



PERSONAL VIEW

The eisbein cometh

Dear Aunt Ethel,

Hope you are A1. Long-overdue correspondence I fear, and only prompted by an eventful weekend.

An Eisenmenger Syndrome or Ebstein Anomaly may be as familiar to the SAMJ readership as the Heimlich Manoeuvre. What about the Eisbein Challenge, to stay with steakhouses?

Mind you, the test is not for the faint-hearted (or is it?), nor for those who cannot or will not consume pork. Moreover, an excellent and readily available specialist is a prerequisite, as is a solvent medical aid society. Otherwise it is straightforward.

Order the eisbein special at a nearby restaurant: it can feed an army, exquisitely. Eat three-quarters and drag the rest home in a doggy-sack. Rise early next morning with the inevitable well-deserved heartburn, travel to peripheral hospital and use tea – what, no sandwiches? – to combat dyspepsia. On return, a square of the pig that bit one does not fix the lump in the throat, which is exacerbated by a fruitless chat to the medical aid about overpaid premiums. The regular poor man's treadmill test – on the squash court (pawpaw not pauper

Robert (Doc) Caldwell is a physician living in the mist-belt of the KwaZulu-Natal Midlands. After a quarter-century of private practice in Pietermaritzburg, he did locums round the world for six years. At the start of 2007 he exchanged jet-setting for prop-hopping, via Red Cross AMS flights, when he took up a principal specialist post for Outreach in the Grey's Hospital Department of Internal Medicine. He writes erratically to his Aunt Ethel.

Corresponding author: R Caldwell (ric@caldwells.co.za)

perhaps?) – makes little difference, and with reflux it was silly to lie flat for the catnap. Gentle supper still does not settle things, nor does relaxing propped up in bed. Pull out the ECG machine for reassurance and ask wife to help run off a strip: her alarm is nothing compared to one's own disbelief as the V leads roll by, T waves terrifyingly inverted.

Phone cardiologist and cruise down to casualty, on to CCU full of blood-thinners and vasodilators: exit heartburn. Next morning's coronary angiogram confirms proximal LAD near-occlusion. Painstakingly skilled ballooning and stenting fixes it, though bypass surgery was a distinct option. Home two days later; glad, as is the family, that one is alive and kicking. Insurance broker is ashen-faced when he finds that the dread-disease policy would have expired exactly a week after the event; and the medical aid is also receiving its come-uppance big-time: swings and roundabouts.

Scary stuff: still in denial. There was never pain, at worst like homesickness as a child: a heavy heart? Now one is fine, enjoying a five-day test match on the box, awaiting the proper treadmill test, rattling with tablets: for life. Maybe next time a bigger portion of sauerkraut will help the mesenteric vessels metabolise that mighty eisbein, with less demands on the cardiac output. Next time, make sure one is not on week-end call again, so that a worthy colleague does not have to step into the breach late on a Friday night.

Next time? For life? How fortunate to be able to contemplate such privileges.

Don't know whether this will fall under Letters, ordinary or scientific, or Original Articles, or anywhere at all, Auntie E: but relieved that so far the Obituary section is being avoided.

Yours affectionately,

Robert-Ian