

The University of the Bleeding Obvious



The Bongo Lectures



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Dr Bongo is not a real doctor. Dr Bongo is not, in fact, even a real person. If you thought for one moment any of this nonsense was real, then you're clearly suffering from the kind of chronic stupidity for which modern medicine currently has no cure. Get well soon.

An Introduction

In this modern age, with its over-burdened public health services and an increasingly bewildering range of private medical schemes, the onus is firmly on the individual to take responsibility for his or her own welfare. After all, if you don't look after yourself, who else is going to care for you? I'm certainly not, and I'm a doctor. No fear! I didn't spend six years in medical school just so I can sully my hands treating the kind of retards, malingerers and fartabouts that wander into my surgery every day. Stuff that for a lark.

Hello and welcome. My name is Doctor Adolphous Bongo, and I am one of the medical profession's leading lights. Now, before we go any further, with regard to the rumours that have been circulating recently - it is true that I am currently being investigated by the General Medical Council, but let me assure you that this level of scrutiny is only to be expected for a pioneer like myself.

There have been one or two deaths, I'll admit that, and to the casual observer they may appear to be somewhat 'suspicious'. Maybe - just maybe - I could be at least *partially* responsible for one or two of them, but let's just put this into perspective, shall we? The bubonic plague wiped out over a third of the population of Europe during the middle ages, and I've not reached anywhere near that kind of total yet. In fact during my whole career I've only killed around... well.. about three hundred and fifty at the last count - but, in my defence, most of those died as a result of gross negligence rather than any wilful attempt to do

them in, which, if nothing else, at least demonstrates that my heart is in the right place. That's more than can be said for many of my former patients, of course, but we all have to make sacrifices in the name of medical science.

But enough of such unsavoury business, and back to my purpose. As you will appreciate, I am a very busy man and my services are much in demand. In fact I am often approached in the street by total strangers who insist on telling me all about their little aches and pains, and coughs and sneezes. I do try to explain politely that they should make an appointment to come and see me at my surgery, but despite my efforts it has sadly become necessary to carry a small cosh around with me, with which I am better able to make such members of the general public understand my position. And so it is with the intention of alleviating this pressure on my time and energy that I have decided to publish this series of lectures.

Within these pages you will be able to access my considerable store of medical knowledge and expertise without having to waste my bloody time by actually visiting me in person. This completely non-commercial and entirely philanthropically motivated venture will also provide details of my many books, which are available from most good booksellers - and whilst there is obviously no obligation for you to buy them, it is worth noting that you may be at considerable risk



if you neglect to do so. Death and disfigurement are things that can visit you without warning at any time of the day or night, especially if you happen to be on your own and walking down a dimly lit alleyway in Hammersmith - know what I mean? Good. You see, not only am I an extremely experienced medical professional, whose advice is trusted implicitly, but I also *know* people. I'm glad we understand each other.

Dr A Bongo

Fruit

An apple a day keeps the doctor away, or so the saying goes. Don't you believe a word of it. Doctors are a hardy bunch: they're used to the sight of blood and most of my colleagues are pretty handy with a scalpel. Oh yes, it'll take more than a piece of fruit to deter most hardened medical professionals, so next time you see a consultant radiologist brandishing a sharpened thermometer, or a paediatrician swinging his stethoscope in a menacing manner, you might as well set the banana aside and drop the seedless grapes - you're going down, son.

Good evening. My name is Dr Adolphous Bongo, and those of you who have been worrying about where I've been just lately will be relieved to learn that I've recently returned from supporting Bon Jovi on a major stadium tour of South America. Hang on a minute - some of you ought to be saying - a family doctor booked as a support act for an eighties poodle rock guitar combo? There's something not quite right about that. Well exactly - I should have been headlining.

But, we were talking about fruit, weren't we. Come on, pay attention, this stuff could save your life. It's part of my job, I'm told, to provide healthy living tips to my patients. Preventative medicine, it's called, and I very much approve. Anything that can stem the flow of filthy and diseased cadavers that comes sluicing into my waiting room every week gets the big thumbs up from me. I now make it a priority to deliver such advice to the small sample of patients who are shrewd enough to find me in my consulting

room, and agile enough to slip past the bouncers.

I keep it basic, obviously, since if you start with the assumption that everyone around you is a fucking retard, you rarely ever need to explain yourself twice. For example, I discuss matters such as how to prevent stabbing yourself in the head with your cutlery, why it's a bad idea to smear food preparation areas in liquid fertiliser, and we discuss the relative merits of eating food packaging rather than the actual contents. These things can often be easily demonstrated through the use of simple diagrams, though it is not beneath me to resort to hand puppets when necessary.

Yes, so, back to the fruit. I do wish you wouldn't keep side-tracking me. Now obviously, healthy eating is not just about taking the appropriate precautions to avoid choking on crockery, or ensuring that you don't insert bits of yourself into the wrong end of a food processor. Actually, I don't think there is a *right* end of a processor into which it is advisable to wedge portions of your person, but I've no objection to you experimenting. These considerations aside, at some point you're inevitably going to have to consider the tricky subject of food.

Some foods are good for you. Some foods are bad for you. Stop me if I'm getting too complicated. Carrots, for example. Carrots are sharp and pointy, and you could easily have someone's eye out. Best to avoid carrots completely, unless you envisage some kind of vegetable-based organic knife-fight scenario. And even then, you're better off with a parsnip. Cheese, obviously, can be treacherous underfoot. Especially that really slippery cheese, you know the one – French, I think it is. You may think it unlikely that people would leave cheese lying around on the floor in such a hazardous and unhygienic manner, in which case you would

be seriously overestimating the cleanliness of the vast majority of my patients.

And then there is fruit. Oh yes. Dangerous though cheese is, the destruction and devastation that it can precipitate pales in comparison to the horror that can be unleashed on an innocent world by a carelessly mishandled kumquat.

Oh, I know that fruit can appear so innocent - all lined up, moist and glistening in your local supermarket or boutique. But in my opinion - and in the opinion of many of my less intellectually challenged colleagues - fruit should be banned. Or at least, only available under special licence so that ordinary fartabouts like you can't get hold of it.

And that is why I'm campaigning for restrictions on the sale of these despicable receptacles of evil juice. I look forward to the time when depraved costermongers can no longer peddle their sinful plums to grubby delinquents. I welcome the day when your average pleb will need to pass a series of police tests to obtain a licence to operate a grapefruit. And I shall rejoice when we finally see the ratification of a treaty to ban the international use of watermelons, and the harshest penalties for all those who persist in deploying these saturated citric death pods.

And if ever I feel that my resolve is weakening; if ever I feel that my aims lie beyond my reach, I will think back to one muggy night in Rio when, before my very eyes, I saw the drummer of Bon Jovi viciously laid low by a casual mango fired from the third row of the audience. Then my vigour will be reborn. This one's for you, Tico...

Soap

Soap, as keen followers of conspiracy theory will know, is manufactured by agents of Beelzebub, based on an ancient Rosicrucian formula that was encoded into Da Vinci's *Virgin and Child with St Anne* using mirror writing. It contains self-replicating nanobots that were brought to Earth by ancient astronauts and buried beneath a pyramid in Peru before poltergeist activity revealed their location to the citizens of Atlantis, who used them to drain the aura from bigfoot and turn it into a big furry zombie. Oh! And the moon landings... it's something to do with faking the moon landings, as well.

At least, I *think* soap is made like that. There certainly seems to be something nasty about it anyway, or why else would the reeking crap-stained rabble that drag their begrimed bodies into my surgery day after stinking day go to such lengths to avoid it? I must have the only waiting room in civilisation that has a tide mark.

Hello there. My name is Doctor Adolphous Bongo, and yes that really is me you can see on your televisions advertising Professor Lungo's Medicinal Cough Tincture. Now, I'm sure I hardly need remind you that, being a man of absolute integrity, I would never put my name to anything unless I was one hundred per cent convinced of its efficacy. Before agreeing to lend my support, I insisted on being introduced to Professor Lungo himself and was immediately reassured by his professional and authoritative manner, his extremely expensive and immaculately pressed suit, and the patchwork of framed and obviously genuine certificates that

covered one entire wall of his office. And if that wasn't enough, as soon as he handed me a cheque for £25,000 I knew that this chap was on the level. Anybody who can merrily distribute that kind of currency with a flick of the pen and a crafty wink of an eye is bound to be all right.

He certainly created a more pleasing impression on me than the tick-infested specimens that present themselves at my surgery, their puss-swollen palms thrust forward in anticipation of my being witless enough to shake them by the hand. I'm not a cowardly man. I have within me reserves of courage that will see me through most situations. I have even, on occasion, stared death in the face - I once went to Disneyland Paris. But even I stop and think twice before coming into physical contact with a patient without first ensuring that I have had the appropriate inoculations.

Considering what I have to contend with, I think I can be forgiven for not visiting my surgery more often. Not that I'm seeking your forgiveness. Frankly, it's none of your concern, and keeping your damn nose out of my business presents you with your best chance of avoiding a slap. But believe me, I have sometimes walked into that waiting room and seen dirt physically rising from those sweaty bastards like steam, and the atmosphere has more than once caused the fishmonger's next door to complain about the smell. On the rare occasions when I have been unable to avoid treating my clientele, I have taken to doing it in the car park - where I feel considerably less besieged, and where my patients, going by the look of them, are considerably more at home.

Recently, however, I've hit upon a novel solution. I have got hold of one of those bomb disposal robots from an army friend of mine - I know people, you see. With this machine I am able to take someone's temperature whilst

standing twenty feet upwind of them, behind a blast proof screen. Controlling it can be quite tricky - one wrong twitch of the thumb can send the damn thing careering into a ditch - but I think I'm starting to get my eye in. Which is more than can be said for the now sadly half-blind Mr Richards, who lost one of his baby blues to the business end of a rectal thermometer when I sneezed, dropped the control box and sent the "Bombuster 4000" off on a trajectory of its own devising.

I don't know who was more distressed by the incident: Mr Richards, kneeling in the middle of the car park with his trousers around his ankles, clutching his bleeding face and insensible to the cost benefits of exchanging his spectacles for a monocle; myself, who not only had to contend with rescheduling the blasted man's appointment, but was also quite concerned about the possible damage to an extremely expensive thermometer; or my remaining patients, queued up in the driveway, waiting for their turn - one or two of whom were anticipating procedures considerably more complex than the application of an anal measuring device. I recall that I was pencilled in to do something rather tricky with a spleen, and my confidence had taken something of a knock. In the end it was perhaps fortunate that the majority of my victims suddenly decided that they had urgent business elsewhere.

One or two of my less innovative colleagues have criticised my use of military robots in the treatment of my patients. They claim it 'lacks the human touch', which I find wonderfully encouraging, considering that touching humans is precisely what I am endeavouring to avoid. Yes there are problems, yes there may even be casualties, as my slightly sprained thumb is testament to. But in the end, these people

are only patients - there are enough of them floating about and it's highly unlikely any will be missed.

I think I have a duty to carry on with this pioneering work. Now, does anyone know where I can get a remotely controlled aerial drone? I have this wonderful idea for gastric endoscopy.

Tigers

Tigers! Grrrr! Ha, scared you, did I? Good, good, well this is all very natural and normal, and nothing at all to be worried about. Most people behave this way when faced with the prospect of having their spleen ripped out by a vicious stripy carnivore, so there's absolutely no reason for concern if you shat yourself when I brought it up just now, you big wuss.

Hello, my name is Dr Adolphous Bongo, I've been practising medicine for at least thirty years now and, in spite of what you may have read in the Sunday papers, I have many, many, many satisfied patients. Of course, even someone as skilled as myself can make mistakes, and it's all very easy to go pointing the finger of blame when something goes tits up. When I say 'tits up', I don't mean that literally, of course - although a plastic surgeon friend of mine has some interesting case studies he could share with you on that particular subject. No, I'm talking about those little goofs and gaffs we doctors sometimes make when we've had a busy morning on the golf course, or a heavy lunch has necessitated the consumption of a few too many glasses of *Chateau Plonko*.

Unfortunately, people are a good deal more litigious these days than when I first started in the old doctoring game. I don't hold with lawyers: they fill people's heads with complicated technical terms that they're in no position to understand. Stuff like 'incompetence', 'malpractice' and 'gross negligence'. That sort of talk gives people the wrong idea, and this is why I have been forced to employ a special

team of councillors whose job it is to visit dissatisfied patients in the comfort of their own homes and persuade them, via the medium of a baseball bat and a couple of house bricks, that a protracted stay in hospital is the best course of treatment they can adopt. Now, I don't like to name names, but the unfortunate fact is that *if* Mrs Karen Front of Gloucester Crescent had come to me with her complaint in the first instance, instead of shooting her mouth off to the *Daily Mail* and threatening to write to the General Medical Council, then a regrettable and rather messy misunderstanding might have been avoided. To wit, she would not have had to endure the inconvenience of having her legs encased in plaster for six weeks, and her gobby boyfriend wouldn't have had his face smashed off.

Anyway, back to the tigers, grrrr! Do you realise that it takes just four seconds for a fully grown Bengal tiger to devour a medium built man, spit out the teeth and then make off with his car? One casual swipe from a tiger's deadly, razor sharp claws could slice you like a cucumber, and seriously ventilate anybody who happened to be standing near you at the time. And tigers have a vicious right hook - one punch could lay you out for a fortnight. Worried? You should be.

"But hang on a minute, Dr Bongo," you're probably saying to yourselves. "Why should I be worried about tigers? I know they're nasty and dangerous and all that, but I live in Dudley. We don't get much tiger trouble around here."

Well, I've got news for you. You may think that the most fearsome creature you're likely to encounter in your neck of the woods is a wild badger, or a cat with an attitude problem, but the fact is that tigers are on the increase

throughout much of the world. Tiger related illnesses now account for most of the incidents dealt with by emergency services, and they've already been recognised as a bigger killer than malaria, coronary thrombosis and chronic leopard syndrome put together. And it's busy, overworked doctors like myself who have to deal with the consequences of your carelessness.

Back at my surgery in Hereford - or is it Hampshire? Derbyshire? I forget - anyway, back there I regularly receive visits from patients who are suffering from an acute attack of the tigers. Of course, they don't often know that tigers are the root of their problems and will frequently blame their symptoms on more prosaic causes, like measles, distemper or lice. This will not do. My patients are untrained in the practice of medicine and for this reason I discourage them from having any opinions when it comes to matters of their own health. In fact, come to think of it, I do my best to dissuade them from having any opinions at all. In my experience they are generally ill-educated, inbred and ignorant, and it's far better for everyone concerned if they keep their moronic ideas to themselves and concentrate instead on activities better suited to their station in life, such as game shows, Nintendo and chips.

