

Alberta Doctors' Digest

COVID fatigue therapy

COVID fatigue is setting in. I've written two articles on the pandemic for *Alberta Doctors' Digest* – one on COVID-19 and the other on the world of predictive modelling – both likely premature in their conclusions. We won't have fuller answers for several years, when the longer-term medical and economic complications are apparent.

Mitigation or suppression? Accurate COVID-19 mortality rates? Side effects of prolonged lockdowns? Never mind efficacy, take-up rates and complications of vaccines.

Much has happened – there's the drama of the AMA's struggle with the provincial government and its health minister, where the art of politics seems to have disintegrated. *Bill 30* appeared with no consultations. Can you imagine a bill affecting the judicial system going ahead without consulting lawyers? You can't. Consultations seem to have been with unidentified people sitting in offices with a view of Alberta health care based on visits to the doctor or stories from Mum, Dad and Auntie Glad.

Has Minister Shandro taken time to visit a rural health clinic? The inaccurate mud-slinging from the UCP contrasts with the principled responses of the AMA and its communications team. Whatever the outcome – and it won't be good – the Association's responses have been reasoned, politely communicated and designed to take account of local needs. Dr. Christine Molnar and her team have done a good job handling the unnecessary, hostile attacks of the UCP.

And there's an uneasy feeling the country is on the wrong path – a prevalent “cancel culture,” where small groups using Twitter can bully a majority into feeling they are wrong thinking and that we need a Chinese-style cultural revolution. Paid “volunteers?” Personal gain masquerading as charity. We seem to be on a downward fiscal dirt track with weeds of corruption, pot-holes of cronyism, the reek of elitism and the twisting of words. Conflicts of interest do not apply so long as actions are dressed up as do-gooding. The smell of federal government corruption camouflaged with BS – the worst kind – where the purveyors actually believe their own BS is gob-smacking.

And so, as an antidote, a collector's piece: the world's first publication here in *Alberta Doctors' Digest* of a collection of golfing memes, metaphors and maladies – some original, others well-known but misunderstood – and some preventive advice for golfing emergencies.

Golf is popular with physicians.

“Help! I'm feeling ill – I need a doctor immediately. Ring the nearest golf course!” said Groucho Marx.

Here are a few of the pithier sayings with a medical flavor to pep up a game with friends.



“Help! I'm feeling ill – I need a doctor immediately. Ring the nearest golf course!” – Groucho Marx.
(Photo credit Reyk, Pixabay.com)

Driving off the tee

La grippe: a French disease usually resulting from a poor understanding of the club grip. This disease can result in a spectrum of disorders. One particularly dangerous one is:

Flying club syndrome (a complication of la grippe disease): warm, muggy weather can lead to slippery palms. In severe cases of la grippe, the player loses the grip of his/her club (usually a driver) during a swing so that it slips, flying out toward another player. Some specialists advise that it is mandatory here to call out “five” not “fore” so that the recipient gets the vital information that it is not a ball about to cause him/her injury but a much larger projectile.

Golf rage syndrome: a rare disorder indirectly related to flying club syndrome, but more serious, where a player (usually male) loses self-control following a poor shot and throws his club into woods, lake or (on links courses) the ocean. Requires expensive anger management psychotherapy. Shouting “fore” or “five” is not advised since this may only further enrage the thrower.

Caddie’s snicker: a paranoid mental disorder when a golfer who employs a caddie imagines he hears his caddie snickering after a poor shot, usually a drive, when the caddie is actually only clearing his throat or sniffing. Requires urgent psychotherapy to avoid a catastrophic loss of confidence.

A Kielburger: A dodgy tee shot struck by an ambitious beginner golfer which by luck lands well and ends up with the real golfers – but this golfer knows he shouldn’t really be there. Formerly known as a Gerald Butts.

A Kennedy: Hitting off the tee on #10 at the Royal Mayfair, the ball can end up on a grassy knoll to the left of the fairway. This makes for a difficult second shot to the green.

