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## The Hazards of Medical Writing

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THEODORE BERLAND

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## The Hazards of Medical Writing

There are those who say that writing is one of the safest of careers, and, that, certainly, medical writing is among the healthiest of these various forms of writing. However, there are diseases to which the medical writer — judging by my experience — is more prone than is the general population. In fact, I have had a series of very serious job-related illnesses during my 31 years as a medical writer.

One episode began one morning as I awakened in Chicago with a terrible pain below my belt line. Upon removing my pajamas, I explored the area of the pain and found that it seemed to radiate from my spine, forward toward my belly. As I knew the head of dermatology at Michael Reese Hospital, I called and asked him to see me. He instructed me to meet him at an examining room, where he appeared in half an hour with three residents in tow, two males and a female. He closed the door and asked me to show him the painful area below my belt. Slightly embarrassed, I complied. They each examined me, in turn, looked at one another and nodded in agreement as to the diagnosis: herpes zoster, or shingles.

The dermatologist, Dr. David Fretzin, was careful to explain how this virus related to chicken pox and progresses in a line along a nerve from the spinal column to the front and leaves very tender skin along the way. I had not yet developed a line of blisters, which often accompanied the infection, but probably would, he said, and gave me a prescription for medicine to relieve the pain and any itching.

I never had to take it.

The so-called herpes zoster left the next day, about the same time that I realized it was a pseudo-infectious psychosomatic reaction to my work on an article on herpes diseases. (Of course, I never let on to Dr. Fretzin!)

This was just one of a string of similar “disease” incidents that have occurred during my writing career. The truth is that I suffer the symptoms of every disease and malady I write about. I have heard it called Medical Student’s Syndrome, since just about every medical clerk also tends to identify with the disease he or she is studying at the time. I label my version as follows:

**WARNING:**

*Medical writing may be hazardous  
to your health and well-being*

The examples of this *medical writitis* abound.

Some years ago, my wife, Cynthia, and I attended a garden party which was given in honor of friends of ours who were moving to the Canary Islands. Despite the fact that these islands are owned by Spain and are off the coast of Africa, the theme of the hors d'oeuvres and the meal which followed was Japanese. Of course, I crammed plenty of the fried foods into my mouth and washed them down with much good drink, all of which stayed with me until we arrived home at about 2 a.m. Then I gave it all back. Mixed with the vomitus was blood — fresh, red blood. Exhausted, I went to bed, sure that I had a bleeding ulcer which, alas, had punctured the stomach wall. I groaned into the pillow, awaiting the sting of death.

I was surprised to open my eyes and awaken at about 6 a.m., still alive. The tastes of stale blood was in my mouth; my tummy and my throat hurt. Cynthia suggested that I call Dr. Mitchell A. Spellberg, head of gastroenterology at Michael Reese. I did, and he explained on the phone that I was suffering the classic signs of gastritis — a stomach raw and irritated from overindulgence, which is a genteel way of saying I had consumed too many drinks and eaten too many fried Japanese tidbits. It seemed that my *gaster* was *itising* in protest. As for the blood, it was the physiological result of the strong mechanical force of vomiting, which broke open small vessels in my throat.

And, Dr. Spellberg asked, “How is the latest chapter going?” I groaned again and meekly said it was progressing nicely. You see, he and I were collaborating on a book which was published as *Living with Your Ulcer*.

It was the first in a series of six *Living with. . .* books which I wrote for St. Martin's Press, New York. Second was *Living With Your Bad Back*. I couldn't lift anything for a year while that was in the works. Nor could the woman who was typing the manuscript! During the writing of *Living with Your Chronic Bronchitis and Emphysema*, I hacked and coughed until my family thought my initials, T.B., were also my condition, that I suffered the curse of the name. My perfect 20/20 vision, which had allowed me to become a flier in the Korean War, deteriorated during my writing, with an ophthalmologist, of *Living with Your Eye Operation*. Presbyopia then set in and has remained.