Anyhow, to illustrate a particular case in point, I recall that only last week a woman came to see me who complained of a bad case of coughing. Indeed, she was exhibiting violent hacking fits whilst she was sitting in the waiting room. Not only was she causing alarm to the other patients, but she was disturbing the receptionist and liberally coating the walls with spittle. This woman was clearly sick and it was quite irresponsible for her to be in my surgery, when she should have been tucked up in bed at home - out

of harm's way, and, more importantly, out of ours. Normally I frown on such anti-social behaviour and ask the offender to go and sit out in the car park, but I had just had my car waxed and judging from the way she was pebble-dashing the waiting room walls with her breakfast, I didn't think that my paintwork would stand up to the pummelling. And so, when, after a couple of hours she hadn't gone away, I figured the best thing to do would be to see her.

Well, she gave me some sob story about headaches, and nausea, and loss of appetite, and claimed that she'd 'gone down with a bug' and could I possibly give her a tonic. I laughed in her face. Ha! If only medicine were that simple, I told her. I hadn't spent seven long years in medical school - just studying the pancreas alone - for some sphincter faced old trollop to drag her mangy, decrepit carcass into my surgery, spread phlegm up my walls and demand 'a tonic'. The cheek of it! This sour faced old tart was doing her best to undermine my whole profession. In less enlightened times I would have had her shot, but since the local health authority has developed a more 'customer friendly', less terminal approach to its problem patients, I decided instead to have a go at being nice to her. I asked her to step into the fume cupboard where, with the aid of thick vulcanised rubber gloves, I was able to examine her with the minimum of discomfort to myself. Well, it wasn't hard to spot the tell-tale signs: the coarse, wiry animal hairs, the livid scratch marks on her skin, the ugly gaping gash across her abdomen. This woman was suffering from tigers, and I told her so, straight up.

"All right, Doctor Bongo!" I can hear you cry. "We believe you. These tigers have got us wound up into a rare

old state, we don't mind telling you. What can we do about it? Help us! Help us, please!"

Well, it must be your lucky day. It just so happens that a pioneering new company had just developed a safe, reliable vaccine against many of the world's most dangerous big cats, including hyenas, jaguars and, of course, tigers. The vaccine is still very expensive, but the company, Bongo Pharmaceuticals Ltd., claims that it is one hundred per cent effective. As a doctor of not inconsiderable experience, I heartily advise everyone to seek immediate inoculation.

I must point out that my opinion is entirely impartial. I am not connected with Bongo Pharmaceuticals in any way, I am not the holder of the tiger vaccine patent and in no way do I stand to earn a fat pile of cash if I manage to pull off this tiger scam. The fact that my name appears on the firm's letterhead is entirely coincidental, the appearance of my photograph in the company's brochure is down to a printing error, and if I have been seen, from time to time, going in and out of Bongo Pharmaceuticals' company headquarters, then it's merely because I got myself lost and went in to ask for directions.

Honestly.

Moles

Parasites - whipworm, ringworm, tapeworm... those horrible spiny things that swim up your thingy when you're pissing in the Amazon. It is a well-known scientific fact that such parasites ordinarily affect common, lower class people who live amongst their own shit and have no concept of the use of soap. Basically, parasites affect dole scroungers and layabouts, so there's irony for you.

Hello there. My name is Dr Adolphous Bongo, five times winner of the Golden Stethoscope for Medical Excellence, so you might just want to save yourself the trouble of a smack in the mouth and pay attention to me when I'm talking. I say 'five times' winner, but following an embarrassing incident at this year's Royal Physicians Society Awards, the most recent prize has yet to be confirmed. I was all set to take the podium to make my characteristically modest acceptance speech, when the nth-list celebrity who had been hired to hand me the prize inadvertently read out somebody else's name. A certain Dr Reg Downey rose from his seat to what a gentleman from the press later described as a 'thunderous ovation', but which to my highly trained medical ears was rather more like a faintly bemused ripple of embarrassed muttering. And quite rightly so - Dr Downey is an arse. I got up to take the stage regardless, and felt quite sorry for old Dr Downey as I pushed him aside and proceeded to make my speech.

Anyway, this is by the bye. We were talking about parasites, weren't we? Most parasites, whilst being unpleasant, are relatively harmless. There are one or two

that are capable of sucking your body inside out overnight, but there's really no point worrying about these, because by the time you know anything about it, you've already got your legs tucked up your back passage and are breathing through the back of your neck. They are extremely rare, anyway. What *are* becoming more common, however, are moles. These nasty little creatures can burrow into the body practically unnoticed, then cause horrific outbreaks of unsightly molehills on the surface of the skin. What's more, if they are allowed to spread, their tunnels will eventually undermine the physiological integrity of the human frame and cause the patient to collapse in on himself. This is extremely nasty. There is a sophisticated surgical procedure which can reverse the process, but it is dangerous, expensive and involves the painful insertion of sterilised scaffolding. More often than not, we find it simpler and more cost-effective to just scoop the patient up, pour him into a bucket and leave him outside in the car park.

Coincidentally, this is very similar to what I promised to do to the head of the Royal Physicians Society judging panel. The irritating little pustule took to phoning me up two or three times a day, claiming that the award was not mine and demanding that I return it forthwith. *Ha!* I thought it was a done deal: I made the speech, I collected the trophy. I even managed to get a standing ovation out of the crowd, after a little bit of playful coaxing. But this tit that kept telephoning me insisted that the rightful winner was Dr Downey. I explained to him several times that they had made an awful mistake, but the panel persisted in their ridiculous fantasy. What can you do with these kinds of people? Well, I'll tell you what *I* did: I explained to them that if they continued to pester me in this fashion, I would

personally visit each of the panel in turn and boil their first-born children. These people are insects, worms, and deserve to be treated as such. Which brings me back to the subject of parasites.

You're probably anxious enough by now to wonder how it is possible to contract moles. At this point it is traditional for doctors to tell you not to worry, and reassure you that the odds of catching moles are very slim. Thankfully, I am not a traditional doctor, and I am happy to tell you that the odds of catching moles are extremely high - in fact, the chances are you've got them already. And it is with something approaching childlike glee that I add, for your information, that this is an *extremely* painful condition, and that there is *very little* hope of a cure.

The process of infiltration is a long and arduous one - for the mole, at least. Most moles grow on trees in Cyprus and parts of Turkey. They drop off in the autumn and make their way across Europe, strapped to the undersides of dogs. They reach Great Britain by late January, where they smuggle themselves through customs disguised as Bosnians. You might expect them to burrow into the first person that they see, but this is not the case. Not any more, anyway. There was a time when a mole would just crawl up your arse when you weren't looking, and you'd be none the wiser. These days, however, most moles are a good deal wiler and - because of the abundance of fast food in their native homelands - a good deal fatter. Trust me, if one of those things tried to invade your nether regions, you'd at least suspect something was going on. No, the first thing they do is lie low until the heat is off. Often they will take menial jobs and rent apartments in less fashionable parts of town. In order to do this, they have become masters of

disguise. You may even have passed one in the street without knowing. Next time you see a short feller in a big hat and a raincoat with a turned-up collar, don't just walk on by without a second glance. Take a closer look and see how hairy his face is. It may just be a mole waiting to strike.

Of course, when they *do* decide to strike, you probably won't know anything about it until it's too late. Relatively speaking, moles' brains are roughly equivalent in size to that of a sales rep, or someone who works in retail management. Whilst this means that they will never be capable of rational thought as we understand it, it has enabled them to evolve a number of schemes for invading the human body. One favourite is to disguise themselves as doughnuts. Moles, it must be said, do not make very convincing doughnuts, even when they go to the trouble of sprinkling themselves with sugar and oozing jam. Nevertheless, their victims rarely prove to be all that fussy. Other tricks include abseiling down the back of the victim's throat whilst he's asleep, burrowing into the ear and firing themselves up the nostrils from a circus cannon. The last one is seldom ever a successful means of penetration, but it can be a spectacular sight if you're lucky enough to witness it.

I once had one woman - let's call her 'Mrs Brown' - who came to see me, claiming that moles had entered her using a cunningly constructed glider, fashioned from balsa wood, hairy string and a pair of her old curtains. Of course, I refused to believe her ridiculous cock-and-bull story, but she started wailing and crying and creating all sorts of fuss, so I sent her for an x-ray just to shut her up. Amazingly, when the results came back, she *did* appear to have a large glider lodged in her small intestine. She also had a submarine in

her stomach and a double-decker bus wedged up her colon. There was, however, no sign of moles, so I can only conclude that they had moved out when Mrs Brown became too congested.

I should imagine that if she had gone to Dr Downey, the doddering old twat would have just given her a couple of aspirin and told her to lie down for a bit. The man isn't fit to be practising and yet *they* - his friends at the Royal Physicians Society - *they* want to give him a bloody award. What would he want with it? He doesn't know where he is, half the time. They wheel him around in a chair and he shits in a bag.

What about my mole research, eh? Up until now, it was thought that if you suffered from moles it was incurable. Oh yes, they've tried tempting them out with sponge fingers and fishcakes, and in a few isolated cases the moles have taken the bait - but, by and large, your average mole is happy to stay where it is.

My experiments are working towards providing a reliable, effective and permanent cure. Admittedly, I haven't been successful yet, but the work is progressing well. First, with a help of a couple of sacks and a cosh, I selected a group of random 'volunteers' and deliberately infected them with moles. Then I confined them to a small, padded room and blasted them with loud music to drive the moles out. The results so far have not been promising. After three weeks of constant audio bombardment, three of my volunteers have collapsed and the remainder are suffering from perforated eardrums. As yet there is no sign of the moles leaving their hosts, but I think I'll give it another fortnight before I write off the idea completely.

I'm more confident about my second experiment. I have selected one of my more heavily infested volunteers - again, purely at random - and sent in a pack of hounds to chase the moles out. It wasn't easy, but I thought it rather ingenious, and it does seem to be proving effective. However, the man is clearly in great pain and I have grave doubts that he will survive the treatment. I'm pretty sure that the moles have gone, but I'm very much afraid that he is now suffering from bad case of 'dogs'. Still, serves the bastard right for demanding my Golden Stethoscope back.

Remotely Actuating Biometric Implants

Have you ever thought what it might be like to turn on the television just by snapping your fingers? How about opening the fridge by nodding your head? And just imagine the surprise of your friends, if you have any, when you demonstrate your extraordinary ability to start your car by deploying a discreet fart. Well now, thanks to the miracle – yes, miracle - of remotely activated biometric implants, you can do just that.

Good evening. My name is Doctor Adolphous Bongo, winner of the best dressed pipe smoking rear of the year 2011, even if I do say so myself. Actually, I have to say it myself, and I will continue to do so until someone has the foresight to inaugurate such an award and the good sense to present it to me.

Anyway, when I'm not flaunting my smoking bottom, I'm pushing forward the frontiers of medical science in a very real, scientifically rigorous and financially rewarding way. And since there's no money in finding a cure for the common cold - at least, not when I have shares in companies manufacturing palliatives – I have decided to turn my attention to the age-old dream of blending man with machine.

And before you ask, I don't mean by forcibly inserting a food blender into some unsuspecting visitor. I tried that once, and found that the product of the experiment enjoyed only limited success. True, what Mr Colin Wibberly - formerly a meter reader for Southern Electric - can now do with 4oz of butter and two fresh eggs is astonishing, but the

fact that he can never ride a bike again, and that when he crosses his legs he destroys the furniture, more than outweighs any advantages.

No, the kind of man-machine interface that I have conceived - and gone some way to making a reality - involves far more stabbing, poking, rending and slicing than your common or garden kitchen assault. It entails pain bordering on agony, surgery that could be seen as criminal, and a disregard for the sanctity of human life that lesser men than I might call monstrous. And yet I make these sacrifices willingly, for I know that the work on which I am currently engaged will, in future years, be hailed as revolutionary.

My test subject, Mr Lewis Masefield, being on the receiving end these many painful procedures, feels rather differently about the whole matter. Question him on the subject and he will, in between his alternating bouts of agonised screaming and mournful sobbing, express opinions that are frankly negative, and tell you that he'd rather be at home with his feet up, watching the 'telly'. I have little time for his infantile tantrums. The whole thing serves him right for wandering into my surgery and attempting to waste my time by rattling on about his bunions. I have more important things to do, and the echoes of anguished screeching coming from my basement would suggest that Mr Masefield now has a more thorough understanding of my work.

And anyhow, I don't see what he has to crow about. How many other 42-year-old unemployed pork butchers can claim to be able to set a video recorder just by simply wagging their nose? Exactly - five, but we can happily dismiss those as freaks of nature. Admittedly, the system does not yet work as smoothly as I would like. Last week,

for instance, when I tasked him with recording an interesting documentary about sharks on the Discovery Channel, a minor wiring error on my part resulted in Mr Masfield's head bursting into flames. This, as you can imagine, was a major setback, and distressing for us all - but I'm reliably informed that the programme will be repeated next week, so there's no real harm done.

The important thing in these situations is not to give up. Progress is never easy, and innovation comes at a cost. Everyone who has been involved in this project sees the enormous potential, and cannot fail to be inspired. I must admit, even I get emotional from time to time. Sometimes, when I look at Masfield, with his mournful plaintive eyes, the dark furrowed brow and the white tracks of his tears that streak his soot-blackened face, I think to myself 'this is going to make me a bloody fortune' and I'm almost moved to tears myself.

Pianos

Stop right there! Have you ever seriously considered what would happen if a piano fell on you as you were reading this? No, of course you haven't - that would be mental. And yet laboratory tests prove that in ninety-nine per cent of all cases, falling pianos can be extremely nasty.

Good evening. My name is Dr Adolphous Bongo, and I don't want any of you thinking that there is the slightest reason to doubt my professional integrity, just because you've read my name in the national press alongside certain allegations of misconduct. The bottom line is that the British Chiropractic Association has *their* way manipulating the spine, and I have mine. Hell, if you're going to crack bones, do it properly. The fact that my method involves the application of power tools only serves to illustrate my progressive take on the matter, and any suggestion that the permanently 'folded' state of Mrs Eileen Trumpton is the result of malpractice is entirely erroneous. Trust me, you should have seen the old bat when I first met her, she was like a bleeding concertina.

