Cramps and The Casual Consultation

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About the Author

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“Yes, I’ll have a beer”, said Gord, as we sat on the dock and reminisced on days gone by. We’d known each other most of our lives, buddies in school and in University – back in Scotland. After graduating in science, we had both attended the VSO (Voluntary Service Overseas) recruitment lecture: he promptly packed off to Papua New Guinea to teach English and drive tractor. I decided to enter the jungle of medical training in Glasgow. He got life-experience and a tan. I got chilblains and appendicitis.

On his return, he came to visit me. I was in 4th year Medicine. He had enrolled in teacher training at his alma mater. He complained about the perpetual cold and damp (normal Scottish weather for May), quite different from the tropics. In passing, he asked the quintessential embarrassing question: “Hector, you should know the answer to this. What causes me to have a full-body cramp every morning?” I mumbled something about electrolytes and renal failure and said I’d find out.

“By the way, how was your journey home?” I replied, hoping to change to a subject less illuminating of my clinical ignorance. He told me he had contracted hepatitis A in India, and on arrival in the UK, had been diagnosed with hookworm anemia, and vivax malaria. “Crikey, a regular textbook of medicine” I replied, and I quickly updated my differential diagnosis. He agreed, pointing out that his recovery from the tropical disease had been much slower than his physicians had expected. “My liver enzymes are still not right, and my energy level is the pits. But I’m eating well” - which was self-evident, he’d put on a lot of weight.

I had Gord’s home phone number and called him a few days later. His mother answered. I remembered her from way back and was instantly impressed by her high – almost falsetto – voice. “Mrs Robertson,” I said, “I hope you don’t mind me saying this but you sound so much younger than the last time we spoke.” She giggled and admitted that her voice had changed since she

had been diagnosed with, and treated for - hypothyroidism. I’m not sure if my jaw dropped then, or the next day, but Gord’s symptom complex – from cold intolerance to cramps to weight gain – came into sharp focus. A phone call led to a blood test, and Hashimoto’s disease was added to his list. Soon after, he made a rapid and full recovery.

A year later, my great aunt Jessie had me round for tea. By now, I was working as an intern in a large Glasgow hospital. In those days, it was hard work, drawing blood, giving drugs, charting, admitting patients and long hours of call. So, a trip across the street to see Jessie was a treat. “Tell me, Hector, why do I get leg cramps?” As you can imagine, I was a doctor now, and couldn’t use the ignorance card to get-out-of-jail-free. Furthermore, I considered myself a bit of an expert in cramps (sort of a ‘crampologist’), and I told her it was likely electrolytes, or renal disease, or *hypothyroidism*. I said I’d find out by doing a blood test on her the next day.

I took a syringe, and a few blood vials over to her house, and had Jessie sit by the Oriel window with a tourniquet on her arm. She was in her 80’s by then, but mentally quite sharp. The winter light shone on her face, and I said: “hey, Jess, you look a bit pale.” So, I filled an extra vial for a blood count. Back on the ward, I filled out the requisitions and put them through the hospital lab (what was I thinking?!). The next morning, the hematologist walked onto the ward, booming “where the hell is Jessie MacKay... the lady with a hemoglobin of 68?”. I must have looked guilty, and he retreated with my promise of restitution. Bessie then told me she had been liquidizing aspirin to treat these cramps, 6 pills every 6 hours, but they didn’t do anything but turn her poop into black tar. She was in hospital that evening, blood hanging, chewing cimetidine, on a ‘milk diet’.

Now, when someone asks me about cramps, I am a little wiser.