

HEALING WORDS

The Circle of Life

By Mark McClure, MD
Medical Editor

A lot was going on in 1981. IBM launched the first personal computer, NASA launched the first space shuttle, and I launched my career as a private practice urologist. Cheri and I are delighted to welcome a new associate, Dr. Daniel Ian McRackan, who will lift his urology career off the launching pad this month. Dan lags my debut by a year. I was 29 years old when I joined a three-man urology practice in Chester County, Pennsylvania. During my interview, the oldest partner, who was 60 years old at the time, quipped to his younger colleagues, who were 55 and 45 years of age, that he wasn't sure they should hire me because I hadn't gone through puberty yet. I predict that Dan will elicit similar comments from a few of our veteran codgers.

Dan's arrival gives me reason to pause and reflect on the changes that I've witnessed over the past 33 years. When I started medical school in 1976, the only imaging studies that were available to study the urinary tract were B-mode ultrasound, which is a distant relative of today's sophisticated ultrasound equipment, and an intravenous pyelogram

(IVP), which is still utilized today, albeit less frequently. There was no such thing as a CAT scan or an MRI, much less the need to obtain preauthorization from an insurance company to perform an X-ray study.

I can sympathize with Rodney Dangerfield. Every time I would share pearls of wisdom that I had gleaned from my urology training at the University of Pennsylvania, my partners would look at each other, wink, and retort, “there he goes again, rediscovering the wheel.” Speaking of antiquity, I had the rare opportunity to experience a relic from the annals of urology. The first cystoscope I used at one of the hospitals was equipped with incandescent light bulbs. I expected any minute to see Florence Nightingale traipsing down the hall.

Urologists were prone to use “the knife” when I began honing my urologic skills. The discovery of a kidney mass on a renal ultrasound or IVP usually prompted surgical exploration and, more often than not, removal of the kidney. Furthermore, kidney stones that didn’t pass were surgically removed through a sizable incision in the flank or lower abdomen, or blindly snared in a wire basket. Large kidney stones were often treated by removing the kidney. Fortunately, the advent of CT and MRI imaging has revolutionized the evaluation of renal masses. It is now rare to operate on a kidney without knowing what to expect, and most renal surgery is performed laparoscopically through tiny incisions. Moreover, miniaturization of fiber optic scopes now makes it possible to remove almost any type of kidney stone without making an incision.

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Communication was also a challenge, and I'm not talking about just with my partners. When I was on call, I had to cover four hospitals in rural Pennsylvania, which amounted to a 75-mile loop. If I received a page when I was midway between two hospitals, I had to find a pay phone; otherwise I would risk the chance of having to retrace my steps when I reached my next destination. It wasn't until 1989, when I moved to Raleigh, that I acquired my first mobile phone, which, by the way, was bigger than many of today's laptop computers. Furthermore, the group I joined here didn't own a fax machine until 1991!

One thing hasn't changed, though, is the magic that occurs when the door closes and I begin to explore the mysteries of life with my patients. It is a humbling experience to be invited to share in their stories, and to have the opportunity to change their lives for the better. The rudiments of this dance predate recorded history.

I know that Dan will have his own "war stories" to share with his grandchildren about practicing medicine at the turn of the 21st century. Although we're not ready to pass the torch yet, Cheri and I are proud to share our flame with Dan as he sets forth on his journey.

Dr. McClure, co-founder with Cheri Elliott, ANP, of Landmark Urology and Complementary Medicine in Raleigh, is this publication's medical editor. Visit him on the web at www.urolmd.com or contact his office at (919) 571-4399.