

I looked up, or I should say down, just in time to see yellow droplets slide down the outside of my shoe. Time lost all meaning. There, again, was that yellow puddle forming under my desk.

“Mrs. Strange, I gotta get to the bathroom.”

“But, what about. ...”

I ran off before she could finish her sentence. In the bathroom, I fished a wet specimen bag from my pocket and discovered my urine container with the lid half-off. The urine had seeped into the plastic bag and slowly trickled through the front pocket of my pants. I dried my shoes, changed my pants, and found myself considering if I had any of those damn pads kicking around my office.

As I hurried back in to see Mrs. Strange, I noticed a smile. She hadn't spotted the puddle beneath my desk, but she had found a subtle humour behind her doctor's unexpected trip to the bathroom.

“I can go now,” she said. “You made me smile.”

I wish I could report that I returned her timely and priceless smile, that I offered a full account of my own accident that day, but it didn't quite happen that way. Instead, I sat low in my chair, watching, like a distant third grader.

“But, what about that miracle? Don't you want that pill?”

I watched her smile continue to grow as our distant worlds briefly intersected. She was simply lighter, less creaky.

I guess some things are meant to happen, reminders of how illness can distance and accidents can, at times, serve to reconnect. And that priceless 93-year-old smile makes my future of collecting urine samples, both my own and my patients', something to anticipate.

And Mrs. Strange eventually did get to hear the full story.

Now, rather than cough, she often asks: “Are you listening, or planning another trip to the bathroom?”

Dr. Pottie is an Assistant Professor in the Department of Family Medicine, University of Ottawa, Ottawa, Ont.

## CMAJ's no-muss, no-fuss Holiday Review quiz

**Malvinder S. Parmar**

**Preparation time:** 25 minutes

**Answering time:** 15 seconds each, 4 minutes total  
(Pathologists should do particularly well.)

Match the following:

- |                         |                                   |
|-------------------------|-----------------------------------|
| 1. Cream of tomato soup | A. Amoebic diarrhea               |
| 2. Black water fever    | B. Amoebic liver abscess          |
| 3. Pea soup stools      | C. Severe hypertriglyceridemia    |
| 4. Mulberry buds        | D. Brucellosis                    |
| 5. Red current jelly    | E. Yellow fever                   |
| 6. Cayenne pepper spots | F. Neurofibromatosis              |
| 7. Sago grain stools    | G. <i>Mycobacterium butyricum</i> |
| 8. Strawberry tongue    | H. Intussusception                |
| 9. Cherry red spots     | I. Angioma serpiginosum           |
| 10. Goat's milk fever   | J. Falciparum malaria             |
| 11. Anchovy sauce       | K. Cholera                        |
| 12. Café au lait spots  | L. Oxalate stones                 |
| 13. Butter bacillus     | M. Leptospirosis                  |
| 14. Mud fever           | N. Scarlet fever                  |
| 15. Caddy stools        | O. Typhoid fever                  |
| 16. Rice water stools   | P. Amaurotic familial idiocy      |



Answers: 1: C, 2: J, 3: O, 4: L, 5: H, 6: I, 7: A, 8: N, 9: P, 10: D, 11: B, 12: F, 13: G, 14: M, 15: E, 16: K

Dr. Parmar practises internal medicine and nephrology in Timmins, Ont.