Then came *Living with Your Colitis and Hemorrhoids and Related Disorders*. You can guess what happened then. (The tags are there to prove it.) I wondered how many authors wrote while standing. I remembered that Hemingway did and I wondered if his posture was due to his high energy and nervousness, or, whether it was because he had piles. I wondered, too, if he suffered from migraine or head colds every time he wrote about them, as I did. Or whether he ached in the butt when he wrote about changing the bandages of one of his favorite bullfighters, Antonio Ordenez, who was

gored in the rear during a fight in the dangerous summer of 1959 in Spain.

Actually, it wasn't a head cold which caused my sniffing when I was writing *Living with Your Allergy and Asthma*, it was an allergic reaction. Finishing the book produced the most miraculous recovery from hayfever ever seen by my collaborator, Allergist Lucia Fischer-Pap, of Rockford, Illinois.

I have thus far suffered the symptoms of leukemia, germs from outer space, hidden epilepsy, child abuse, dizziness, lingering death, muscular dystrophy, botulism, and obesity as I researched and wrote articles for magazines such as *Pageant*, *Today's Health*, *Popular Mechanics*, *Family Weekly*, *Redbook*, *Saturday Evening Post* and for United Feature Syndicate.

I wrote a book for mothers, telling them how to keep their children's teeth healthy. To really live the experience, I started undergoing orthodontic treatment to straighten the crooked rows of teeth my parents could never afford to straighten when I was a child during the Great Depression. There I was, at the age of 35, wearing braces, suffering the exquisite pain which only such patients know, when metal spoon clicks against the enamel edge of a tooth under the physical tension of steel wires.

Similarly, my ears became extraordinarily sensitive to sounds as I travelled across the U.S. and Europe researching my book on noise, *The Fight for Quiet*. My trigger sensitivity to noise maintained itself for years as I lectured before women's clubs, spoke to newspaper reporters and television moderators, and testified before legislative committees as president of Citizens Against Noise, a citizens' action organizations that I founded after my book was published.

That wasn't the end of my medical writing-induced ailments. One coincided with one of the worst periods of my son's life. It began one day when a friend called Cynthia and told her he had lice. Her reaction, which I shared, was, "You must be mistaken." The friend, Alice, persisted. She explained that her own son had also had lice, so she knew what they looked like. In fact, he went to the same school and perhaps had been infected by the same source.

David soon arrived home, in tears. He had been told, and was crushed. I walked him into the sunlight and peered into his head of deep hair. I saw the tiny white spots that are the lice eggs. My wife rushed him, at arm's length, it seemed, to the pediatrician who confirmed Alice's diagnosis and gave us a prescription for medicated shampoo. Of course, as father, I was the one who applied the shampoo and pulled a fine-toothed baby comb through his hair. (I itched as I did so. In fact, my skin is crawling right now as I type this into my Kaypro.)

The entire episode traumatized my son and me. After all, I was born of immigrant parents to whom "cooties," as we called them on the West Side of Chicago, were a

sign of low-class poverty, ignorance, and other un-American qualities. To be lousy was a shame for the neighbors. So how could it be that my middle-class American-born son could have cooties? I did some research in medical libraries and found that lice had, along with the rest of us, elevated themselves to middle class, that there had been outbreaks among school children in snooty suburbs of New York, Pennsylvania, Ohio, and Indiana. And now, in my own neighborhood.

My research and David's experience resulted in my writing the article that was headlined, "Mrs. Berland, Your Son is Just Plain Lousy." I itched as I wrote the draft manuscript and my typist (that was before I had a Kaypro) itched as she typed the finished manuscript. (Life indeed has cycles: David, now a senior at the University of Wisconsin, works in his spare time at the Primate Center with monkeys, which are noted for picking lice off each other's fur.)

The point of all this is that while Gay Talese may have had more fun researching *Thy Neighbor's Wife*, we medical writers, in fact, invented participatory journalism. We don't just get right in there, we suffer right along, as well. That's what makes medical writing a health hazard. Thankfully, this is only a temporary hazard. It's cure is publication. There is something about printer's ink that makes these psychosomatic symptoms disappear.

Right now, I am sniffing and clearing my throat as I turn next to work on an article on sulfites in food — especially at salad bars — and how so many unsuspecting people have asthmatic reactions to them.

Oh well, every occupation has its hazards.