

# The girl with the dromedary gait

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You haven't seen her in a long while now, but you'd still recognize her, the girl with the dromedary gait. A girl who was, how did you put it, "a most magnificent dystonic." Knock-kneed, crooked of spine, bent at the waist, hips rotated sideways, pivoting, her head held up like a marionette with just a cranial string. Remember her mane of blond hair, curled in helices and tangles, tamed with a ribbon? She was beautiful. Clear skin, high cheekbones, lips full and firm, perfect teeth, her forehead, just shy of hydrocephalic, and almond eyes under delicately arched brows. Remember that beautiful smile?

Still no recollection, Herr Professor? You called her smile a rictal grimace. We disagreed; I thought it was personal, directed toward me. You recalled how you loved a Wilsonian girl once. Her beguiling risor sardonius captivated you. Denny-Brown's British anti-lewisite chelated her dreadful gait and curious smile away. You set her free, neurologically speaking, and she never returned to you. You told me, on the strengths of your vast experience and judgment regarding women and neurologic gaits, Herr Professor, "Don't fall in love with Wilsonians, girls with tabes or the dromedary girl." How unkind your warning, how wrong you were!

Remember her approach? A clomp and shuffle, the squeak of braces in custom shoes, the bellows-wheeze of abdominal inspirations. Her breasts, lopsided, rose and fell asynchronously with the pendular motions of her bat-stiff arm. Or did her breathing drive that swing? Remember that conversation? I said it was the arm. You countered that her costals, and part of her diaphragm, stunned by a dystonia so severe, led to a two-stroke abdominal/thoracic cycle the sum of which was a torque, mainly along the spine's axis. Secondary effects included the swing of her chest and the mild wobble of her strikingly gorgeous head.

Her own words, you remember this? Over that dinner at Denny's, she gave a torturous explanation of why she breathed at all. And her breasts, she said, do as they please. Her frankness was refreshing, braced with keen intelligence and evident humor.

For instance, she mimicked you stroking your Kaiser mustache, describing a stooped, hypophonic, pill-rolling couple at table 13, wanting, but failing to commit to, items on the "Happy Baconalia" themed menu, every item of which, excepting perhaps coffee, was somehow garnished with bacon. The girl with the dromedary gait said their world, their date, would be more fun, faster, and certainly louder with dopamine *and* bacon on board.

You laughed! This girl evidently knew movement disorders, their pharmaceuticals, the Denny's menu *and* how worthy of satire you were. "Ashkenazi dystonics," you said later, "are rarely fools. They have to be smart to survive." Even then, you saw her as a disorder, perhaps with the footnote of "dystonics may possess a lively humor."

Remember that day at the beach, her moving over the sands, the rest of us swimming beyond the breakers? It was the summer of Surf Paralysis Gaits (SPG), when the stationary jet stream routed misery west to the heartland and fended hurricanes offshore to die in the Canadian Maritimes. Consequently, 6-foot waves ran for 2 straight months and a cohort of poor swimmers suffered surf-related neck injuries. We described 12 patients with double-caned spastic gaits of delayed cadence and circumductive motions. A curt review dismissed the paper as "nothing more than myelopathic." You fumed, saying that "SPG coalesce exceptional meteorological, epidemiologic, neurologic, and hydrological coincidences." Spit leapt out of your mouth as you said it, your fists unintentionally pounded saliva blots into the patient charts that lay before you.

When we returned that summer day, swimming through the rip and undertow, she was gone. We tracked her in the sands. Left foot with the weight lateral, everted, her right a wisp, the drags of her cane arced like bunting. The absence of her left toe, you speculated, meant her gait either induced "uppitiness" or the heel cords were lengthened by surgeons who balked at her vertebrae. I said she was probably just getting food. You said, "Cast the tracks, take

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slides,” but none of us brought the Leica and as for plasters, they weren’t practical on a New Jersey beach littered with surf-toned bronzes.

We found her at the concession, with snacks for all of us. Beaming, a glow so fine you could imagine her apocrine wells all high-fiving, having achieved just enough cool in her great contorted homeostasis to prevent a sweat. She lobbed you a pack of chips, you bobbed them, feet stuck fast. Your bifocals fell, almost saved by the waxed wing of your Kaiser mustache. You toppled, sand coated your trunk, legs, and face. The bag exploded under your weight, and when you finally rolled over, a conglomerate of orange kartoffelchips adhered to your belly hair. Excepting the chips, you looked transiently statuesque, in the most crumbling and supine sense of the word.

In the fall of the marine toxins, she introduced me to her parents. She cared for me, Herr Professor, though you don’t remember that. The ungrateful fishmonger on the other hand, you can’t possibly forget. You dismissed him as “functional, less likely syphilitic” and recommended he seek “insight-based counseling.” As though you were bestowing favors, you told him, “An NIH festschrift needs a caterer, the movement disorder community loves fish meal.” He understood you well enough.

That NIH junket honored a beloved professor whose retirement would be on her terms and at career-consolidating highpoint. You wanted to go, if only to defend your reputation from the Hopkins instructor that cured that fishmonger’s “functional gait” with penicillin. The instructor would say something about the caterer’s lightning pains and how, respectfully Herr Professor, you should know that history, given your interests in weather, movement disorders, and syphilis. You dropped your kartoffelchips, you missed diagnoses, you were wrong about appealing girls with odd gaits, and journals dismissed your work. A degenerative ebb was evident.