Anyway, the reason I mention the piano thing is because, as a result of new legislation, falling gold reserves and the shifting of the Gulf Stream, the government has found it necessary to appoint me to the position of Chief Medical Officer. You know, like that chap with the craggy face in *Star Trek*. That's a point - how come the Star Trek Enterprise gets its own doctor? In my experience, most organisations of that size make do with some mouth-breathing teenager who wanders around aimlessly with a

first aid kit on his belt, and whose only experience of medicine is a three-hour course in first aid, a succession of dead goldfish and a box set of *House*. And yes, I did say 'Star Trek Enterprise', geek boy. Get over it.

Of course, when I say 'the government' I'm not necessarily referring to a government with which you're likely to be familiar. Or even have heard of. Naturally, my talents are in great demand the world over, and I have been approached by a number of powerful administrations. Just last month I had to turn down a very tempting offer. I'm not, you understand, at liberty to name names, but I can tell you that it was with a heavy heart that I responded to this latest entreaty with the words: "I'm sorry, your holiness, love all the paintings and the sculptures and that, but all that pasta gives me wind."

No, in the end I graciously acceded to a request from the Dominican Republic to take on the mantel of Chief M.O. - theirs being, frankly, the best offer. I think it was the beach house that swung it. With such an attractive incentive, I naturally bent over backwards to come to their assistance - which I can't help but feel is one more triumph for my particular brand of chiropractic treatment.

Incidentally, my interest in the chiropractology - or whatever you want to call it - was the result of a fortuitous accident: I wanted to do a course on feet, but wandered into the wrong evening class. Accidents, of course, are rarely that providential, as someone who has been hit by a falling piano would be able to tell you, were it not for the fact that his vocal chords, along with the rest of his body, would likely resemble nothing more substantial than a thin smattering of peanut butter across the pavement. And, depending on the size of the piano, not the crunchy kind

either.

But wait a minute, I hear you ask. Is there really a genuine risk of being struck by a falling piano? Is this the kind of vital health warning that the good people of the Dominican Republic need to be hearing from their Chief Medical Chap? Nope. Not really. But I nevertheless feel obliged to point out the possibility - partly because of the conscientiousness with which I approach my responsibilities, but mostly because of my dogged pursuit of backhanders from the company marketing 'anti-piano' kits.

The truth is - and this is between you and me - if you were to never leave your house the risk of being pianoed is probably about zero, although ultimately this does depend on your particular lifestyle. By and large, most people don't have bulky musical apparatus suspended from their ceilings, but if you do then you can expect to shoulder the burden of the blame just as much as you can anticipate withstanding the impact of the instrument.

Children

Nature can produce some terrible things. In South America, for instance, there's a type of worm that can burrow into your left ear, work its way through your brain and emerge from your right ear with your PIN number, your bank details and the password for your Hotmail account. Parts of South East Asia, on the other hand, are plagued by the builder beetle, which can demolish your liver, build a luxury studio apartment and rent it out to a family of weevils faster than you can say 'tolerated trespass'. Such troubles, however, pale into insignificance compared to those of the unwary traveller on the plains of central Africa, who suddenly finds himself infiltrated by zebras. They can be buggers to shift, and they don't half make your back ache when they're having a party.

Nothing, however, comes close to nature's most pernicious parasite - a species of relentless bloodsucker to which I'm led to believe people submit themselves willingly. I speak, of course, of children.

Good evening. My name is Doctor Adolphous Bongo, and I'm sure you're all relieved to learn that the medical world has been blessed with the now famous 'Bongo Manoeuvre'. Any medic worth his salt should have some procedure named after him, and the absence of my own manoeuvre has, until now, been a source of some embarrassment. Briefly, the Bongo Manoeuvre entails squatting down with one palm flat on the ground. Then, with the other arm you reach round behind your back, grab your opposite elbow and jump forward three times. I have

not yet figured out what condition or injury this is meant to alleviate, but these details can be ironed out at a later date. For the meantime it is sufficient for the purposes of the patent application that I have described the manoeuvre as comprehensively as the little box on the application form would allow.

I wish that I could say that my manoeuvre is an effective way of dealing with children, but I fear that more traditional methods may yield better results. Many of the more successful techniques involve sporting equipment in one form or another, although there are no guaranteed cures. Once you've got children, you're stuck with them for life. Like herpes.

So if doctors like myself are unable to cure people of children, we must therefore concentrate on prevention. As a GP, young couples come to me all the time to ask my advice on starting a family. I know, astonishing isn't it? Perhaps I've just got one of those faces. Anyway, I tell them in no uncertain terms, don't do it. For one thing, the image projected by the media of a baby as a giggling, squeaking bundle of fun is all wrong. In reality what you'll end up with is a chubby little shit factory that, once it becomes mobile, will gradually work its way through your home eating everything in its path.

And secondly, there are already far too many people in the world as it is. I should qualify that: there are far too many of the *wrong type* of people in the world - and the more effort we make to dissuade them from breeding the less chance there is of them getting in my way in the supermarket, bothering me unnecessarily at my place of work, or getting wedged under my wheel arches when I'm taking the BMW out for a spin.

Unfortunately, rational argument fails to have any effect on the majority of my patients, chiefly for two reasons. Number one, they are fucking idiots. This much goes without saying, but I nevertheless take great delight in saying it at every opportunity. Number two, they seem to have this weird, in-built desire to continue their miserable legacies by perpetuating themselves in their mutant offspring.

I suppose there is a certain logic. For someone who has never - and is never likely to - achieve anything of note during his lifetime, there is an attraction in the prospect of raising an anklebiter who will go on to discover something, build something or attain some other accomplishment that will briefly raise it above the swamp of mediocrity that characterises the rest of its species. It's not likely, of course. Not when you consider that its parenting consists of fifteen years of keeping it distracted with knocked off video games and feeding it almost exclusively on a diet of meat pies, bar snacks and fag ash, then slinging it out of the house when it comes home one day and tells you that it's got its girlfriend pregnant. At which point, of course, the whole damn cycle starts over again.

It can be no coincidence that a man of considerable accomplishments such as myself has no descendants. Nor do I wish to have any. Gifted though my progeny would undoubtedly be, such an inconvenient little tadpole could not possibly build upon my achievements and would only ever serve to tarnish my legacy. What need do I have of a Bongo Junior when my immortality is already assured by my towering body of research, my unimpeachable reputation, and my novel and highly original manoeuvre?

Actually, I have suddenly hit upon a use for the Bongo

Manoeuvre. Next time some dreary little shop girl comes to my practice to talk about 'starting a family' I shall recommend she try my manoeuvre three times a day. With any luck she'll put her back out and be in no position to start anything.

Speed

In the early days of mechanised transport it was thought that travelling at speeds greater than that of a brisk walk would result in a fractured larynx, ruptured jowls and, in cases where the commuter was exposed to the elements, chronic brain freeze. Such was the concern over these hazards that the UK introduced the Locomotive Act, which required mechanically propelled vehicles to be preceded by a man on foot bearing a red flag. Hopes that this would ensure that these infernal new-fangled contraptions did not exceed walking pace were sadly dashed, with the emergence of a class of 'Red Flag Men' who could move like shit off a shovel - that's a technical term, which in today's money equates to about thirty-five miles per hour. In practice, the Locomotive Act, far from achieving its stated aim of reducing risk of injury, was the prime cause of traffic incidents during the latter part of the nineteenth century, as evidenced by the numbers of red flag men admitted to hospital with tyre marks on the backs of their heads.

Wotcha. My name is Doctor Adolphous Bongo, celebrated internationally as the inventor of the Bongo Revolving Artificial Socket Joint, an innovation which has proven instrumental in the alleviation of slack knees and elbow tremblage all over the world. I don't like to blow my own trumpet - I have a man who comes in twice a week to do that for me, and a lady down the road very kindly shakes my maracas every third Sunday - but I feel that it's no understatement to describe my Revolving Socket as - well - revolutionary. What is amazing is that thus far it has failed

to win me any kind of major award. Clearly someone somewhere has dropped a gonad - and I'm not referring to the infamous incident during the Duke of Buckridge's hernia operation, for which my colleague Dr Fatty Robinson still receives more than his fair share of ridicule whenever he's unwise enough to show his face at the General Medical Council's monthly bingo night.

Nowadays, of course, we know that fractured jowls and that other one I mentioned are nonsense. They are what we doctors call 'made up' - ridiculously unconvincing conditions, that wouldn't fool even the most credulous punter. Doctors today have access to vast archives of research data, and incredibly advanced diagnostic procedures, and are therefore able to concoct far more believable afflictions. And with the remarkable range of clever sounding drugs at our disposal, we can eke out periods of phantom illness and achieve levels of profitability that would give our forebears the screaming heebie-jeebies. Which wouldn't be a problem, actually, because we've devised quite an effective and relatively inexpensive course of treatment for heebie-jeebies, screaming or otherwise.

Nevertheless, it would be wrong to say that travelling at speed does not have consequences for human physiology. Granted, pootling along at 20 miles an hour in a steam-driven bath chair is not going to tear your face off or rearrange your giblets - not unless your giblets are loose to start with. But modern forms of transport regularly reach speeds of up to... ooh... fifty or sixty miles an hour. More, in the case of my brother-in-law, who can frequently be seen screaming down the fast lane of the M4 in a 1976 Vauxhall Victor at a frankly implausible speed of 120 miles per hour. The chaps in blue would have put paid to his adventures

years ago, were it not for a combination of disbelief and the thick cloud of oil that billows from the exhaust and obscures the number plate.

But what happens to the human body at speeds like that? Well fortunately, as a doctor, I have access to more human bodies than is healthy and I'm in a position to run a few tests. There are precious few perks in my job, but the opportunity of taking some of my more obstreperous patients, strapping them to a high-velocity test bed and firing them along a track at speeds approaching two hundred miles an hour is one that very nearly brings a smile to my face.

And what have I discovered? Well, I discovered that Mrs Lillian Mulepoker's false teeth flew out of her mouth after two hundred yards and were found embedded in a concrete pillar half a mile from the test site. I discovered that Mr Kevin Bladder's vocabulary as he approaches 28 metres per second becomes considerably more colourful. I have also learned the hard way what many of my test subjects had for breakfast, and spent rather longer than I would have liked shovelling it up.

More importantly, we have strong indications that travelling at speed causes shrinkage to the human frame. In some cases, our subjects were as much as two feet shorter following the high velocity test, although it is unclear at this point whether this is a result of the actual journey, or the steel reinforced wall that we used to stop them at the other end.

What *is* certain, however, is that prolonged periods at high speed will invariably cause the subject to develop sloppy ankle syndrome. This is an extremely nasty ailment, which causes the patient to unexpectedly wander off in

random directions. Case studies have revealed subjects suddenly stepping out into oncoming traffic, veering sharply into solid walls, or occasionally ambling uninvited into other people's houses and getting a belt in the mouth for their trouble.

Fortunately, a simple and reasonably priced operation can cure the complaint, by exchanging the ankle with a Bongo Revolving Artificial Socket Joint. This remarkably elegant, yet astoundingly innovative device has saved countless lives, avoided untold embarrassment and, when used in conjunction with a ceramic heel replacement and a new set of carbon fibre toes, can even save on shoe leather. And what recognition has its inventor received for this remarkable breakthrough? Exactly: precisely nothing. What does a chap have to invent to get a knighthood? Revolving kidneys? Oh well, this time next year...

AN INTERVIEW WITH DR ADOLPHOUS BONGO

BY DENNIS TIZER

(ORIGINALLY PUBLISHED IN 'AMATEUR PROCTOLOGIST')

It was with great excitement and considerable trepidation that I accepted the invitation to interview Doctor Adolphous Bongo on the occasion of the imminent release of his latest book, 'DeathPractice'. Doctor Bongo is well known for writing many well-received medical textbooks, as well as a number of self-help guides and a couple of DIY manuals. It is only relatively recently that he has ventured into fiction. Nevertheless, his series of thrillers featuring the popular Nick Farrow character - the 'Ninja Doctor' - has proved incredibly successful.

Not surprisingly, Doctor Bongo is much in demand these days, and I was grateful for the opportunity to visit him at his home. And what an impressive home it is. In 1995 Doctor Bongo bought himself a sprawling gothic manor house in Cambridge, but finding that he didn't like the neighbours, he had it moved, stone by stone, to its

current location on the outskirts of Canterbury. As I drive up to the heavy, wrought iron front gates, the sun is just beginning to sink. Gloom casts strange, twisted shadows across the road and the foliage on either side seems to loom threateningly. Looking up, I see twin gargoyles on the gateposts leering down at me and I subconsciously sink lower in my seat. The gatekeeper approaches and taps on my window. I wind it down to introduce myself and despite the fact that I am expected he scrutinises both me and the car through narrow, suspicious eyes before I am allowed to proceed. I am told not to stray from the driveway and once I am through the gates the reason becomes apparent. On either side are signs warning me that the grounds are mined, and the accompanying skull and crossbones symbol is a chilling reminder of some of the rumours I have heard about this place.

Not that such rumours are ever aired in public. Oh no, Doctor Bongo's neighbours have nothing but praise for the man and are keen to emphasise what an upstanding pillar of the community he is. It would perhaps be unfair to suggest that such keenness stems from a fear of reprisals, but the common wisdom is that it is best not to get on the wrong side of Doctor Bongo. There are stories -

never substantiated, but persistent nonetheless - of people falling foul of the good doctor and never being seen again. Children are often told that Doctor Bongo will come and get them if they are naughty. Such warnings are fanciful and absurd but as the house comes in sight, with its macabre carved reliefs and the twin spires stabbing violently up into the bruised purple sky, it becomes easier to imagine strange and unnatural acts taking place in some dark, soundproofed chamber within.

I find a parking space adjacent to the large stone fountain that stands opposite the grand entrance steps. The fountain's centrepiece is a huge statue of a man wearing a long coat, with a stethoscope draped around his neck and his chin tilted skyward in an attitude of nobility. Some hero of Doctor Bongo's perhaps? An inspirational figure from history, or even a personal mentor? No - as the light falls across the finely chiselled features, I see that it is Doctor Bongo himself.

