by W.E. Osmun, MD; C. Naugler, MD

The impact of hissy fits in p



Abstract

Background: Hissy fits are experienced by physicians and patients alike, yet their full impact has never been studied before.

Methods: Specially trained researchers observed hissy fits at a clinic over 12 months. They interviewed perpetrators, victims and witnesses and recorded their comments because they had to.

Results: Hissy fits were common at the clinic and sometimes escalated to riots. Seasonal variations were endured.

Interpretation: Nobody likes this behaviour. Efforts should be made to counsel hissy fitters in channeling their angst in other, more positive ways.

And when the hissy fit was on him, I did mark how he did shake.

— William Shakespeare, Julius Caesar

Ithough hissy fits are common, there is scant information on them in the medical literature. They affect our lives daily and have been known to originate from both physician and patient. One of a number of obnoxious behaviours, hissy fits have never been studied to determine their full impact.

Our search of MEDLINE using the MeSH terms "hissy" and "fit" retrieved few articles. Watson and Crick^a in their seminal paper on the structure of DNA, failed to locate a hissy fit locus, indeed they failed to mention hissy fits at all. The Human Genome Project, b

hoping to remedy this, also failed.² The evolutionary advantage of hissy fits has never been fully explored, Darwin^c feeling that birds with sticks were of greater interest than his fellow humans.³ Freud,^d plunging into mankind's subconscious, found the subject of hissy fits so threatening that he repressed all mention of them in his writings, preferring to deal only in mythical allegories.^{e4} Although it can be conjectured that a hissy fit would be an excellent source of clean power, the scientific community prefers to concentrate on cold fusion. Banting and Best⁵ neglected to mention that hypoglycemia could well be the cause of many hissy fits. Pasteur^f was unable to identify an infectious agent resulting in hissy fits, which is all for the best because Fleming⁶ found that hissy fits were not controllable with penicillin.

There is a paucity of literature on hissy fits. We hope that our study will begin to open the window on this behaviour and one day lead to a cure.

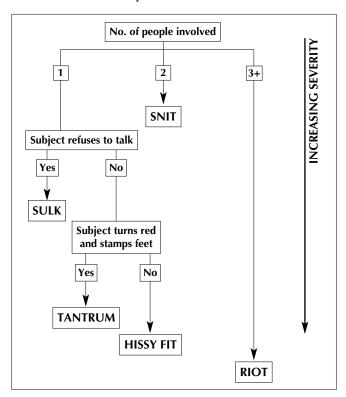


Fig. 1: Naugler-Osmun Hissy Fit Identification System (patent pending).

^aWe don't know what the fuss is about these 2 guys. The way everyone talks about them, you'd think they had invented the Slinky or something.

^bWe would like to point out that we have no idea what the Human Genome Project is.

^cAlso the name of an Australian city.

^dTry telling us this guy wasn't a little obsessed with the naughty bits.

^eLike that whole Oedipus thing, sick or what?

This guy's so famous they've named whole, entire fields after him. We'd rather they name a library after us.

Methods

Our study was conducted over 12 months at the Happy Valley Clinic, a multidisciplinary teaching clinic of a university in Ontario. This clinic serves a mixed population of aging Lotharios, Latin American dancers and seedy, professorial types. It enjoys 20 000 visits a year, mainly for strained groin muscles.

Research assistants were trained to identify hissy fits using the Naugler–Osmun Hissy Fit Identification System (\$9.95; patent pending) (Fig. 1). Initially 2 research assistants were stationed strategically at the clinic 24 hours a day, but it became apparent to the researchers that, because there were no patients or staff on

duty between 5 pm and 8 am, there were few hissy fits to be observed then. Therefore, we limited our study to working hours only.

Results

We soon discovered that hissy fits were common at our clinic. There was a definite seasonal variation (Fig. 2), with fits being much more common in November and December, except for a peak in July that coincided with air conditioner malfunction.

Failure to prescribe antibiotics for upper respiratory infections and to support workers compensation claims for hot tubs for pulled groin muscles were the most frequent causes of hissy fits that originated from patients. Physician-generated

hissy fits were usually a result of patients calling at 4:59 pm asking to be seen immediately for a groin pull they had had for several days. A group hissy fit (also known as a riot) was observed when the residents were refused permission to take a day off en masse to attend a CME event (a Céline Dion concert). The damage incurred resulted in the clinic being closed for repairs for a week in September. One staff person threw a hissy fit when his residents failed to acknowledge his birthday.