The malcontent fishmonger brought sushi made from fish poisoned with ciguatera, scombrotoxin, and tetrodotoxin, all of it snuggled-up in white matters of sticky rice, wrapped in dura of bile-dark seaweed. Fish imported from tropical seas, where hurricanes and neuromuscular maladies spawned. Served with a culinary ace, a wasabi so evil that you and I wept, suffering a thalamic meltdown of slow-decay heat. Along with the pain were spectral bursts of grape clusters, rosettes, and butterfly enhancements in neurologic hues: birefringent apple-green, Kaiser-Fleischer brown, ash-leaf white, Congo red. Three senses down with that devil’s wasabi. (Had we walked, we’d show “wasabi gait” associated with weeping, rhinorrhea, flushing, elbow flexion, fist

balling over face and eyes, and oblivious Magoo-like stumblings.)

That vengeful fishmonger soon reduced both of us to blubbing fools in front of the bow-tied, mustache-free, movement disorders crew from Hopkins. The rest of the sushi wisely remained untouched. As we involuntarily waged our losing battle with undergunned apocrine, tear duct, and salivary units, I heard someone say something loud and apparently amusing about potential acute manifestations of “so-called surf paralysis” being “more than just myelopathic.”

Remember the fermented whale meat chaser? The fishmonger said it neutralized the wasabi heat. He promised it would bubble on the tongue like kimchi. It did, but it did so much more. That malevolent genius had obtained a barrel full of potent Inuit blubber rife with botulinum and its toxins. We spent fall through spring flaccid, locked-in, flushed, sweating, and prone to humiliating autonomic miseries.

The girl with the dromedary gait nursed us at the Hopkins krakenhaus. She discussed our care with the instructor who turned out to be our most attentive attending physician. She insisted that we remain “full code” and that trachs and tubes be done sooner rather than later. She shaved your mustache and ragged new beard. I imagine you had nightmares about that, but by the spring of the marine toxins, your carp-like mouthings and an ungroomed and crusty mustache jeopardized oral care and led to nasal skin breakdowns and nosebleeds. “I’ve thought about this a lot, for myself, let alone them,” she said to the instructor, who tenderly wiped tears from below those almond eyes.

Jealousy and anger nagged my epiphanies. If only you, my mentor, and now magnetic-gaited one, you with precious little upgaze, had injected that 16-gauge, 15-mL syringe of long-acting penicillin into the upper outer gluteus maximus of the syphilitic fishmonger rather than dismissing him as “functional.” More importantly, in those immobile months, I realized a deep brain stimulator lodged in the girl’s thalami might just make her life better. How is it that you, Herr Professor, failed to suggest these things?

She understood what purgatory a body can be, unlike anyone I’ve ever met. She knew our misery. She rubbed the Lacrilube gently out of my gummed eyes so that I could see her, that beautiful head, half lit by ICU machines, atop her tortured spine. She kissed me, once, smoothed my hair back and told me to get better. In the summer of SPG, and the fall-winter-spring of the marine toxins, part of me loved her, though even that faded, Herr Professor.

She kissed him, almost in front of me, in the Hopkins krakenhaus, and the bow-tied instructor kissed her back. I saw this at the hallucinatory penumbra of my Lacrilubed gaze. The kiss looked like one of those Vaseline-blurred, big-haired, dimly lit images you might see on an out-of-date Valentine card. Excepting, perhaps, that the instructor stooped way over. And what hell that was to lack all but ocular abilities and insight, yet still witness the blooming relationship between the girl with the dromedary gait and the Hopkins man, who had the marine toxin months to romance her with the possibilities of brain stimulation?

His idea, too. Her Hopkins team placed her stimulators, and now she walks, with him, arm-in-arm. We failed her because of the fishmonger and that stupid festschrift. Not only that, our hospitalization accelerated your illness. Had I not fallen for her, or spent time rewriting the SPG paper, I would have moved sooner on your large-volume lumbar puncture well before the fishmonger ever shuffled into clinic. I might have saved you also, Herr Professor,

or at least differentiated NPH from PSP or Parkinson's or all the other maladies you might have. The brain I can work with, but there's nothing we can do about matters of the heart, now is there, Herr Professor?

She left us for that man from Hopkins. He's now an assistant professor. Good for him, he saved us too. He's a good man, and having heard of your illness, is growing a Kaiser mustache in your honor. He has many cases of SPG, we collaborate, and have updated the series. Your name still leads, as it should. And the girl? I see her now and then. Her gait, although distinct, is no longer notable.

I can imagine that shunt percolating, sehr gut, Herr Professor, let's adjust it, drain more fluid. It may help your gait, your memory, your continence. Why don't we try adding dopamine, our most bacchean neurotransmitter, to our Neurological party? We'll see if your gait improves, maybe your gaze too. How's about we get you up and watch you walk? Good, good. You look better. Herr Professor, yes, you look better.

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*Neurology* 2012;78;509-511

DOI 10.1212/WNL.0b013e318246d666

**This information is current as of February 13, 2012**

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