But there is no time to admire the statue. A butler is already waiting to escort me to Doctor Bongo, who waits for me in his study. I find him seated in a large leather armchair, colouring in a copy of *The Lancet* with a felt tip pen. He puts it down as I enter, smiles professionally and motions

me to a seat.

"That will be all, Ferningly," Doctor Bongo tells his butler. "I shan't be needing the 'special things' tonight, you may go."

The butler turns and leaves, and as the door clicks shut behind him I finally find myself alone with the great Doctor Adolphous Bongo. Immediately I suspect that he has been drinking. I can read it in the ruddiness of his cheeks, the slight slur in his speech and the half-empty bottle of Jack Daniels on the table beside him, with the straw sticking out the top.

"You're probably wanting to know all about my new book?" are his first words to me.

I nod briefly, nervously. "Yes, yes," I say quickly. "But I wonder if we might start by discussing your early career. I think perhaps our readers would be quite interested to know how an ordinary GP managed to achieve such success and acclaim."

"Ordinary!" Doctor Bongo spits the word back at me. The interview has got off on the wrong foot and my heart sinks. "Let me tell you, son, I was never ordinary. Ordinary, ha! My arse. Listen, from the moment I was born I was destined for greatness. I know, because they did tests."

"Tests?" I ask.

"Blood tests," Doctor Bongo tells me. "When I was born they took a sample and found that my blood was absolutely chock full of greatness. In fact, it was so great that they put the sample in a display case and mounted it in the outpatients' waiting room. It's still there today. Go and see it if you don't believe me. Or are you calling me a liar?"

"A liar?" I blurt. "No, no, of course not. It's just that I didn't know they could test your blood for greatness."

Doctor Bongo narrows his eyes and his lip curls ever so slightly into a snarl. "Okay fat boy, so who's the doctor? Is it you, huh? Are you the doctor here?"

"No, no, I -"

"No, you're not, are you," Doctor Bongo says. "I'm the doctor. I'm the one with the certificates. I'm the one with the fancy nameplate, and the engraved pen, and the subscription to the British Medical Journal. So when I say that they can test your blood for greatness, I know what I'm talking about, understand? They look for a special chromosome. Know what a chromosome is?"

"Yes, it's -"

"Course you fucking don't, you're not a doctor," Doctor Bongo insists. "But I know, because I'm

great. I was a child genius. By the time I was six I had operated on my brother twelve times. By the age of nine I had invented a revolutionary new type of support stocking, and when I was fourteen I brought my grandma back from the dead. Don't know why I bothered, though. All she ever did was complain."

"That seems a little ungrateful," I sympathise.

Doctor Bongo nods. "Well, it was probably my fault for leaving it until after the autopsy," he admits. "She was of the opinion that life in a series of small Tupperware boxes was no life at all, and she never really got any of her old vigour back. She spent her remaining days trying to stab herself to death again with a retractable biro, but she never managed it. Her hand-to-eye co-ordination was completely shot, you see. Understandable really, because her eyes were in a jar in the fridge."

"That's tragic," I say, feeling rather uncomfortable.

"It is indeed," Doctor Bongo sighs, then he suddenly becomes very animated and starts to glance about the room. "In fact," he says, "I think I've still got her kidneys here, somewhere? Want to have a look?"

"No, no, no," I say rapidly. "That's fine. No offence, but I'll pass." I change the subject quickly,

asking him about his early beginnings as a general practitioner. It must have seemed like the natural choice for someone so gifted to enter a profession in which he could utilise his talents for the benefits of his fellow man. He reacts to the idea abruptly.

"Bollocks!" he erupts. "Medicine is a profession in which I can use my talents in the pursuit of hard currency. Cash, that's what it's about - cash and power. I don't know where you get this bizarre idea that the medical profession is about helping people. Are you a socialist?"

"Erm," I say, thrown by the question. "I don't... Well, I suppose I am really, but - "

"Thought so," Doctor Bongo says, nodding. The sneer has come back. "You smell like a red. Well, let me give you a brief introduction to the real world. Money talks. For instance, do you know how much cash I can earn from drug company kickbacks?"

"Erm, I -"

"No, no you don't," says Doctor Bongo. "Because we doctors are very discrete about that sort of thing. Usually. Actually, I may have said too much there - forget all about it. The point is, there is some serious wonga knocking about, and as a doctor I am perfectly placed to get my

meticulously sterilised digits on it. I'm a trusted professional see, and I have a lot of influence. Wanna demonstration?"

I nod and Doctor Bongo pulls his chair closer and stares into my eyes. He mutters to himself, nods and then sits back. "Thought so," he says. "You see those brown flecks in your eyes - symptom of a rare tropical disease. You could be dead within a fortnight. "This news knocks me cold. I search Doctor Bongo's face for some sign that this is just a cruel joke, but he is impassive. "Dead?" I mumble. "Is there anything you can do?"

Doctor Bongo shrugs. "Ooh no, no, no, no," he says, shaking his head.

"But is there no cure?" I persist.

"Ooh no, no, no, no," Doctor Bongo repeats. "Well, yes - there is something, actually. But it is terribly expensive. Do you have your cheque book on you?"

I have. I write Doctor Bongo a cheque and he folds it neatly and slips into his top pocket. He then hands me a phial of yellow liquid, which I drink immediately.

"Feeling better?" he asks. I nod, although in truth I don't feel any different now than I did when I first arrived. Doctor Bongo smiles. "Good,

well that proves my point entirely. The thing is, there was absolutely nothing wrong with you... And you've just drunk a phial of badger piss."

I cough violently. "Oh my god!" I splutter, and help myself to a glass of water from the table.

"You see, this is what being a doctor is all about," Doctor Bongo says, pointedly patting the cheque in his pocket. "I don't actually know any more about medicine than you. I spent five years at medical school and let me tell you, it was the best piss up I've ever been to. But after all that tuition, all that study, I couldn't tell a fibula from a tibia, or the aorta from Majorca. What's more, because of the latest health service procedures, I don't have to."

"Procedures?" I ask. There's still a horrible, cloying taste in my mouth. "What procedures?"

"Well, it's very simple," Doctor Bongo explains. "Let's say you came to visit me with a persistent itch on your leg. I would tell you that it was 'just one of those things' and send you away. Two weeks later, the itch has developed into a rash and so you pay me a second visit. This time I give you some antibiotics and send you on your way once more. Another two weeks go by and you visit me for a third time. The antibiotics have had no effect and your leg is now infested with a series of

weeping sores. I take a brief look, conclude that it's stress-related and tell you to eat more fruit. On your final visit, you hop into the surgery carrying your leg over your shoulder and tell me that it came off when you were getting out of the car. It is at this point that I refer you to a specialist."

"I see. So this is standard procedure, is it?"

"Exactly," the Doctor confirms. "This is what the modern health service is all about. It's about streamlining, efficiency and having as little contact with the patient as is humanly possible."

I frown. "But is that necessarily a good thing?" I ask.

"Too right it is!" Doctor Bongo replies emphatically. "Some of these people are diseased, you know. I could catch all sorts of things from them. If I don't actually have to examine them, then that's fine by me. If I don't even have to look at them, then so much the better. That's why I usually use a screen."

"You make the patient go behind a screen?"

"No, I go behind a screen," Doctor Bongo explains. "I just sit there and do the crossword while they spout about their symptoms in their own miserable little way. Occasionally I say things like 'it's a bug going round' or 'it's the way you're

made' and that seems to keep them happy. Ninety-nine times out of a hundred, the time-wasting cretins are making it all up anyway. And it's never anything mundane or commonplace. They all seem to think they've gone down with some terrible, exotic disease, and they've usually managed to convince themselves that it's fatal. I think a lot of these feeble little menks have finally realised that the only way they are ever going to have a chance of distinguishing themselves in this life is by dying young."

The conversation has taken a distinctly cynical turn. To lighten the mood, I bring up the topic of Doctor Bongo's new book.

"About bloody time," he says. "Yes, 'DeathPractice' is the fourth in the Nick Farrow series. The public seem to have really taken to the character - the Ninja Doctor who heals the sick by day and fights crime at night. I based him very much on myself."

"I see." I nod thoughtfully. "So, are you telling me that you go out and fight crime in the evenings?"

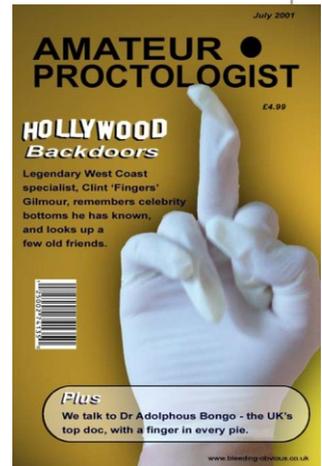
"Well, no," Doctor Bongo admits. "But then, I've got a bad back. But, like me, Farrow has a thriving practice with hundreds of adoring female patients. He's suave, debonair and cultured. Plus,

he's deadly with a rectal thermometer. It's really no wonder that people have taken him to their hearts."

Hollywood has also fallen for the charms of Nick Farrow and a major motion picture is currently in production. Doctor Bongo is hopeful that the film will be a success and will spawn a whole series, perhaps even rivalling James Bond. But he is unwilling to talk about it any more. He's plugged his book and as far as he is concerned, the interview is now at an end. Besides, he has to be on the movie set early tomorrow morning in his capacity as Executive Producer.

He walks me to the front door and as I pause on the doorstep to thank him for his time, I ask Doctor Bongo one last question: how, as a relative newcomer, did he manage to wangle himself such an influential position within the Hollywood hierarchy?

Doctor Bongo smiles. "Oh well," he says with a slight shrug of the shoulders as he begins to close the door. "The thing is, I know people. Goodnight."



Farm Machinery

It is said - chiefly by glib, ill-informed people - that the biggest killer on the planet is 'ignorance'. This is rubbish. Statistics show, time and time again, that far more people are killed each year by tractors. Ignorance is merely an abstract concept, an intellectual expression with no physical form or effect. Farm machinery, on the other hand, is big and heavy and is far more likely to do you a serious disservice if you collide with it at speed.

Good evening. My name is Doctor Adolphous Bongo, celebrated practitioner of the medical arts and former physician to the Sultan of Calhoon. You remember the Sultan of Calhoon, don't you? Yes, he was the one whose entire family was wiped out by a mystery epidemic. Unfortunate business. Of course, certain unkind and misguided individuals have since claimed that there was no epidemic at all. For their evidence they point to the fact that the only victims were those members of the Sultan's family whom I personally attended. The implication that I somehow precipitated their departure from this mortal coil is not only deeply offensive, but also an example of woolly logic. Obviously, as the Royal Physician it was my duty to treat those unfortunate souls, and the fact that none of them survived is entirely circumstantial.

Of course, the Sultan himself didn't quite see it like that. Over the course of three weeks he lost more than fifty of his wives - many of whom were new and had yet to be 'broken in'. Well, I sympathised with him, obviously, but I thought the firing squad was going a bit too far. In fact, I

felt he was being rather childish, and the following morning, as I faced the line of blank expressionless faces staring at me down the lengths of their rifles, I remember thinking to myself that I ought to write a strong letter of complaint to someone about all this.

Anyway, all this is nothing to do with tractors, which I'm sure will be of far more interest to you. I currently practice in a small market town and there are a large number of surrounding farms. As a result many of my patients are farm workers, labourers, yokels, bumpkins, hayseeds - you know what I mean... retards. I don't mean that in a nasty way, of course, it's just that they're different to the rest of us. Stands to reason, doesn't it? They spend all day out in the baking sun, shovelling shit, eating grass and talking to potatoes. Bound to send you a bit gaga, isn't it?

And let's face it - the farm is a dangerous place to be. I've lost count of the number of patients who have come to me after choking on a pig, being savaged by cows or nibbled by chickens. Actually, it's not that many, it's just that I haven't bothered to count. I could look it up, but our records department is in the basement and due to a recent plumbing catastrophe it's currently under four hundred gallons of sewage. I'm sorry, but I'm not prepared to spend my afternoon scooping shit out of box files with a dessert spoon just to satisfy your curiosity.

Of course, it's not just the animals that present a danger. The trouble is, farming is a great deal more industrialised than it used to be. Gone are the days when farmers would spend all day stroking cows' tits and poking the ground with a stick. Farms today are full of heavy machinery; *dangerous* machinery. Stuff that whirrs and grinds and slices and gouges. There are things that can chop

the average hick into bits and bundle him up faster than he can bang his own sister. You've gotta have your wits about you otherwise you're simply not going to make it to the end of the day. It's kind of a commercialised form of natural selection.

Many years of experience have shown me that agricultural accidents are of a far more serious nature than those that happen in town. For instance, if you're crossing a road and you're run over by a hatchback, then there is a chance of your survival. We can operate, put you in plaster, give you a transfusion, even replace a limb or an organ. With any luck, you'll pull through. On the other hand, if you're walking through a meadow and you're run over by a combine harvester, then I can't even guarantee that we'll find all the bits.

So, my advice to you is simply this: use a bit of common sense. I know I'm asking a lot, but it will save us all a great deal of trouble in the long run. Whenever you find yourself in the countryside, and you're uncertain or confused by a situation, try to remember these three simple rules: if it smells funny, don't eat it; if it growls at you, walk the other way; and if it's sharp, metallic and it spins around really fast, then for God's sake don't put your hand in it...

...What's that? Oh, the firing squad? Ah, you're wondering how I got away, aren't you? Well, the strange thing was, just as they were given the order to fire they were all suddenly overcome by the mystery epidemic. Dropped down dead on the spot, each and every one of them. The Sultan had to concede that it was divine intervention and he was forced to let me go. Of course, certain unkind and misguided individuals have since claimed that the intervention was anything but divine. They have chosen to

believe the so-called witnesses who claim to have seen me hanging around the kitchens with my medical bag, just before the firing squad took their tea break. Fortunately, such people can be easily persuaded to keep their slanderous stories to themselves. After all - I know people.

Shopping

If there's one thing that is guaranteed to reduce human civilisation to its knees, spread doom and pestilence across the face of the Earth and forever scatter all of mankind's mighty works to the four winds, it's shopping. You think I'm exaggerating, but anyone who has ever stood behind someone in a supermarket for fifteen minutes while - lips moving slowly in some secret, silent mantra - he reads the label on a bottle of shampoo, will understand exactly what I mean. What force, what process can further diminish the mental capacity of your average imbecile to the point where he is apparently rooted to the spot, seemingly unable to remember how to make his legs move? Shopping, that's what.

