

escape with his family to the ancestral farm, where he taught his boys to hunt and shared the secrets of his passion for fishing. When he died in 1925 the boys helped support their mother. Archie took night courses in bookkeeping. The MacSorleys were well versed in marginal survival and thrived during the lean years of the Depression. Then in 1939 Archie, too, served his country overseas. He returned home six years later with an unseen scar, a wound that was never mentioned. He began to drink heavily. When he was 40 he married Helen. They had no children, and the pattern of their married life began: bouts of drinking, uneasy truces. Helen ordered her life with an endless round of small tasks. Archie precariously clung to his job and escaped to the woods when he could.

As Helen continued her recovery Archie cooked and looked after the garden and the house. He shopped for her, then with her, took her to appointments, never drank. During this time I fished with Archie and watched his mastery. One day in the office Archie told me about his battle with the salmon, his glimpse of death. I asked him if he was afraid. He didn't answer.

A short time later Helen phoned to say she had moved in with her sister. Archie was on another bender. I phoned their home. There was no answer. The next day there was a message from the hospital that Archie had been admitted the previous night. He had hit a telephone pole with his truck, crushing his sternum and collapsing a lung.

I went to see him. The nurse had just given him an injection and he was resting with his eyes closed. His face had not been injured in the accident, and in the shaded light he looked peaceful. His weathered skin with its furrows and fine lines was the map of an unknown country. I leaned over his ear and asked him what had happened. He pulled at the oxygen nasal prongs, opened his eyes, glanced anxiously at me and clutched for my hand.

"Doc, I saw the fish."

**Ian A. Cameron**

Department of Family Medicine  
Dalhousie University, Halifax.

*Occurrences*

## It worked for me

When I graduated from medical school over 50 years ago I went to work with an older, well-respected doctor in rural Manitoba. Among the things I observed was his treatment of "neuralgia." Neuralgia was characterized by tingling, numbness and paresthesia in the extremities with no demonstrable cause. He treated this condition with an intramuscular shot of vitamin B complex repeated two or three times at intervals of two days and was usually rewarded by the patient's recovery.

When I went on to a practice of my own I continued this treatment, except that, because the intramuscular shots were so painful, I gave the vitamins intravenously, slowly over a period of about 15 seconds. None of my patients ever had a reaction, except that most could taste the vitamins.

I found this treatment remarkably successful with hundreds of patients. In the few cases in which it failed I would go on to further investigation. Usually, three treatments did the trick, and whether it was a placebo effect or not I was not enough of a scientist to subject my patients to double-blind studies, knowing that half my patients would be receiving no treatment. Most GPs have enough trouble getting positive results with drugs that they know are recommended.

I had never been taught about this treatment in medical school, but after moving to a city practice I was comforted to hear a visiting lecturer describe this treatment of "neuritis." He spoke of the anatomy of the peripheral nerve, the central axon covered with insulating myelin, the myelin covered with a sheath of perineurium (or neurilemma). When the myelin insulation swelled for whatever cause, there was no give to the perineurium, and pressure was exerted on the axon, thus producing sensory variations. This swelling could be reduced by injection of vitamin B complex (oral intake never achieved high enough levels to be effective): the pressure would be relieved and the symptoms would disappear.

I worked with a group of doctors and noticed that none of them used this treatment, although it worked for me. However, it appeared that I was overdiagnosing polyneuritis, for one day as I went past the nurse's station I noticed nine syringes of vitamin B lined up on her desk.

"Who else is using vitamin B now," I asked?

"Those are just for *your* afternoon patients," she replied.

Then it struck me: I was a quack! It was not this realization that prompted me to retire soon after, but it was a contributing factor.

I still got calls requesting "shots" for some time after my retirement, usually because of a recurrence of mild paresthesia, but occasionally just because the patient had felt better generally while receiving them.

In any case I was unable to refer my friends to a doctor who would give these injections, because I didn't know any.

**J.R. Stratton**

Retired family physician  
Victoria, BC

