle tickets and I went to stabilize the mother and baby. The personnel at the function would not allow my wife to use the tickets since the doc wasn't there. I guess the prestige of chief of staff doesn't transfer to my wife. Four years later this same child had an incarcerated hernia and this kept me from a hospital picnic. The "child" graduated with honors years later but kept the distinction of being the patient who kept me from more engagements than any other patient.



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