Hello. My name is Doctor Adolphous Bongo and my apologies to anyone who has been unable to get hold of my best-selling instructional DVD *Beating Cerebral Mildew*, which offers a revolutionary new non-invasive way of curing terminal brain rot. As a result of this remarkable course, many sufferers are now well enough to write to me - albeit mostly in crayon - and their clumsy scrawl, colourful hieroglyphics and charmingly artless potato printing not only fills me with pride, but is the most convincing proof I have ever encountered of life after death.

Which is not something I have much faith in whenever I find myself in my local supermarket. You see, if you're the kind of zombie who can't go into a store to buy a pint of milk without seeing something shiny, wandering off in a daze and eventually emerging with three feet of liquorice

bootlaces, a family size pack of drain cleaner and a miniature snooker table, then there's something clearly very wrong with you. And yet my local hypermarket seems to be packed to the grubby polystyrene ceiling tiles with these diseased offcuts of the human race, milling around aimlessly, bumping into product displays and gabbling in astonished wonderment about two-for-one offers on liquid gumption.

Quite why people are prepared to gather in great numbers in these cathedrals to the clueless is something I have never been able to fathom. Speaking as someone who prefers to stand apart from the baying throng, I fail to understand how these cretins can tolerate each other's company. In my own considered opinion - which, being a doctor, is both considered and considerable - the only factor that enables them to get through the day without one of their fellow citizens, in a moment of uncontrollable altruism, sticking a pick axe through their brains, is the shortage of decent pick axe shops.

So this is why my visits to the local grocery emporium take the form of lightening sorties, usually undertaken late at night to minimise the risk of accidental contact with ordinary people. Appropriately enough, considering my profession, it's a surgical strike: I'm in, I'm out, and I've managed to obtain my box of cornflakes and half a dozen eggs with the minimum of collateral damage to my dwindling patience.

I have requested that my local store manager closes his establishment to the general riffraff in order to accommodate my weekly shop, but the spineless ball of blubber has repeatedly refused. I thought it not an unreasonable request, given my position as a professional

man and a pillar of the community, but the jumped up till-jockey seems not to share that opinion. Fat boy is far too wet to actually tell me to my face where I can stick my idea, and prefers to hide behind a gibbering torrent of polite excuses - but the contempt is there in his eyes, even if he doesn't have the backbone to put it into words.

All this means is that I'm forced to take matters into my own hands, and my visits to the supermarket are therefore invariably punctuated by a great deal of pushing, shouting and unspecific yet unmistakable threats of violence. I find that a shopping trolley - when driven with vigour and a suitably satisfying disregard for the niceties of social intercourse - can clear an aisle quite effectively. From then on it's a simple enough matter to mop up any stragglers by means of a sharp tug on the collar or a kick in the trousers, and my path to the comestibles is clear.

By the time I reach the checkout, word has got around and the smart people have scattered. What's left is a stubborn residue of dim, self-righteous and invariably pompous citizenry who talk loudly and disapprovingly about 'queue jumpers' and stubbornly refuse to stand aside. It's a guilty pleasure of mine to jam their fingers into the conveyor belt, force a carrier bag over their heads and bundle them over the counter and into the cigarette kiosk. Sometimes it makes the whole trip worthwhile.

Actually, now I come to think of it, on my last visit there was something that caught my eye. It was a DVD by Freddy 'Chipboard' Piper, whom I understand is one of those 'do-it-yourself' chaps off the telly. You know, the fellows who let themselves into someone's bungalow while they're out, redecorate their spare room, then film the unfortunate owner pretending to be pleased about it when they come

home. I mention this now because the programme would be absolutely ideal for any of those poor sufferers of cerebral mildew who have failed to get hold of my DVD. I wouldn't normally plug somebody else's product, but in this case not only will you find some distraction from the constant pain by learning the correct way to put up shelves, but the section on damp coursing is not a million miles away from my cure for brain rot.

Hypnotism

Hypnotism - a dark and mysterious art. It's a subject that never fails to fill people with curiosity. As a medical man, I'm asked about hypnotism rather a lot. Does it hurt? Should I wear special protective clothing? Can I get it on the NHS? However, the question I'm asked more than any other is this: is it possible to make someone act like a monkey? Well, obviously, it is. My surgery is frequently packed to the rafters with patients swinging from door frames, picking fleas out of each other's fur and flinging their own excrement. Of course, this has nothing to do with hypnotism, but it does illustrate the kind of people I have to deal with on a day to day basis.

Hello, my name is Doctor Adolphous Bongo, and I'm sure many of you may have seen me quite recently on your TV screens. I just want to take this opportunity to point out that I'm not the pug-nosed thug that those photofit pictures make me out to be, and the artists' impressions that have appeared in many national newspapers have done me no favours either. As for the fuzzy, dimly-lit security video footage that has been doing the rounds, well it's quite deliberately been presented out of context to make it appear as though I was doing something shady and criminal. I admit, it *looks* as though I can be seen climbing through the window of one of the country's leading medical research laboratories. And, to the untrained eye, those strange, stubby objects poking out of that sack *could* have been amputated limbs - but there are any number of perfectly reasonable explanations. I could have just been walking

past with a bag full pork chops and been blown through the window by a freak gust of wind. Or I might have been on a goodwill mission, delivering French sticks to hungry medical students. Anyway, it wasn't even me. I was in Tooting at the time, treating a man with aggressive haemorrhoids, and I've got the pictures to prove it.

But never mind that now - we were discussing hypnotism. What exactly is hypnotism? Well, to put it simply, hypnotism is a virus - much like the common cold, but with less snot and more chicken impressions. The symptoms of hypnotism are many and various, and the chances are you won't know you've got it until someone clicks their fingers and you suddenly leap onto a chair and start belting out a succession of Elvis Presley hits. Other typical symptoms include believing yourself to be Napoleon, eating onions as if they were apples and repeating the word 'kumquat' at random, and for no apparent reason.

You will notice that these are almost exactly the same symptoms exhibited by lunatics, which is what makes the diagnosis of hypnotism so difficult. Just because someone suddenly starts jumping up and down on the furniture, curling their lips and singing *You Ain't Nothing But A Kumquat*, it doesn't necessarily mean that they've been hypnotised. They might just be mental.

So, how does one catch hypnotism? Well, the patient is most likely to contract it by participating in a tawdry cabaret performance in a dingy working men's club or run down seaside theatre. Time and time again I warn people about these sorts of places, but it seems that these cretins are unwilling to observe even the most basic precautions. There are simple steps you can take to avoid becoming hypnotised, and it's worth reiterating them here.

Firstly, if you know that you're going to be at one of these performances, try to drink plenty of coffee in advance. The hypnotist will attempt to induce a sense of fatigue, persuading you that you are very sleepy, and if you're so wired that your brain is visibly fizzing out of your ears it will make his job all the more difficult.

Secondly, never look into the hypnotist's eyes. Hypnotism is unique in that it is the only virus that can be communicated optically. If you must look at him, try not to do it directly. Use a reflective surface such as a hand mirror, a spoon or a shield. Even this is dangerous. The safest option is to invest in a pair of those googly-eyed glasses, where the eyeballs come out on springs. Not only will they protect you from the harmful hypnotic waves, but they're also a bit of a giggle and the kids love 'em.

Finally, remember the old maxim that the best form of defence is attack. This is a bit tricky, and I wouldn't attempt it unless you know what you're doing, but if you're feeling confident you should try and get in first and hypnotise the hypnotist before he can hypnotise you. This, however, can be very dangerous. I know of one case in which both the hypnotist and the subject fell under the influence at exactly the same time and found themselves locked in a self-perpetuating feedback loop. That was back in 1972, and they've been fixed in a deadly stalemate for the last 34 years. The variety theatre where the performance was taking place has since been pulled down to make way for a new shopping centre, but the mutual hypnotists remain, forming the centrepiece of a novel water feature outside Boots.

Some of you may be quite worried about the possibility of becoming hypnotised, and will naturally be wondering if

there is a cure. Well, you'll be pleased to learn that there are a number of reassuringly expensive therapies available, from simple counter-suggestive techniques to full blown brain surgery. Personally I favour 'high impact cranial percussion', a method which is chiefly characterised by an intensive programme of vicious beatings to the patient's head, administered personally by myself with the aid of a cricket bat and all the enthusiasm I can muster. I'll admit that there has been some opposition to this method from some of my learned colleagues, to which I respond by explaining that medical beatings can, in effect, 'reset' the delicate mechanism of the brain and enable the patient to once more lead a normal life. I don't know whether there's any truth in this, but it sounds reasonably plausible, and I do so enjoy conducting the treatment.

We have looked, thus far, at the negative side of hypnosis. But doesn't it have a positive side? Isn't hypnotherapy enabling people to live richer, happier lives. Well yes - it has made many hypnotherapists very rich and happy indeed. But I won't deny that there are positive medical benefits to hypnotism. I made a brief reference to chicken impressions earlier, and it's certainly true that persuading a chap to pretend he's a chicken and strut around the surgery laying eggs can be quite beneficial. It certainly livens my day up and gives the nurses a treat, which makes for a happy atmosphere all around. Of course, the cleaner doesn't like it one bit when she has to spend three hours scrubbing at the carpets to get all the bird shit out. She believes that making people act like a chicken is a shameful and unprofessional way to behave, and is a terrible abuse of the whole doctor-patient relationship. However, since we pay the cow-faced old

trollop for the deft application of mop and bucket, rather than her pig-brained notions on the subject of professional ethics, I hardly think her opinions are worth further consideration.

The simple fact is that, despite our apparently enlightened attitude, hypnotism is still misunderstood by most people and its victims are shunned by society. If we see someone bouncing around, nibbling on a carrot and pretending to be a rabbit, we will cross the street to avoid them. If we witness someone breaking out into involuntary Rod Stewart impressions in response to certain keywords, we will simply laugh and point. And if a professional man of good standing - say a doctor, for example - was to be mesmerised into breaking into a nearby research hospital, stuffing a load of amputated legs into a sack and then making off with them into the night, well then his reputation would be smashed, his picture would be plastered all over the TV and newspapers and he would be forced to flee to South America. It's a travesty of justice, I tell you. So you might not hear from me for a while. It's a pity, but I've got no option other than to lay low until the heat's off - or, at least, until people start to develop a more relaxed attitude towards the illegal acquisition of body parts.

This is goodbye, then. Still, it's not too bad - I hear there's a roaring trade in illegal liver transplants in Bolivia. A smart chap with the appropriate connections and a suitable medical background might quite easily score himself a piece of that action. And fortunately for me - and I don't know if I've ever mentioned this before - I know people.

A Day in the Life

It has been suggested that I share with you a typical day in the life of a top medical professional. Personally, I don't see that it's any of your business, but my agent seems to think that it's a good idea, so here goes.

My day usually begins quite early with a brisk five mile jog. Not for me, you understand - for my chauffeur who has to sprint from his filthy council estate to come and take me to work. Not that he minds all that much. He seems to think that the exercise is good for him, and I've done nothing to discourage him in this belief. Of course, as a medical man I know only too well that this sort of nonsense can be fatal - being the major cause of heart attacks, embolisms, brain haemorrhages and rabies. Still, chauffeurs are fairly easy to come by at the moment, so I'm not too bothered.

Anyhow, this chap arrives at my house totally shagged out at around 9.30am. There's just time for him to get the Bentley out of the garage, clean it, valet it and change the oil before we have to be off. He's an amiable sort of fellow, and he's usually bursting at the seams with cheery gossip and congenial conversation. It really is quite irritating, especially at that time in a morning, and so I usually scream at him to shut up and threaten him with the sack before it gets too stressful.

Of course, in my line of business, stress can be a killer. Quite literally. As a doctor I frequently have the lives of my patients in hands, and if I'm anxious or irritable it can be so easy to accidentally inject them with bleach or

sever a windpipe. I know of many a promising young GP who has had their career tragically cut short by knifing someone in a moment of forgetfulness or fatigue. That's why it's vitally important to learn how to unwind, and so before I go to the surgery I spend an hour or so at my local fitness club, where I sit in the lounge and watch ladies bottoms wobbling as they use the running machines.

Sometimes I'm joined by Fatty Robinson, an old friend whom I first met at medical school. He's a very successful radiologist now. Or a proctologist. Or something like that. I must admit, I've never been too sure what all these different 'ologists' do. As a doctor people often expect me to know about all that stuff, but in my experience the nurses are usually clued up enough about that sort of thing for me not to have to bother with it.

Anyway, whatever Fatty's particular line is, he is seriously loaded and well-respected enough for us to excuse our ogling by claiming that it's all in the line of medical research. And such is our dedication that we both feel absolutely exhausted by the time we leave. In order to recoup my energies, I usually like to spend an hour or two by myself. It's important to have time in the day that you can call your own. Sometimes I go and sit in the park, or take a stroll along the river. And sometimes I go into Woolworth's and squat in the pick 'n' mix with a Fun Size Mars Bar up my nose. However the presence of ordinary people is something I find intensely irritating and after a while I start lashing out, so around about midday my chauffeur is usually called to come and pick me up from the police station.

For lunch I will join Fatty Robinson in the most expensive restaurant we can find, and we will converse

loudly on the subject of our earnings for the benefit of the other diners. If there's time I will order something to eat, but more often than not my schedule simply won't allow it and I am whisked away to fulfil an obligation. Sometimes I am asked to open some wretched hospice, or attend a book signing, or appear on some dreary TV programme. There are times when I yearn for the old days, when being a doctor meant you just got on with your job of curing people, instead of pursuing the lifestyle of a media celebrity. At times like these I become quite depressed, but one look at my bank statement soon lifts my mood and in no time I'm ready for a spot of golf.

I love golf. It's the atmosphere of the club that I find so invigorating. There's something quite intoxicating about the smell of so many rich and influential people gathered together in one place. There's a feeling that you get when you first roll into the car park: a kind of tingle that shimmies down your spine when you see all those Mercs and Porsches and Daimlers. It's the reassurance of knowing that the only plebs you're going to run into will be filling up your glass or cleaning up the vomit. I like it best when it's raining, as then there's very little incentive to actually leave the clubhouse and play a round.

