

donuts and their partners in crime, coffee, are consumed by more people than probably any other items. The innocent little donut is contributing to a large, ugly problem in America today: obesity and its co-morbid conditions, cancer, diabetes, depression, and heart disease. We coax our little ones from infancy on to consume our “treat” foods in exchange for good behavior—Behavior Modification 101 for new parents. Yet to find the article made no mention of the unhealthy results of eating donuts, I found very discouraging. New York’s finest may not know any better, but shouldn’t America’s smartest? Or maybe it’s a case of selective blindness.

Margaret Struck, EdD

Re Doctorspeak

June Bingham’s letter in the summer issue (“Doctorspeak—the changing words,” p. 53) prompts me to describe my problem with two words some physicians use carelessly, and with unwelcome consequences for the patient.

Not long ago, I went to an orthopedist with a disabling pain in my

neck. He ordered an MRI to determine whether the cause “might be a tumor on my spine.” Fortunately, it was not, and I was successfully treated with a regime of physical therapy.

In the past twenty-four months I have seen two internists for general physical exams. In the first instance, I arrived in the office feeling fit, and left feeling doomed: By the end of our interview, the physician had raised the specters of lung, colon, and bladder cancers, and prescribed a battery of tests, including a comprehensive urological work-up. All results were negative, but my anxiety during the many days until the reports came back was possibly life-shortening.

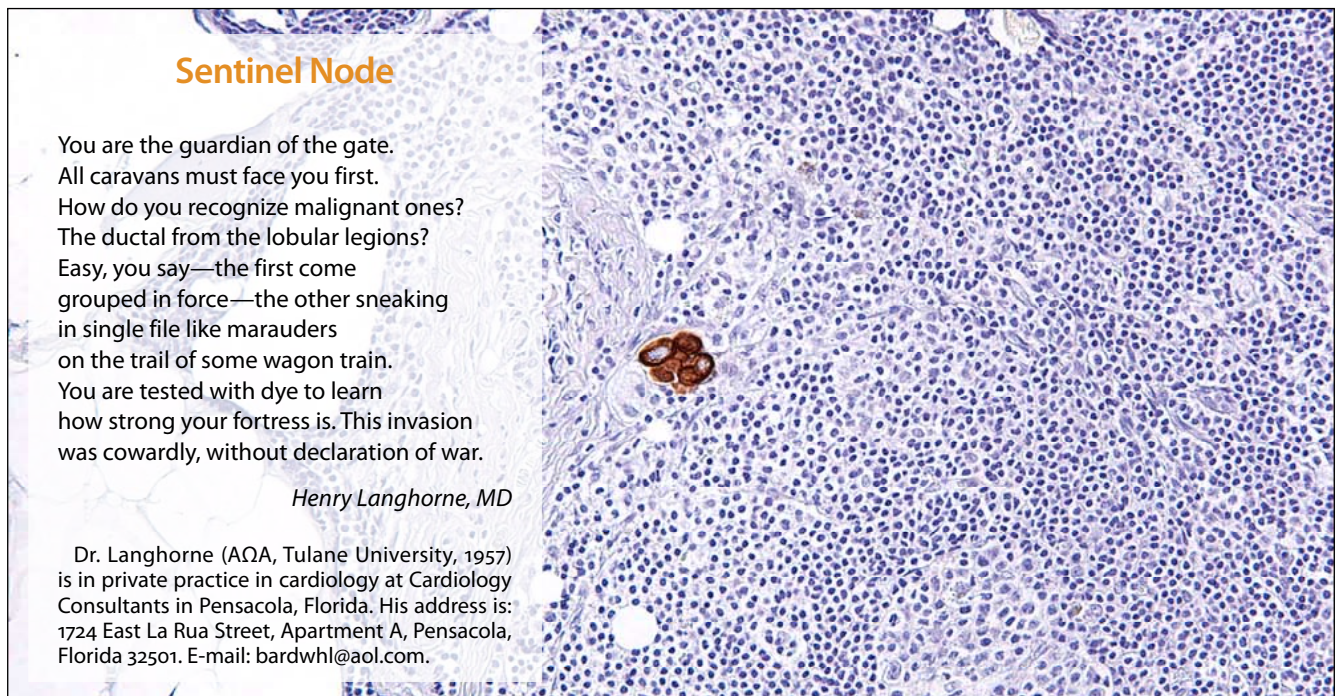
This spring I saw a new physician. When asked for complaints, I mentioned slight deafness, wax buildup, and ringing in my right ear. Noting that “those could be signs of a tumor on the eighth cortical nerve,” she suggested an MRI might be advisable. Her recommended ENT specialist diagnosed a slightly deformed eardrum, removed the wax, and sent me home. Once again, I had tricked the Grim Reaper!

I want to understand why some physicians are ready to pronounce the dreaded words “cancer” and “tumor” before diagnostic tests have been performed. Why not say, “This isn’t my field of expertise; I’d like you to see a specialist,” and leave it at that unless the patient requests more information? Her reply, when I raised this issue with her later, was, “Some patients want the truth.”

I also want the truth from our doctors (and our politicians); but in the Age of Anxiety in which we now live, needless speculation about life-threatening events should be withheld.

Sally B. Cutler
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P.S. I’m sure you’ve heard or read that my uncle Paul B. Beeson died on August 14. I had visited them in May and sensed then that his days were numbered. But he was still the gentle, patient, handsome—and gallant—man I’d always known, and I shall miss him terribly. Surrounded by his wife and children, he died peacefully at the end of a long, rich, and fulfilling life and career. What more could one wish?



Sentinel Node

You are the guardian of the gate.
All caravans must face you first.
How do you recognize malignant ones?
The ductal from the lobular legions?
Easy, you say—the first come
grouped in force—the other sneaking
in single file like marauders
on the trail of some wagon train.
You are tested with dye to learn
how strong your fortress is. This invasion
was cowardly, without declaration of war.

Henry Langhorne, MD

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Photo courtesy of Kristin Jensen, MD (AQA, Rush Medical College, 2000), assistant professor of Pathology, Stanford University School of Medicine.