

Low ATP disease



One of the most exciting scientific developments of our time has been the discovery that many people have extremely low ATP levels. This has important implications because adenosine triphosphate, a source of energy rich phosphate bonds, modulates activities such as rising early

in the morning, putting in more than five hours work in a day, or moving faster than most hard shelled species. Low ATP levels correlate well with long lunches, protracted tea breaks, and being ill at least two days each month, usually on Mondays and especially after a long weekend.

The poor stability of ATP in traffic has also received much attention. Many ATP deficient propositi have resolved this problem by ing to work after the morning rush hour going home before the peak evening traffic.

Low ATP levels are by no means incom-

patible with considerable intellectual ability. Focal cortical ATP aggregates enhance memory and allow the memorisation of complete sports pages, especially the racing section. Crossword activity is also enhanced, being known to help digestion and induce equanimity, especially after a two martini lunch. Then there are also computers, for there is no activity so foolish that it cannot be made impressive with a few bar graphs that look like mountains or skyscrapers. Though hard on the back and even known to cause pressure sores, computers appeal to the ATP deficient because they require a minimum expenditure of energy.

Among office workers and administrators a desk that is always immaculately clean is highly suggestive of the diagnosis, as is not returning telephone calls after more than three days. On the telephone low ATP receptionists answer, "He is away from his desk" and then die. With doctors time spent on golf or in meetings can be worked into various diagnostic algorithms. One doctor ran a busy casualty department without ever getting up from his chair, directing traffic instead by indicating with his finger whether patients should be taken to x ray, to the fracture room, or to the laboratory. Other low ATP medics became addicted to computers,

having discovered that most programs never argue; never talk back; are practically odourless; never transmit AIDS or hepatitis; but lend themselves to collating and evaluating those activities of others that oneself should avoid like the plague. Hence low ATP doctors excel at making call schedules, reviewing peers, or doing so called quality assurance, provided that the parking lot is near enough to their office.

Low ATP disease may be acquired or congenital. Some propositi merely lack the stimulus to exert themselves, being either poorly motivated or inadequately supervised. A few low ATP people are victims of socialist acculturation. Others will argue against work that is uninteresting, repetitive, and poorly rewarded. They say there is more to life than work—an attractive concept that may, however, ruin a nation's industries and health care system. Yet low ATP states have undergone remarkable remissions after transplantation from public to private sector. Some languid homozygotes, however, are refractory to any kind of physiological stimulus—be it stick or carrot. Their ATP levels are so immeasurably low that nothing short of a substantia nigra transplant will cure them.—GEORGE DUNEA, attending physician, Cook County Hospital, Chicago, Illinois