It's usually quite late in the day by the time I leave. If possible, I like to call in at the surgery, just to check up on how things are going. I know that many of the patients find it quite uplifting to see me stride through the packed waiting room, picking my way carefully over their slumped and broken forms, with a cheery 'Hallo' and a comforting smile. Sometimes, if I'm in the mood, I'll even agree to see one or two of them. This is really what my profession is all about - sitting there, patiently listening as they tell me about

their ailments. The coughing, the choking, the bleeding, the swollen glands, the distended abdomens, the broken limbs, the fevers, the burning throats, the headaches, the nausea, the cramps, the fits, the suppurating ulcers and the infected wounds. I find that if I tell them it's a virus and give them a signed copy of my book, they will go away quite happy.

Then it's time to head home, but not before I meet up with Fatty Robinson one last time for a quick game of squash at the local gym. I'm very competitive, and if I don't win I can become quite annoyed and I cry like a girl. If it's a particularly spectacular defeat I have been known to hijack a cab and drive home along the pavements, killing and maiming many innocent bystanders. By the time I get home I've usually calmed down and am happy to pass the evening relaxing with a bottle of whiskey and a good book - preferably one of my own. Sometimes the police may call round to question me about the earlier mayhem in the high street, but a couple of quick phone calls usually sorts the matter out. That's the thing about being one of the most high profile physicians in the country - I know people. But then, every job's got to have its perks, hasn't it?

Pork

Experts claim that the greatest health risk currently facing Western medicine is obesity - which, if nothing else, demonstrates that these so-called experts seem to know a fat lot of nothing about anything. Experts, pah! Who are these cretins? As someone who has made a study of ordinary people - using remote cameras secretly installed in their burrows - I have no doubt that the greatest health risk they currently face is posed by cutlery. Oh yes, I've seen the way they eat. Think about the agonising pain of jamming a fork into the side of your own head. Think about the loss of blood, the blackouts, the irreversible brain damage. Think about the inconvenience of having to buy a new fork. Now consider the inevitable consequence of putting on a bit of extra weight. Yep, that's right - new trousers. No contest, is it?

Hello Tubby. My name is Doctor Bongo and let me say right now that I deplore the attempts by some of my less reputable colleagues to make money out of the misfortunes of their patients. I refer of course to the practice of endorsing shady medical products for personal gain. You've no doubt seen all those highly suspect adverts in your Sunday papers, brazenly hawking revolutionary new fitness regimes, miracle cures and x-ray specs. It's hokum. I don't remember anything about exploiting the sick and needy in the Hippocratic oath - and I should know because they made me say it twice. Okay, so it's perfectly fine to laugh at your patients, mistreat them and humiliate them in public. That's just our way of getting through the day. But you wouldn't

want to do anything that would create an audit trail.

But back to my point. Cutlery notwithstanding, we do still have an obligation to tackle the obese. And by that, I don't mean that we should leap on them as they waddle down the street. Tempting though it is to wrestle fatty to the ground and scream obscenities at him for his own good, I would not personally attempt it without protective clothing and heavy lifting gear. Besides, as a weight control technique it leaves very little to be desired. Granted, it is very satisfying for the 'instructor' but it results in little overall weight loss and far more in the way of police intervention than you might be prepared to tolerate.

The real issue is that we're all inclined to get a little tubby - and by 'we' I mean 'you'. I personally am able to control the urge to shovel chips down my neck twenty-four hours a day, and the thought of going five minutes without doughnuts is rarely likely to give me panic attacks. This is because I am better than you. The shuffling hulks who regularly squeeze themselves into my waiting room like lardy toothpaste cannot be presumed to have my powers of self-restraint. It's only natural that they are going to grow ever larger as they continue to absorb the output of the increasing number of fast food outlets that are springing up to service their insane cravings.

And this presents us with a problem. How can we ever hope to lure Billy Bloater away from his daily fix of fatty acids when a whole industry thrives on pushing artery-busting lumps of gristle onto vulgar, heedless fat-tards, who lack the power to resist such greasy bounty? Can we not rely on some process of natural selection, whereby the bovine butterballs become so massive that they collapse in on themselves and form a super-massive black pudding?

Sadly there is no evidence of this happening. Certainly, they invariably become too hefty to move, but nature has a way of coping and has ensured that their podgy fingers never become so swollen that they are unable to pick up a phone and dial for a pizza.

What we need is a revolutionary new approach, and just such an idea came to me recently when a rather portly young man arrived at my surgery. Admittedly, I was a little concerned when I first saw him trying to squish through the doorway. It seemed there was little chance of him getting through, but by God he was a trier. There was a splintering of wood, a cracking of masonry and moments later he burst through with a wet pop that sounded not unlike the noise you get when you try to insert a sea lion into a post-box. As he stood panting before me, brushing the loose plaster from his shoulders, the sweat curling from his upper lip and splashing onto his belly before evaporating with a hot sizzle, it occurred to me that this chap wasn't fat at all. It's just that his aspect ratio was wrong - he was wider than he was tall.

You see, the way to combat this problem is not to try and actually make people thinner - that will continue to be a losing battle as long as food manufacturers conspire to develop new and ever more sugary ways of delivering coronary heart diseases. We need to change people's perceptions. This is something many people already do out of a misplaced sense of politeness. The standard response to the question "Does this make me look fat?" is "No, not at all, love. Have some more cake." Such phrases, however, can only provide a temporary sense of self-worth. If only there was something that could physically alter people's perceptions. Perhaps some kind of prismatic wide-angled spectacles that made everyone around you appear to be as

portly as you.

Well, hey, now there is! The new Bongo Patented Heat Resistant Prismatic Wide-Angled Spectacles incorporate Flab-O-Vision technology to ensure that anyone within the field of vision will appear to be at least three times as wide as the wearer. You'll notice your self-confidence come flooding back within minutes of putting them on. And they're heat resistant! For more details, and for your chance to win a free cellulite-enhancing monocle, check out my advert in this week's Sunday paper. Cheerio.

Brain Surgery

Contrary to popular opinion, in most cases brain surgery is not as difficult as some people would have you believe. The 'some people' to whom I refer are predominantly brain surgeons, and as such have a vested interest in retaining the air of mystique that surrounds the subject. You might think that I share that interest, or at least that I'm loyal enough to my fellow medics not to blow the gaff. Not at all. In my not inconsiderable experience, brain surgeons are far too cocky for their own good and it's high time they were taken down a peg or two. Especially Sir Harvey Waddington, who has been lording it round my club just lately. The fact is that there's nothing that your average brain surgeon can do that I wouldn't be capable of myself, given adequate lighting, half an hour with a self-help manual and a really good Black and Decker.

But I wonder what would happen if the boot was on the other foot? What would happen if Sir Harvey had to contend with the patients who turn up in my surgery - coughing and retching and stinking up the place - just on the off chance of being able to score a sick note? I know exactly what the 'eminent' brain surgeon would do: he'd do precisely what I do and high tail it out of there pronto and spend the rest of the day on the golf course.

Good evening, my name is Doctor Adolphous Bongo, and I'm sure that you, like me, were gratified to learn that a species new to science was recently named in my honour. I must admit that I was rather less pleased when, upon further investigation, I was told that 'Bongus fungari' is a type of

poisonous toadstool. Its discoverer, Dr Marcus Conk, describes it as 'an extremely noxious and malignant fungus that subsists solely on dung and gives off an unbearable aroma of rotting meat'. He goes on to explain that, given such characteristics, it was inevitable that he should name it after me.

I should point out, if you haven't guessed already, that Dr Conk and myself do not enjoy the most amicable of relationships, following a disagreement on a trifling point at a conference on biodiversity some years ago. I recall that he delivered some witty remark questioning my academic qualifications. I don't remember exactly what it was, but he seemed very pleased with himself at the time. I responded by delivering a swift, sharp crack to his nose, and he retired hurt. He has since, via the medium of the academic press, accused me of being incapable of reasoned argument, preferring instead to resort to physical violence. I replied by pointing out that I came to rely on physical violence because I reasoned that I was bigger than him, and I think it's fair to say that no one can fault my logic.

Anyhow, we were talking about brain surgery, weren't we? Now, I don't want to give the impression that cranial procedures are not without their challenges. Fixing a brain is very much like fixing a car, and just as every car is different, so is every brain. The brain of one of your proper intellectuals - like an actual professor, for instance - is a top of the range luxury saloon. Every part is precision tooled, and the whole thing is designed to operate at the very peak of its performance. Working on such an advanced machine takes years of experience and meticulous preparation. Most of my patients, on the other hand, are more easily compared to an old banger, and can usually be sorted out with one

really good belt from a big hammer.

The key is in understanding just what a brain is. The best way of describing it is to say that the brain is like a big valve. A 'think' valve, if you like. Human beings are capable of producing millions, possibly billions, of random thought impulses a second - most of which are bollocks. The brain acts as a kind of filter, allowing good, sensible thoughts to pass through, and preventing the nonsense from escaping. Obviously, some brains are better at this than others, as a stroll down any high street at chucking out time will tell you. Sadly, we must accept that there will always be a significant number of people who are easily entertained by their own reflections in shop windows, and there is nothing that medical science can do about this. However, on occasion, mentalism (technical term) can be caused by an illness, a brain ache or a 'syndrome', and can usually be rectified by someone with the right knowledge, a steady hand and something sharp and pointy.

Let's just go back to our description of the brain. We called it a big valve, remember? Good, well the smarter ones amongst you will be asking what happens to all the gibberish that doesn't make it through. Normally the waste balderdash is deposited into what we doctors call a 'think tank' located in the base of the hippocampus. In due course these mentalisms are expelled from the body in the normal way when we go for a 'tinkle' - or 'slash' to use the technical term. But in a malfunctioning patient, this waste bullshit can build up and leak into the rest of the brain. It has a particularly profound effect on the speech centres.

The standard cure for this involves a centre punch, two yards of rubber matting and a plastic funnel. It's a messy process, but tremendous fun. It does, however, require

some co-operation from the patient to prevent them from thrashing around. Unfortunately, people with brain disorders are rarely rational enough to submit themselves to a grinning quack clutching an assortment of metalworking tools, even if it is for their own good. Poor sods.

This is why I have developed a new procedure that can be administered without the patient's consent, or even knowledge. It is a technique that allows me to reset the delicate balance of the brain by means of a brisk tap to the base of the skull - basically I leap out behind them and bash them round the head with a shovel. It's early days yet, but my test subject, one Dr Marcus Conk, is showing great promise. After several intense sessions of 'shovel treatment' he has become timid and withdrawn, but thankfully is no longer inclined to come out with a lot of crap about fungus.

P.E.P.

Do you have feelings of inferiority? Are you intimidated by your colleagues at work? Too scared to go to the pub on your own? Then what you need is Dr Adolphous Bongo's Personality Enhancement course!

Yes, hello. I'm Dr Adolphous Bongo, and before we go any further, I want to get one thing absolutely straight. Despite the rumours, the law suits and all the other things you may have read about in the paper, I am actually a real doctor. I've got all the books, the certificates, taken the oath, everything. And let me tell you, a qualification gained in Tonga is just as valid as any other. In fact, if anything, the test is even more rigorous, and the fact that the training takes only one afternoon is testament to the intensity of the instruction. So let's put this shite to bed once and for all, shall we? Good.

Now then, life can often be difficult, unrewarding, and fraught with worries and uncertainties. Not my life, obviously. This doctoring lark is making me a packet, so I'm having a high old time. But for you normal people, life can often be harsh, so it's really no wonder that many of you turn into paranoid, neurotic wrecks, who spend all day hiding under the dining room table trying to remember your own name. But now all that can be a thing of the past! With my Personality Enhancement Programme you can avoid descending to the mental level of an unripened tomato and once more lead an active and relatively normal life!

Yes I'm talking about you, you freak. You see, locked away in the pathetic, worn out husk of a body is a new you;

a stronger, more assertive, more positive you. And now, for a not inconsiderable fee, I can unlock that inner 'you' so that you might emerge, butterfly-like, from the shattered husk of your life and once more become a reasonably useful member of society.

'But how much is this going to cost me, Dr Bongo?' I hear you say. Well, what is mere money compared to a whole new life stretching ahead of you? Well, exactly. Sell the car, re-mortgage the house - whatever. The new you won't be tied down by material possessions. In fact, you will laugh mockingly when you see someone tearing past you in the street in a brand new Porsche, wearing an Armani suit and an arm-full of Cartier watches. Unless it's me, of course, in which case you will be overcome with gratitude.

And quite rightly too. The fact is, I do have an enormous amount of experience dealing with so-called 'distressed people' - or 'nutters' as they are technically known within the medical profession. My interest was first piqued in 1981 when a man attacked me with a cabbage during a bus trip to Huddersfield. This event changed my life in two ways. Firstly, I vowed never to use public transport ever again. Secondly, I realised that there was a hell of a lot of mentalism about, and there had to be money in it somewhere.

Of course, the gentlemen with the cabbage was what we call a 'long-term loony'. His mentalism was too far advanced, and nothing could be done about it - nothing lucrative, anyway. On the other hand, I realised that there were plenty of people still teetering on the edge of breakdown - people who felt they were somehow losing control of their lives, but still had enough self-control to be able to sign a cheque. These people were mostly sad,

obsessive individuals and it was high time someone knocked some sense into them. I decided that I was more than equal to the task.

I began by selecting groups of particularly distressed patients and - being the literal minded man that I am - physically beating them around the head with baseball bats, garden implements and just about anything else that came to hand. When initially this admittedly novel approach failed, I stepped up the severity of the beatings and progressed to using iron bars, chunks of masonry and even - on some occasions - power tools.

As you might expect, there was much criticism of my work. The private clinic I set up in Norwich was the scene of many an angry demonstration and my activities provoked the interest of the European Court of Human Rights. The scandal reached its peak in 1985 when I undertook my most audacious 'therapy session'. In March of that year I kidnapped Julian Bennett, a seventeen-year-old abattoir worker, from a Manchester branch of W.H. Smith as he thumbed through a copy of *Farmer's Weekly*. Blindfolded and handcuffed, I drove him to a disused aerodrome in Nottinghamshire - that is, young Mr Bennett was blindfolded and handcuffed, not me. That would have been silly. Anyhow, upon arrival I loaded the distraught young gentlemen into a cannon and fired him at a concrete wall.