Sand trap and bunker

Taking a Hitler: A common ailment limited to those landing in a bunker and failing to get the ball out with a single stroke (i.e., two shots in a bunker.) A variant of the Hitler is the hit out of one bunker into another. This has been called, incorrectly, “The double Hitler.” It’s a “Saddam Hussein” (going from bunker to bunker).

A Pharaoh: ball is buried in the sand.

Fairway metaphors and maladies

Scalping: Occurs when the club, usually a fairway wood, skims the top of the ball, often in a previously unrepaired divot, and the ball travels a few feet usually to an even more difficult lie. The term is commoner in North America than other parts of the world.

Shanking: The shank is the lower part of the leg (and is jail slang for a nasty knife of scrap metal, razor-sharp, one end cloth-wrapped as a handle.) Golfers released from jail have applied this name to an equally nasty acute disease of unknown etiology where a golfer finds himself or herself unable to hit the ball properly, invariably striking the ball with the lower end shaft of the club (the shank) or sometimes the heel, resulting in the ball skittering off at an angle of between 45 to 90 degrees from the intended 0 degrees. This impairment can last up to five or more subsequent sequential shots before correction. The golfer sometimes must be told to pick up the ball and go quickly to the practice range before the disorder takes hold. More research is needed.

A Sally Gunnell: A poorly hit fairway shot that runs a good distance over the grass but cannot be classified as a great shot. Sometimes shortened to “Not pretty but a good runner” named after British former track and field athlete who won the 1992 Olympic gold medal in the 400-meter hurdles.

Selective memory loss: A specific form of memory fade whereby the golfer forgets how many fairway strikes at the ball, reducing the number of strokes taken to reach the green. Interestingly, the memory loss rarely goes the other way. MRI not indicated unless the disorder becomes too repetitive.



The no-count gimme is an important variant of selective memory loss (vide supra) and much commoner than previously reported. (Photo credit: Jan Alexander, Pixabay.com)

Putting

The no-count gimme: an important variant of selective memory loss (vide supra) and much commoner than previously reported. The contributor of this important observation says that his mother gave her score after a round and was 18 shots short of her actual score. When confronted with the discrepancy by her son, who went over her first hole, shot by shot, by saying she had 10 shots: “three drives, three fairway shots, three putts and a gimme for 10!” She replied: “nine, nine shots and a gimme!” This golfer’s vacation home on Sylvan Lake is named “no-count gimme.”

The yips: a common infectious disorder, neuro-muscular in origin, whereby the putter on a simple five-foot putt jerks on the downswing. A variant also seen with chipping. Sometimes requires electro-convulsive therapy, but is generally regarded as incurable.

The dead sheep putt: a complex visual-cerebral-cerebellar-muscular twitch disorder related to the yips (vide infra) which most golfers have experienced at one time or another. The golfer whose ball lies on the green furthest from the hole usually putts first. All other players' balls are lying closer to the hole. The unfortunate putter under- or over-estimates the distance and finds his ball still lying furthest from the hole at which point one or other of his fellow players exclaims, "Still you!"

A James Joyce: a difficult green read.

A Finnegan's wake: an impossible green read.

Nice imagery in the following two ... a ferret: sinking a chip from off the green; a golden ferret: same from a bunker.

A swoosh: when a playing pal (usually a 24 handicapper) swooshes the ball from about five feet into the hole and exclaims: "Thanks for the gimme."

Some general maladies

Club foot: a genetic anomaly whereby the golfer invariably sets up his stance incorrectly with the result of rarely achieving a hit straight down the middle of the fairway, usually resulting in a slice or hook. With intensive therapy from an expert, this anomaly can be ameliorated but may take several years for correction to occur.

Iron deficiency: a common condition affecting the use of the lower irons 2, 3 and 4, whereby the iron has a life of its own, either digging deep into the turf or scalping the ball (vide infra).

