kemia, and indeed his leukocyte count was 31,000. He made other statements that had an air of incredibility; for instance, he said he had contracted filariasis while traveling around the world. During his stay in the hospital he acted strangely, prompting his ward doctor to request a psychiatric consult. He had the audacity to order Demerol injections for himself by phoning the nurses' station from his room telephone and impersonating his ward physician. When warned that his supply of Demerol might be cut off, he signed out of the hospital against medical advice and exited in an ambulance which he himself ordered. Since he reported that his leukemia had been diagnosed in a California Veterans Administration hospital, an attempt was made to confirm this by telephone, but we gave up this effort after five successive VA hospitals across the country replied that his records had been forwarded to another facility.

The patient stated that he had come to Sacramento because some of his relatives lived there. A phone call to the patient's father verified this claim. Furthermore, when asked where the patient maintained permanent residence, the father answered that his son did not have a home base but spent most of his life in hospitals.

This patient fits the description of the wandering patient with Munchausen syndrome with leukocytosis mentioned by the references above. Both letters are from East Coast hospitals, but it appears that the odyssey of this man has recently taken him to the West Coast. During his stay in hospital here many superfluous procedures and evaluations were carried out. This man, like any patient, deserves an objective appraisal of his medical problems wherever he travels; however, it would seem beneficial to the hospitals in which this patient gets admitted to recognize his psychiatric problem so that needless tests and examinations are not done. Moreover since he has a propensity to impersonate physicians, the nursing staff on his ward should be advised to accept only written orders for his medications. The purpose of this letter is thus to alert West Coast physicians of this patient's arrival and to predict frequent visits by him to his home state of California where his relatives reside.

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More on Physician's Assistants

TO THE EDITOR: In the December 1976 edition of the WESTERN JOURNAL was a letter to the editor written by Dr. Frank Z. Reade, concerning physician's assistants [West J Med 125:498, Dec 1976].

I must take issue with Dr. Reade and his interpretation of physician's assistants, and the mode of practice in the state of California, and particularly in the Fullerton area.

There are good doctors and bad doctors as we all know. There are also good and bad physician's assistants. To make a generality, which Dr. Reade has done because of one incident, to me seems very short-sighted. I would take pleasure in explaining to Dr. Reade the program that physician's assistants must complete to earn their degree at the University of Southern California. I have had the pleasure to be associated with the University of Southern California since their physician's assistant program was first started some four years ago. This program was started to assist physicians, and in no way was it designed to supplant physicians. If there is a doctor in this area who is having his physician's assistant call himself "doctor," a title he has not earned, this physician should be called on the carpet and should be reported to the Board of Medical Quality Assurance. The Board of Medical Quality Asurance not only issues licenses to practice medicine to physicians and surgeons, but also issues licenses to certified and qualified physician's assistants. We are under the same board and therefore subject to the same disciplinary actions.

The role of physician's assistants in the practice of medicine today will become more and more evident as time passes. Physicians in their busy practice need help in the routine examinations of patients and the screening of patients with acute illnesses. All of the physician's assistants with whom I have been in contact through the University of Southern California have been outstanding young men and exemplify their profession by passing the national boards for physician's assistants and becoming licensed by the state of California. This protocol is much the same for physician's assistants as for medical doctors. The state law states that a physician's assistant must

identify himself as a physician's assistant and not as a doctor; he must wear a name tag with his name and the description that he is a primary care physician's assistant. In addition, the doctor's office must have a sign to inform patients. All of these criteria must be met by the supervising medical doctor.

Dr. Reade's letter to the editor gives one man's opinion concerning one man's experience. It would be very helpful to Dr. Reade, as it would be to other physicians in the state of California if THE WESTERN JOURNAL OF MEDICINE would publish an article concerning physician's assistants in the state of California, where they are practicing and under what type of supervision.

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Nutrition in Medical Practice

TO THE EDITOR: In the Bicentennial Editorial Essay entitled "A Broader Knowledge Base for Medicine" it is pointed out that "There are many signs that rational scientific medicine, as it has developed so far, may be falling short of both public and professional expectations. . . . A physician must therefore not only have some knowledge of the person and of human behavior, but also some awareness of the characteristics of the environment and an understanding of the relationships of persons to their environments." [Watts MSM: A broader knowledge base for medicine (Bicentennial Editorial Essay). West J Med 125: 383-384, Nov 1976]

This leads us to consider the nutritional environment of our patients, and raises an important question: Do food selections supply the body cells with the proper amounts of all the nutrients they require for the maintenance of robust health? Also, do they supply proper amounts for recovery from disease or injury?

A careful diet history helps answer these questions and simplifies the application of nutrition in medical practice. Laboratory tests may be of some value, but a detailed diet history, while not perfect, helps detect and correct faulty food habits, and this improves the quality of life. For instance, in my practice, data from the diet histories of 300 adult patients selected at random showed that 73 percent had been selecting deficient diets.[1] Specific advice on the necessary corrections was then easily given and understood.

For a diet history, physicians can prepare and have printed a list of questions. A copy of these is given to each patient, who writes the answers while in the reception room. On the list should be questions regarding the intake of the four basic food groups:[2]

1. The Milk Group—milk, buttermilk, yogurt, cheese.
2. The Meat Group—meats, fish, fowl, dried beans, nuts, eggs.
3. Fruits and Vegetables—includes green and yellow vegetables and citrus fruits or tomatoes.
4. Breads and Cereals—rice, wheat, oats, rye (whole grain preferred).

Questions regarding the intake of milk, for example, may be put this way: Do you drink milk or buttermilk regularly? How many glasses per week? How many helpings of cheese per week? What about ice cream, and milk on cereals?

Physicians should learn which are the chief nutrients in the foods of each of the four groups. More questions can then be added to the diet history form to find whether a patient gets these nutrients. Physicians should also ask about the intake of "junk foods," sweets, pastries and soft drinks; as well as about the intake of alcoholic beverages. Does a patient, for instance, usually make a breakfast of sweet rolls and coffee?

The general plan for the diet history questionnaire is to add as many questions as seem desirable. The printed sheet takes none of a doctor's time, and the answers can be quickly recognized. If a patient is selecting a variety of foods from each of the four groups, the chances are that his diet is adequate. But if he is not eating foods that contain the main sources of, say, vitamin A or C, or calcium, it does not take long to draw his attention to these errors. It will be a rewarding experience for both the physician and the patient.

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