The world was outraged! The United Nations immediately imposed sanctions on me, and a five-mile exclusion zone was placed around my house. I thought their reaction was a little extreme, to be honest. After all, it was just a difference of opinion - what to them was a horrific assault and an unforgivable violation of human rights, was to me a perfectly valid scientific experiment. I decided to

stand my ground, in the hope that the world would eventually recognise the enormous contribution this work had made to the understanding of mentalism. Besieged, I held out for as long as I could, but on the third day of hostilities my milkman was blown up by a Royal Navy frigate as he attempted to deliver three pints of gold top and a strawberry flavoured yoghurt. It was all over.

I surrendered, and was made to pay a fine of £15. It would have been life imprisonment, but fortunately I know people. I was also made to sign a treaty to the effect that I would not fire any more people at walls unless it should prove absolutely necessary. And for those of you who are interested, Mr Julian Bennett completely recovered from his ordeal and is now the Conservative MP for Staffordshire West - so maybe there is something to be said for 'cannon therapy' after all?

So why, you must surely be asking yourself, should you sign up for a course of treatment which: (a) is extremely painful; and (b) doesn't work? Well, the fact is that as a result of my researches, I have come to realise that a mentalist can never be truly cured. Nevertheless, with careful nurturing and extensive therapy, they can become a source of revenue for life. So if you're feeling a little bit twitchy, and you own your own home, why not pop along to one of our clinics? You can find us in the phone book, under 'nutter servicing'.

Vote Bongo!

Vote for me and win a Ford Fiesta!

Hello there. My name is Doctor Adolphous Bongo, twice named runner up in the coveted 'Warmest Hands of the Year' category by the readers of *Amateur Proctologist*. Not that I'm an amateur, of course; neither, strictly speaking, am I a proctologist, but there's no harm in keeping your hand in. The point is, they don't bestow awards on just anyone. That kind of recognition is only enjoyed by the most upstanding and trustworthy of citizens, and the fact that I have photographs of the editor of that august publication in the act of - coincidentally - 'keeping his hand in' is entirely immaterial.

"But hang on Adolphous," I can hear you saying. "You're standing for election? Proctology awards are all very well, but does this really qualify you for parliament? Surely, an MP's duties amount to more than inserting a carefully warmed digit into the correct orifice?" Well firstly, less of the Adolphous - it's Doctor Bongo to you, fart face. Secondly, yes there's more to this politics lark than fingering bottoms, but as an entry-level qualification, you've got to admit that it's a good place to start.

Nevertheless, I appreciate that a dubiously acquired award, dished out by an obscure periodical, will not necessarily be sufficient to secure a majority. No, it's going to take more than that - but, happily, not much more. I remain supremely confident of success, not least because I understand you. Yes, you, the electorate.

I know who you are, because I see you shuffling your

fat, pendulous forms into my surgery every week. I know you have a problem with body odour and exhibit the kind of flatulence which would render the keeping of canaries a practical impossibility. I know that however often I tell you to stop eating chips and start taking exercise, you will refuse to fritter away your time in pursuit of an active life and instead devote your waking hours to steadily moulding your gelatinous backside to the shape of the sofa.

And, good grief, why ever not? You live in a fusty little semi-detached house that you're not quite happy with, with a wife whom you find slightly irritating and two and a half kids whom you suspect are probably not yours. You have a painfully large overdraft, a tedious echoing void where your social life used to be, and derive little satisfaction from your pointless job, the extravagantly obscure title of which may sound impressive but really just conceals the fact that you don't do anything at all. Don't you deserve a little 'me time'? If slouching for hours on end in front of TV talk shows and trashy talent competitions is what it takes for you to regain some of your self-respect, then go for it. Knock yourself out, why don't you?

More importantly, I know what you want. You don't want some politician who is going to take account of your best interests and work to improve your life and those of your fellow citizens. You just want someone to blame when everything goes tits up; some thieving, lying career-obsessed shit with his hand in the till, whom you can point to when things get tough and shout, "It's him, it's him, it's all his fault! He's the reason my life is crap!"

You don't want a politician who will represent your views in parliament, because you have no views other than a few nebulous notions on the subject of international

diplomacy, a passionate and unwavering faith in Arsenal's back four, and an unshakable belief that everything that's wrong with this country is down to illegal immigrants, young people, old people and everybody else that isn't you.

What you want is someone you can elect to office and not have to bother about for another five years, because democracy is something that only ever happens during a General Election. Whatever naughtiness they get up to in the intervening time, whatever deals they break, havoc they wreak or crap they speak must be allowed to pass unnoticed other than to provide the meat for disapproving gossip and the gravy for tabloid scandal.

None of which really matters anyway, because these details will fail to lodge in your beer-soaked, nicotine-stained brain for longer than it takes to utter the phrase 'they're all the bloody same'. By the time the next parliamentary popularity poll comes around all will be forgiven and forgotten and you'll vote them back in because the leader of their particular 'gang' has the biggest, brightest smile and is offering you the shiniest trinkets.

So why should you vote for me? Well, I'll be honest with you. You don't like me and I don't like you, and your reward for making me your MP will be to have your taxes squandered, your public services shattered and whatever faith you have left in government utterly smashed. Nevertheless, you'll vote for me because I will take advantage of every little fiddle I come across, and am confident that I'm more than equal to the task of inventing ingenious new ones. You'll vote for me because I promise whole-heartedly to take no interest whatsoever in the affairs and concerns of my constituency, and am unlikely to even visit, unless there's money in it. You will vote for me

because I will lobby on behalf of the highest bidder, vote according to my own business interests, court publicity purely in order to further my own career and explore levels of sexual deviancy that I had hitherto never thought medically possible.

But more than this, the real reason that you'll vote for me, the thing that cannot fail to swing this whole election in my favour is that when you put your cross next to my name on that ballot paper, you'll automatically be entered into a free draw to win a brand new shiny Ford Fiesta.

You see what I mean now when I tell you that I know people?

Teeth

Teeth. That's where the real money is. I'm in the wrong game.

Hello there, my name is Doctor Adolphous Bongo, voted the UK's fourth dishiest doctor by the readers of *Stethoscope* magazine. I don't normally pay any attention to these frivolous popularity contests, as quite frankly such immature nonsense is beneath me. These polls are all very well when they occupy the glossy pages of some gaudy teenage 'pop' magazine, but they have no place in a respected medical journal. Not that *Stethoscope* can claim to be 'respected'; in fact it can barely cling to the description of 'medical journal' without serious questions being asked. Nevertheless, that was what it aspired to be when it launched last year, and despite desperate efforts to increase its circulation by introducing a 'spot the spleen' competition and free cover-mounted spatulas, I believe it may still be in with a chance.

I suppose dentists' magazines resort to that kind of frippery all the time. Everything about dentistry is so much more commercial, more obvious, more flash. On the face of it, it seems an odd sort of career to want to get yourself into. You spend the best part of your working day staring into the echoing maws of buck-toothed half-wits, braving howling gales of halitosis, vindaloo and Benson and Hedges. Doesn't sound that glamorous, does it? And yet, when you examine it more closely, the attractions become more apparent.

Firstly, there's the loot. Punters are prepared to pay

absurd amounts of the folding stuff to get their teeth fixed because, as we all know, toothache is the most excruciating variety of pain in human existence. Well all right, second most excruciating, after the paper cut. Just think about how that works. Let's say someone comes to me with the flu. I write them a prescription, give them a sick note and they get to spend the rest of the week tucked up on the sofa with a hot water bottle, watching *Cash in the Attic*. All very lovely, but my services are not something they'd be prepared to part with hard-earned readies for. On the other hand, if half your face is swollen to the size of a basketball and you have the persistent sensation of someone trying to burrow into your lower jaw with a rusty spike, then I'll wager you will happily foist half a year's wages onto the first unlicensed butcher that comes along.

That not enough for you? Well, there is a second bonus - dental procedures are usually extremely quick. Good news if you're a patient; even better if you're a dentist. The average patient will spend ten times longer in the waiting room than he will undergoing treatment, because dentists have got the whole process organised to a tee. The patient is seated, the offending ivory is filled or yanked, then the patient is ejected out onto the pavement before he has chance to say "Good mor-".

Suddenly he's standing in the street with half his face paralysed, drool streaming down his shirtfront, wondering why his wallet is empty. A good dentist can get through so many patients during the course of an afternoon, it's a wonder he finds time to count his money.

I'm sure you won't be surprised, therefore, when I say that I want a piece of that action. Knocking out antibiotics and painkillers to malingerers and layabouts does as much

for my ego as it does for my bank account, and being named the UK's fourth most snogable physician is hardly any consolation. Fourth! I mean, come on. I wouldn't have minded so much if the competition had been stronger. Of the three who were placed higher than me, one is in his seventies, another is in a wheelchair and the third looks as though he's been in collision with a bus. Actually, I'm reliably informed that this is exactly what happened, and the fact that his horrific injuries did nothing to diminish his ranking in the poll can only indicate that tyre marks are very much the 'in thing' this season.

So dentistry is where the future lies, just as long as I can overcome one tiny drawback. Attractive though the profession is, it does require you to be in close proximity to your patient. As a doctor there is rarely ever an occasion when there isn't a sturdy oak desk firmly marking the border between myself and whichever filthy delinquent is soliciting my services. Hell, on my better days I manage to treat them from another room, reassuringly keeping one or two solid walls between us. Dentistry, on the other hand, seems to be disappointingly 'hands on' - or even 'hands in'. There doesn't seem to be any way round that.

Or at least, there wasn't until I invented the Bongomatic Remote Tooth Agitator. Briefly, how it works is that the patient places his head inside a specially constructed vibration chamber. A percussion paddle is then applied to the exterior of the chamber, setting up vibrational waves which shake the patient's teeth free, without me ever having to go anywhere near him. Admittedly, to the unenlightened eye it looks like I just place an aluminium dustbin over the patient's head and hit it repeatedly with a stick, but this is because the device I'm using at the moment is just a

prototype. It will look much more professional when I've painted it.

Trial runs have been most successful so far, with only one significant glitch. During one course of treatment I got rather too enthusiastic with the 'percussion paddle', as a result of which the patient suffered some slight injuries to his head, neck, face, spinal column and pelvis. I think he also twisted his ankle as he tried to escape. If I'm honest, when he emerged from the dustbin - I mean the 'agitator' - he looked like he'd recently been in collision with a bus.

Thanks to my not inconsiderable experience of patient care, I was able to turn on the old bedside manner and assure him that this was an unavoidable consequence of the treatment, which would wear off in time. Disappointingly, he did not find much consolation in my words, the miserable sod. Happily, however, he brightened up no end when I told him that with a face like his he was now on a par with *Stethoscope's* dishiest doctor of the year. You have to look on the bright side, don't you?

Alien Abduction

Figures supplied by the East Lincolnshire Potato Marketing Board reveal that in the year 2010/2011, two hundred and twelve people claim to have been abducted by aliens. That's a fifty per cent increase on the numbers from the previous two years, and this begs two questions. Firstly, why is the East Lincolnshire Potato Marketing Board so interested in alien abductions? I mean, I appreciate that the business of marketing potatoes lacks glamour and that you might want to branch out a bit, but a sudden interest in extraterrestrials is a bit of a leap. The second question is why should I be so interested in the subject? This latter query, at least, is something I feel qualified to answer.

Good morning. My name is Doctor Adolphous Bongo, and much has been made of the recent police raids on various properties with which I am associated. I think I should take this opportunity to put your minds at rest about the material that was confiscated on these occasions. Firstly, I have no knowledge of the items that were taken from the flat over the laundrette in Market Street. I have not used this particular address for eighteen months, having loaned it to a friend. What he does there in his own free time is none of my concern. The articles discovered at the lock up garage in the old railway arches are nothing more than the normal paraphernalia of a busy doctor. Any suggestion otherwise is the result of over-zealous reporting in the local press. In particular, I feel that the repeated use of the word 'entrails' is needlessly dramatic. Finally, it has been reported that the most damning finds have been made

at my surgery. As most people who know me will tell you, I rarely make any attempt to attend my place of work. Therefore anyone who suggests that the medieval torture equipment, the pro-vivisection literature and the giant Mr Whippy costume that were found there are in any way connected with me is batting on a very sticky wicket indeed.

All this fuss is coming at a very difficult time for me, what with this alien abduction business to deal with. At first glance you wouldn't think I'd be too concerned about patients complaining of being probed by aliens in the middle of the night. It's a simple enough matter to prescribe a course of antibiotics and suggest that they sleep with the window closed in future. Not that I have any proof that antibiotics are an effective treatment in these situations, but most people are generally stupid enough to accept that if penicillin can get the better of a dose of the clap, then it's more than a match for Lord Zog and his celestial minions from the planet Zytus 6. Or whatever.

Now obviously, my first reaction is always to assume that the people reporting this nonsense are nutters. 'Nutter' is a complicated medical term, which roughly translates as 'patient'. After all, I have in the past been asked to treat people claiming they'd been bitten by the Loch Ness Monster, mugged by pixies or gone down with a bad case of werewolves. One fellow spontaneously combusted in my waiting room, which didn't half make a mess of the paintwork. I only wish I could figure out how he did it, as it seems a sure-fire way of keeping the waiting lists down, but my impromptu experiment with a blowtorch, a tin of paraffin and a six kilogram bag of charcoal briquettes resulted in only minor injuries and superficial toasting.

You know, I even had one chap claiming he'd been set

upon by wombles, but I threw him out. You've got to draw the line somewhere.

I am of course aware of just how unlikely alien visitation really is. I mean, all that physics stuff: the implausibility of crossing vast interstellar distances, the unbreakable barrier set by the speed of light, the likelihood that most emergent intelligent life will be gobbled up by alien space dragons long before it has the capacity to strike out across the stars. I am also acutely aware how improbable it is that some cosmic visitor would strive to overcome the incredible odds to reach this tiny blue bubble of life within the cold infinite blackness of the universe, purely in order to embed his space gizmo into one of my patients.

That said, if there is even the remotest possibility of Johnny Spaceman landing his flying saucer in my patch, I want to know about it. Painfully inserting complex medical equipment into the miscellaneous orifices of the populace is my job, and if Captain Zargon and his band of bright purple squid creatures from the planet Zanussi 12 want to argue about that, I'll rip off their antennae.

And so, ladies and gentlemen, I continue to watch the skies. Not because I want to reach out beyond the limits of this fragile human sphere and touch the infinite. Not because I want to be in the vanguard of a new age of universal peace and cosmic brotherhood. I'm merely protecting my livelihood. And that, if you're interested, is why the police found a high-powered telescope, camouflage gear and a six gallon drum of chloroform in the boot of my car. You see, you'll usually find that there's a perfectly innocent reason for these things so long as you don't jump to conclusions.

