



How I got over the Christmas flu

William H. Eaton



Half-way through his reading of the *CMAJ* holiday issue the doctor developed fatigue and muscle aches. Not enough to exclude work and pre-Christmas parties, but enough to concede, miserably, that the whole season might be a little overdone. The children, all attending university and busy with end-of-term reunions and frolic, were too busy for the family festive put-up and tear-up. Just as well, the doctor thought, let them rot.

This state of malaise, viral or situational, persisted for 2 weeks. The doctor stumbled around in extended morning fogs and by mid-day needed to nap. He felt like a poster boy for andropause. He became emotional: a 2-year-old angel in the church pageant made him cry.

The day after New Year's found the doctor at a social gathering. Too much wine left him with a poor feeling the next morning. "The after-effects of a lifestyle choice should never be blamed on an illness," was his credo, and so he carried on. By mid-afternoon he felt compelled to lie down. A supper preprandial of rum helped not one iota. At 6 pm the doctor offered apologies and bedded himself.

January 4 found the doctor still in bed with chills, dry cough, myalgia and a sense of dread. As a university student he had suffered three relapses of brucellosis contracted on a farm in Europe. The doctor diagnosed himself 4 years later in medical school, while reading a textbook on infectious disease. Classic case: adenopathy and relapsing fever; at 4 pm the patient starts with chills that last until midnight; at 2 am the sick one wakes and sweats for 2 hours before the collapse; at 4 pm it all starts again. And so on for 2 weeks. Emotional memories combined with an apparently deranged limbic system caused the doctor to feel hopeless.

Sunday was spent in delirious sleep interrupted by pain and a family dinner that could not be rescheduled. Monday saw the doctor worse than ever, with chills, fatigue, malaise and hallucinations — not of dancing girls or miniature marching bands but of undulating mucosal linings such as one might find inside the bladder. Other mental experiences were not really hallucinations so much as misinterpretations — like seeing sex when you're supposed to see a butterfly in a Rorschach test. Tuesday and Wednesday were similarly beguiled. Reading was too complex. Alarmingly, the doctor watched football games from start to finish. The fact that talk shows seemed as vacuous as ever reassured the doctor that he was not too far gone.

On Thursday and Friday the real symptoms began. Productive cough, paranasal sinus pain, clogged passages, nausea and extreme fatigue overtook the already usurped doctor. He switched from television to old videos. His



appetite failed. He went so far as to call his parents.

His father said, "Oh, you're sick. You'd better talk to your mother." His mother said, "Stay in bed. Call back when you're better."

He recognized that expectations of a *You poor baby, you're sick* response were unreasonable. Illness had been punished, never rewarded, in his youth. Missing a day of school to illness meant no evenings out for the rest of the week. Once he had gone to school with pneumonia so he wouldn't be barred from going to a dance. (In the end, he was too sick to go.)

On the present occasion the doctor was too ill to feel bitter. Besides, his colleagues were supportive. They covered his clinic, ward work and teaching; one offered a house call. Another, an infectious disease guy interviewed in the local paper about the flu outbreak, was reported as saying his own symptoms had disappeared 12 hours after one dose of Tamiflu. Until now, the doctor had entertained doubts about prescribing such an expensive drug for a self-limiting illness. However, dextromethorphan caused him to feel stoned and sluggish. Pseudoephedrine and a tingling restlessness coexisted and were related. Ibuprofen increased the nausea; acetaminophen may have helped. Booze had no effect and was forsworn. Pity.

On reflection, the doctor gained no new insights into sickness during his bout with the Christmas flu. Having listened to people describing their distresses for over 30 years, he thought he knew what it was like to be ill, and although he had never experienced a heart attack or cancer, he tried to have empathy for those who did. In the end, all the doctor can say was that an old notion had been reinforced: when one is sick, all one can talk about is being sick. After hearing more than 30 seconds of such talk, one's colleagues, friends, relations and even parents are ready to move on.

Nobody wants to hang out with a sickie, and so polite society retains doctors to do it for them. We're paid not so much to cure as to just be there. Good for us, and let's keep doing it.

William Eaton is with the Family Practice Clinic, L.A. Miller Centre, St. John's, Nfld.