Hooker's disease: a common disease, sometimes infectious, of various pathophysiology. The most common occurs where the golfer's left foot (assuming a right-handed patient) is placed too far back from the perpendicular thereby swinging the club round to the left. For left-handed golfers, the left foot causes the problem.

Water hazards: A disorder of older male golfers who require bladder emptying more frequently than average, related to the swelling of the prostate gland. Female golfers have a different etiology and are advised to submit a urine sample.

Sudden-death play-off: many golf clubs now have resuscitation equipment to counter this event sometimes occurring when a golfer with heart disease unexpectedly achieves a hole-in-one. If no immediate resuscitative assistance is available, do not interrupt the round. This can be completed by taking turns to carry the deceased. There is no point trying to resuscitate a victim after half an hour.

Golfer's scratch: a dermatological condition (unrelated to "scratch golf") where the victim finds he has an itch in a difficult to reach spot such as where the sun don't shine.

Golfing AIDS: an incurable disease in which the golfer feels compelled to aid their round by frequently improving the lie of their ball. Most often occurs in areas of the course hidden from sight. It can go unrecognized (although suspected) for many years by those

around, but when diagnosed it carries a stigma. This can be reduced by buying beer at the 19th.

Psycho-masochism on playing a bad shot: An interesting psychological condition whereby the golfer reverts to childhood and self-castigates as his/her mother/father might have shouted at him, e.g., “Adrian, you fool! Lifting your head again!” In extreme examples (in English golfers) it is accompanied by a back-hand whack on the butt.

Attending an afternoon (or evening) course: this is code-speak for going AWOL and taking time off to play golf masquerading as a duty of self-education. Do not overuse. The phrase first came to me from a friend and hematologist, Dr. Ted Thaell, now retired, but in his life-long search for knowledge he continues to use.

Preventive dietary advice for the golf course (and operating room) from Dr. Boyd (aka “the Golfer’s Doc”); an excerpt from the soon to be published *Wee Book of Ragged Rhymes*

The day before surgical operating or assisting – or golf – one should avoid beans, especially curried beans. In days when most abdominal surgery involved an open incision, if nostrils detected a fecal odor, panic could set in. Has the bowel been cut? The culprit responsible can avoid a fruitless search for the possibly injured bowel by confessing – a rare occasion when confession is advised.

In major golf tournaments cameras follow everything. I have often seen famous players on the tee about to drive, but then step back. Commentators will say a noise or a camera click has disturbed their concentration. Perhaps. But the player may be sensing colonic gas close to escaping. It must be dealt with. If not, the pressure of the driving stroke’s downswing will force its ejection. Embarrassment! And worse, a bad shot. More serious consequences can occur if a hot spicy curry is eaten the night before golf (or surgery.) Curries are aptly called “the meal one can enjoy twice.” Herewith a cautionary tale:

An older gentleman was playing in the Sunday morning mixed foursomes – everyone polite and well attired. He was praying for an accurate drive from the tee. The reason? While leaving the previous hole he had felt the need to release colonic wind. To his horror, it was not mere wind but much more – the revenge of the night-before’s curry. With narrowed stance he stood to his shot, aiming directly at the nearby woods. For once the ball behaved, soaring into the greenery. Refusing help to search for his ball he minced off. His wife later said she saw his odd walk and wondered if he had hurt his back. He finished the round but on reaching the clubhouse again disappeared (at a brisk trot) to the toilets. A dose of Pepto Bismol, a few gins and a sensible lunch, he explained all. Our group were soon taking detailed notes of his cautionary tale.”

Editor’s notes: The views, perspectives and opinions in this article are solely the author’s and do not necessarily represent those of the AMA.

Written by Dr. Alexander Paterson August 2020 with important contributions from Dr. Trevor Powles, London, England; Dr. John Boyd, Edmonton; Dr. Alex McPherson, Edmonton; and Prof. Mitch Dowsett, London, England.

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