Scandal

Ah yes... Now, this is going to be a little awkward. No doubt many of you are still digesting the lurid minutiae of my private affairs, which have so recently embellished the otherwise drab grey pages of our nation's less reputable tabloids. Well done, you. Now, whilst I would like to comment upon these stories, and refute some of the more colourful and, frankly, physically challenging aspects, I'm afraid that I am unable to do so. Thanks to the gormless spanner whom I have unwisely chosen to handle my legal affairs, I find that I am the unfortunate victim of a backfiring super injunction. This means that whilst everyone else in the world is at liberty to chew over the intimate details of my personal life, I myself am forbidden to discuss it.

Hello there, my name is Doctor Adolphous Bongo, although I'm probably not allowed to tell you that. It's infuriating, but if this business has taught me nothing else, it has brought home to me the shocking levels to which the press has sunk. I'm not in the habit of reading the likes of *The Daily Whoppers*, or whatever these things are traditionally called, and I was quite unprepared for the sight of so much bare flesh masquerading as news. If I wanted to undertake regular examinations of the naked human form in almost forensic detail, I would make a point of attending my surgery more often. That said, it has to be admitted that Mrs Macaulay's varicose veins don't compete on quite the same level as the gorgeous Tracy, 19, from Tunbridge Wells.

I suppose the real lesson here is that there is a limited amount of wisdom in trusting your legal affairs to someone

who operates out of a caravan parked on the waste ground behind the Red Lion. This man, the chief cause of my distress, goes by the name of Mr Ralph Hampney-Cocksure LL.B(Hons). Don't allow the letters appended to his handle confuse you into thinking that he is anything less than a certifiable cretin. Granted, he's villainous and despicable enough to call himself a lawyer, and in more favourable circumstances I might even be proud to call him a brother. But when charged with obtaining for me one teeny-weeny little super injunction, the man has demonstrated a level of mental capacity one would normally attribute to a bar snack. Seriously, in a straight up contest of mental acuity, my money would be on the Cheesy Wotsit every time. I wouldn't trust the prick to operate a toothbrush without sticking it into the wrong orifice - possessing, as he does, the kind of searing and incisive intellect that would be admirable in nothing more sentient than a house brick.

Anyway, what's wrong with dressing up a donkey in rubber? I put this question to you apropos of nothing in particular, you understand. Certainly, nothing that I am liberty to publicly disclose. I'm just saying, purely as an exercise in idle speculation, that if a respectable, upstanding professional man - a medical man, perhaps... let's say, for the sake of argument, a dentist - well if such a man wished to consort with a consenting quadruped, four gallons of taramosalata and a length of rubber hose, then shouldn't he be allowed to do so, without the whole thing getting splashed all over the Sunday papers? I mean, it's getting to the point where a man can't call a pair of galoshes, a family-sized pack of chocolate fingers and a tyre lever his own.

Speaking of tyre levers, I was fortunate to bump into the eminent bottom doctor Sir Harvey Bumstead at the golf

club the other day. Lord, what an awful drag! Golf, I mean, not Sir Harvey. Actually, Sir Harvey's not the most sparkling of company, but he's typical of the kind of bigwig one get to jostle elbows with whilst teeing off on the seventh. Interestingly he told me that he's got my solicitor - the Cocksure fellow - pencilled in for some kind of rectal procedure next Tuesday, and he very charitably invited me to pop along and lend a hand, so to speak. And that, in case you were wondering, is where the tyre lever will come in - it is my intention to give the chap the kind of injunction that will permanently change the way he walks. And no amount of taramosalata will put a smile on his face after that.

Syndrome

It's an unfortunate fact that history is unlikely to decide that you're a figure of any great worth until you've had stuff named after you. The Duke of Wellington had his boot, James Dyson had his vacuum cleaner and Rudyard Kipling had his exceedingly good Kipling Automated Steam Press. For a medical man to achieve that same level of immortality, you have to have some variety of disease labelled in your honour. It is, for some, an unedifying prospect to be forever associated with an affliction, but the brutal truth is that you're nothing until you have your very own ailment, condition or disorder. Personality, I see the prospect of lending my moniker to something which causes misery, heartache and despair to be merely an extension of my day job and it was with this in mind that I set out to discover my own 'syndrome'.

Good evening. My name is Doctor Adolphous Bongo or, as you may know me better, 'Mr July' from last year's British Medical Association Macho Medics charity calendar. It was only natural that I should be asked to take part, of course. Not only does the involvement of one of the country's top doctors lend a much needed touch of credibility to such a project, but it's also widely known that I have an exceptionally well preserved body. I keep it in a tank of formaldehyde in my back bedroom. In life it had been the mortal embodiment of the eminent surgeon and pillar of the BMA, Sir Marcus Cordoba, and seeing as the Association has repeatedly acquiesced to my requests for a rake off from its charity endeavours, I'm now more than

happy to return the celebrated cadaver to its grieving relatives so that they can give it a proper burial.

In any case, I'm finding that parading around in my pants, though lucrative, offends my dignity more than a little, hence my search for a syndrome. Now, as we all know, medicine was invented by the Vikings in Mesopotamia as long ago as 1857. This is all very lovely but for the budding young physician, looking to make his name in the world of pestilence and misery, it presents a problem. To wit, by now all the best diseases have already been taken. The only way, therefore, to immortalise yourself in the field of infection, is to create new ones. Realising this, I immediately dug out my old chemistry set, took skin samples from some of my filthier patients and scraped up some of the black mushy stuff that has been collecting in the back of my fridge.

I am now pleased to say that I have bred a new kind of superbug. His name is Mathew, he can kill a cow at ten paces just by snarling at it, and he is going to make me a fortune. Mathew, you see, is directly responsible for 'Bongo Syndrome'. Indeed, Bongo Syndrome is best described as a fear of Mathew, and in the circumstances I feel that this is a perfectly rational reaction.

You see, Mathew is different to many other germs in one very important respect - he is visible to the naked eye. In fact, Mathew stands about six inches tall, is hefty enough to prise open a jar of piccalilli and has a cruel temper. In addition he has also proven to be resistant to antibiotics, unless you can get a good swing at him with the bottle. But I haven't gone to all the trouble of dragging Mathew kicking and screaming into existence, only to forever banish him from this world with a judicious squirt of disinfectant or a

random dose of penicillin. Oh no. Mathew is my star performer and has already gathered the crowds at numerous conventions and lectures.

But showbusiness, like medicine, is a fickle discipline. One minute you're on a London stage, coughing up bile for visiting foreign diplomats; the next you're lying in a gutter after having all your small change surgically removed and getting your nuts flattened by random passers-by. You can never rest on your laurels. It's not enough to simply stand there in the limelight and make everyone sick; you're going to have to learn something new. That's why I taught Mathew to juggle.

Not that juggling alone will secure fame and fortune for a six-inch high bacterium with bad breath and an attitude problem. But it's a start. We're also perfecting a fire-eating act, working on a few impressions and he's taking singing lessons from Donny Osmond. It's obviously going to require a lot of hard work and perseverance - and if Mathew is really serious about making me famous he needs to buckle down and put in the hours.

Unfortunately we're having one or two problems with him at the moment. He's fallen in with a bad crowd of Staphylococci and I think he may be mutating into a variety of influenza. I'm sure it's just a phase he's going through and we'll soon get him back into the silver leotard, practising his wheel of death routine. I have every confidence that years from now, when people mention my name, I'll be remembered as the genius behind Mathew the Mighty Microbe, singing sensation and all round variety superstar. No one will ever remember me as the guy who was once photographed in his pants for a dodgy calendar, sponsored by a surgical appliance company.

Age

They say that we have an ageing population. I don't know whom 'they' are, or on what basis 'they' make this sweeping proclamation, but I'm inclined to believe it. I think I read it in the pages of 'Celebrity Gossip Weekly' and if that isn't a direct artery to the frontiers of medical research, then I don't know what is. I must say, however, that I haven't noticed a marked influx of wrinklies at my practice. Perhaps this isn't surprising since life expectancy in my neck of the woods is particularly low. Or at least it has been since I moved in.

Good morning. My name is Doctor Adolphous Bongo, still remembered as one of the most promising pupils to pass through St Augustines College of Medical Arts in Jakarta. It was here that I learnt the quick way to cut up a cadaver under the watchful eye of the well-known microbiologist Professor Lazarus Briton. My personal best was a time of three minutes ten seconds - that's from still warm to nicely stowed away in a series of carrier bags. That fortune subsequently gave me the opportunity to fulfil my potential is beyond doubt, and I will personally damage anyone who dares to suggest otherwise. Sadly, Lady Luck never took the time to smile as kindly on my tutor, Professor Briton, which is why he spent the rest of his career teaching junior doctors to chop up bodies, and never received the recognition that he felt he deserved.

Other people's tragedy is always a source of great mirth, which is why I volunteer twice a month to help out at the Happy Endings Community Home for Retired Gentlefolk. It's not because of the sense of fulfilment that I get from

giving these remarkable old timers advice and companionship. Neither is it the inspiration that I glean from helping these venerable old fogies go about their daily lives. It's more to do with the very deep and satisfying glow that I get in the knowledge that these decrepit old farts will soon pass from this world, while I remain young and vigorous and still in control of my bowels. And if you think that's cold and heartless of me, than I will have to concede that you're very probably right - but I'll wager that I'm only giving voice to the same sense of relief that most 'normal' people feel, but keep to themselves. 'Look to the mote in thine own eye', eh? That's a quote from the bible, I think. Or it could be Led Zeppelin.

Of course, had my erstwhile mentor Professor Briton been successful, old age would be a thing of the past, rather than an impending inevitability in all our futures. The Professor believed it possible to reprogram our bodies at a molecular level to enable us to live forever. Unfortunately, the daft twat also thought that we could be made to grow wings, breathe fire and live without food, operating on a combination of solar and tidal power. Who's to say that he wasn't right? The problem he had was that whenever he approached possible investors with these madcap schemes, they invariably started to lose confidence as soon as he got to the bit about turbo-assisted knees. As a result, Briton found himself unable to properly equip his laboratory, and had to make do with a handful of second hand test tubes, a hairdryer, a couple of boxes of paperclips and whatever else he might be able to pilfer from the college's stationery cupboard. Despite this, he claimed a breakthrough - maintaining that he could extend the life of cottage cheese to three weeks beyond its sell-by date. Impressive though this

might be, it's still a long way from immortality.

And anyway, immortality is not necessarily such an attractive proposition. Take a look at the people around you. Go on, do it now. Ask yourself: do you really want those people hanging round forever? Fair enough, everlasting life is all very well and proper for important achievers, great men of vision and certain doctors, but I certainly wouldn't want to share eternity with the same detestable rabble that currently dogs my every step. If you want a vision of the future, just you step over the threshold of the Happy Endings Retirement Home and try to convince yourself that you've not just walked onto the set of some apocalyptic zombie movie. The yards of loose, sagging skin, the sunken, yellowing eyes, the haunted look of living death. I've heard people talk about dignity in old age, but it doesn't manifest itself here. People who are filthy, disease-ridden degenerates in youth have a tendency to become filthy and disease-ridden degenerates in their dotage. Only shorter.

The fact that the whole place smells like the monkey enclosure at the zoo, three weeks into a zookeeper's strike, robs the visitor of any illusion of prestige just as surely as it will deprive him of his sense of taste for several hours afterwards. No, I'm very much afraid that despite our best efforts, the process of ageing remains Mother Nature's most effective way of clearing up after herself.

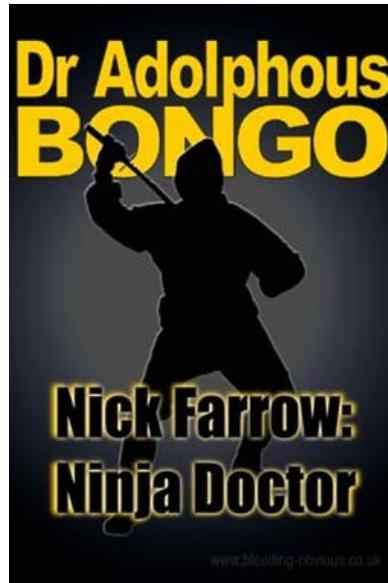
And if ever I am in any doubt, I visit the Happy Endings Retirement Home and search out one of the newer residents, admitted shortly before I made a habit of visiting. I mentioned his name earlier - my old mentor Lazarus Briton - though the old codger doesn't seem to remember me now. As I look into that tired old face - a face once pink and

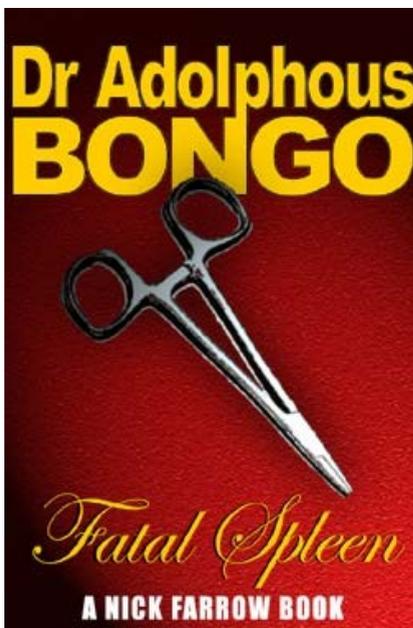
lively, now cracked and wrinkled and dark - sometimes I see a flicker of light and maybe a fleeting glimpse of the towering personality I once knew. I think, if I'm patient, and persistent, I might finally get through to him.

...I'll get the old bastard to put me in his will if it kills him.

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Fatal Spleen

"Do you have to go?" Margarita cooed huskily as she writhed sensuously beneath the sheets. "It's late, come back to bed."

Nick Farrow slowly shook his head. "You don't understand," he said. Margarita watched his taut frame silhouetted in the open window. The sights and the sounds of the city

drifted up from below: the heady, steamy mix of muffled music and the endless palette of flickering neon lights that painted gaudy shadows over the walls of this cheap hotel room.

"I have no choice," Farrow growled, as he sat on the bed and ran his powerful hand over the soft flesh of her shoulder. "It's what I signed up for. I'm a doctor - I have a duty to fight crime."

And with that he was gone, leaving nothing behind save for his musky scent, a lingering sense of danger and a prescription for a seven day course of antibiotics.

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