Perpetrators of hissy fits were interviewed by the research assistants. All agreed that the fit resulted in feelings of relief. Comments ranged from "He had it coming, the #%@&*%\$#!" to "Get out of my face, you @#\$%&^% or I'll show you a real hissy fit."

The victims of hissy fits uniformly felt that they had been unreasonably treated. Comments ranged from a shrug to "Do you have the number of the University Harassment Officer?"

Witnesses were interviewed as to the emotional impact. Comments ranged from "What's a hissy fit?" to "She should grow up." None said that having witnessed a hissy fit interfered with their emotional or physical health.

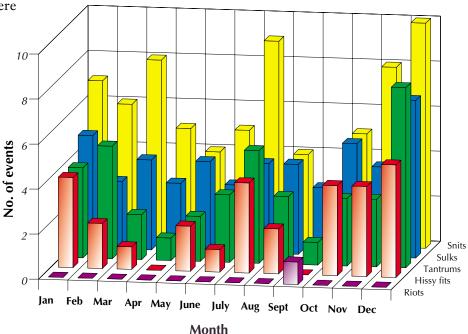


Fig. 2: Incidence of obnoxious behaviours over 12 months in a primary care clinic.

Interpretation

It is apparent that a number of obnoxious behaviours are prevalent in a community clinic. Care must be taken not to allow hissy fits to escalate into riots. Riots often lead to destruction of the physical plant, which may interrupt the provision of important medical care to the patient population. The victims of hissy fits interviewed found them quite distressing. It may help to have sublingual Ativan on hand for the victims. Sublingual Ativan may also be useful if administered early to a hissy fitter, to attenuate the attack. Other methods of hissy fit prophylaxis need to be developed. Unfortunately, our proposal for a double-blind, randomized controlled trial of the effect of electric cattle prods on hissy fit behaviour was rejected by the University Ethics Board.

gThey got tickets from a drug company. We try to discourage this sort of behaviour, but what can you do?

^hThat was me (W.E.O.), and I feel the fit was totally justified. I also feel it wasn't really a hissy fit, more of a snit.

What a bunch of no-hoper, do-gooder losers, they should all go out and get a life and stop sticking their nose in other people's groundbreaking clinical research.

Conclusion

Hissy fits are an important expression of angst in our society. Nevertheless, victims find them quite distressing. Every effort should be made to counsel hissy fitters on how best to control their behaviour and channel their aggressions into more socially acceptable behaviours.

References

- Watson, Dr., and Crick, Jiminy. The discovery of twisty things. The Naturist 1960;7:10-5.
- 2. Kimbrell A. The human body shop. New York: HarperSanFrancisco; 1993.
- Darwin, Charles. The origin of species. Published so long ago, who cares where, when and by whom?
- 4. Freud, Sigmund (Siggy to his friends). This guy wrote so many books, we couldn't decide which one to cite. So if you're really interested, why don't you show a little initiative and go look him up in the library. We're tired of doing all the work for you.
- Banting and Best. Like, these guys are so famous down 'round here that we don't figure we should have to tell you more. We think they invented the Slinky
- Fleming, forgot his first name. He's the guy that went a bit mouldy, and he wasn't even dead yet!

Dr. Osmun is a brilliant academic repeatedly spurned by his jealous colleagues. Despite this, he continues to produce literature of unsurpassed genius. He labours in a small, unnamed university, where his talents are totally unappreciated.

Dr. Naugler is a misfit, first-year resident in family medicine who previously spent his time weighing bird testicles in stuffy laboratories. He is unworthy to work under Dr. Osmun; however, Dr. Osmun gets no choice in residents and is always given the worst by his department in a poorly masked attempt to dishearten him.

See solicited editorial, page 1478.

Franchise opportunity

With the coming deregulation of the medical profession, we are now selling franchise options in a combined fast-food restaurant / angioplasty clinic. The restaurant specializes in deep-fried lard

balls, and the entire business should be self-sustaining within 5 years. Experience in cardiac catheterization is preferred but not essential. Please reply in confidence to Drs. Naugler and Osmun, Happy Valley, Ont.

COMMITTEE CONSENSUS — Compromise achieved when the politically diffident accept that the only way they'll get out of the room is to endorse the views of the politically ambitious.

— From A Sceptic's Medical Dictionary by Michael O'Donnell, BMJ Publishing Group, London (available through the CMA Member Service Centre, 888 855-2555).