SWAMP RAT

This is a column written from the swamp. The term is taken from the book by Donald Schon[1] where he talks about the crisis of confidence in professional knowledge thus:

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

One of the consequences of working as a GP in the swampy ground of a popular summer holiday town is that once a year the nymphs and naiads and their male consorts come out to play. The objectives of their play appear to be one or more of the following: to completely lose cognitive control culminating in chemical coma; to inflict significant physical damage on either themselves or each other; to engage in a variety of sexually-related activities.

These activities appear to be undertaken without any insight or oversight by their parental dragonflies and mayflies, all of whom seem to keep very much to the higher ground.

The result of this annual activity for the GPs is that we are obliged to attend to the damage that is an inevitable consequence of their play. A few examples of clinical cases will illustrate the phenomenon.

Several comatose males with GCS scores ranging from three to five were collected by St John ambulance volunteers, mostly within a day or two of the dawn of the New Year. Our dilemma is what to do with them? More than one seriously affected male was airlifted by helicopter to a base hospital, others were transported by road and some simply observed by someone less chemically affected than the patient. The problem is that their behaviour is unpredictable. One young comatose male who was picked up in response to a 111 call had consumed a 'cocktail' of ecstasy, marijuana and Jack Daniels. By the time he arrived at the Medical Centre he was awake and chatting, albeit rather incoherently. He was sent home with a 'responsible' friend.

Numerous nymphs and, more often, their male equivalents, were stitched, dressed, splinted and cast. Those who sustained tendon injuries or major fractures required referral. Almost universally they had little recollection of how they had sustained their injuries.

The sexually related damage was intriguing. A young male was quite agitated, as he had discovered when he woke, on New Year's Day, a rather large growth on the end of his penis. This turned out to be a tight paraphimosis with a markedly oedematous prepuce. Ice, compression and a little pain achieved reduction to the lad's great relief. He was advised that it was unwise to fall asleep with the foreskin retracted, particularly if it had recently been repetitively rubbed. Shortly afterwards there were two injuries that I had not previously encountered. The first was a young male who thought that he had broken his penis during intercourse as he experienced sudden sharp pain and profuse bleeding. It turned out that he had not fractured his penis but had ruptured his frenulum. Reassurance and topical antibiotics, with the fairly obvious advice about restraint for a few days, were all that he required. The next surprise was a young woman who had difficulty walking and could not sit because of a lump between her legs. She had a hugely swollen oedematous vulva. It transpired that she had poured *Just Juice* onto her not so private parts and that, combined with some efforts to remove it, which I discretely did not enquire about in any great detail, resulted in the female equivalent of an acute paraphimosis. Ice and topical anaesthetic were prescribed.

The party's over, the swampy ground has returned to some semblance of normality and hopefully it will remain so for another 12 months.

Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.