

Family Practice Stories

Memories, Reflections,
and Stories of Hoosier
Family Doctors of the
Mid-Twentieth Century

WRITTEN AND EDITED BY

Richard D. Feldman, MD

Family Practice Stories



The Center for the History of Family Medicine

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To the memory of my father, Max Feldman, MD, and the family doctors of that “Greatest Generation,” the physicians who created the modern specialty of family medicine.

Contents

Foreword	xiii
Preface	xvii
Acknowledgments	xix
Editor's Note	xx
Introduction	1
Part 1—Reflections	
1 A Tribute to the Family Doctor	13
2 A Country Doc	15
3 Three Generations of Family Docs	33
4 The Son of a Family Doctor	41
5 Patients Are People	47
6 Times Are Changing	51
7 Looking Back and Looking Forward	55
8 Passing the Torch	63
Part 2—Family Practice Stories	
9 The Art of Using Placebos	71
10 It's Time for Your Physical	75
11 Did You Notice She Was Wearing a Sweater?	77
12 When a Doctor Does Not Want to Be Found	79
13 December 7, 1941	81
14 A Lesson in Professionalism	87
15 The Tooth	89
16 A Very Important Piece of Equipment	91
17 House Call Companion	93

18	Of Horses and Buggies	95
19	The Illusive Hernia	97
20	Beyond the Usual Call of Duty	99
21	A Desperate Move	101
22	It's Just the Way It Was	103
23	The Attack	105
24	Naked Ladies	107
25	Miracle Baby	111
26	A Daughter's Broken Arm	113
27	The Last Little Girl	115
28	Third Time's the Charm	119
29	A Snowy House Call	121
30	The True Use of Boiling Water	123
31	A Loaded Diagnosis	125
32	They Know Where to Find You	127
33	The Smell of Smallpox	129
34	Lines of Love	131
35	Doctor's Helping Hands, and Sometimes Feet	133
36	A Rare Diagnosis	137
37	Switching Roles	139
38	Four Helpful Sons	141
39	"Checking Out"	145
40	The Sting	149
41	A New Disease	151
42	You Just Cannot Help Everyone	153
43	Just Let Me Go Home	157
44	Wallpapered Love	159
45	Slippers	161
46	Holding a Hand	163

47	The Old Days	165
48	Big Ears	169
49	Those Calls in the Middle of the Night	171
50	House Calls	173
51	From the Tropics to the Hoosier State	175
52	Not the Brightest Nurse	179
53	Take One Practical Joke, Twice a Day	183
54	Oh, the Places You'll Go and Still Be Recognized!	185
55	An Unexpected Visit	187
56	It's All in the Family	189
57	Strong-Arming Your Patients	191
58	Listening	193
59	Obstetrical Surprises	195
60	Delivering Babies	199
61	Treating the Eternal	203
62	A Memorable Surgery	205
63	The Indiana University School of Medicine The Days of the Medical School Pyramid	209
64	An Expensive House Call	213
65	Welcome to Town, Doc	217
66	Maria	221
67	Some of the Best Lessons Are the Ones You Teach Yourself	223
68	The Right Answer	227
69	The Back-Door Approach	229
70	The Ten-Dollar Delivery	231
71	I Recognize Your Face but I Sure Don't Know Your Name	235
72	I'm a Doctor, I Promise	237
73	Famished	241
74	Memorable Victories	243

75	A Late-Night Phone Call	247
76	If There Was Only an Instant Replay	251
77	Grandma's Ailment	255
78	The Godfather of Medicine	259
79	When Insults Are Really Expressions of Respect	261
80	A Person to Emulate	265
81	A Child Found	267
82	Flames	271
83	Dispensing Pills	273
84	Bantering with the Sister	275
85	A Stranger in Need	277
86	The Invisible Baby	281
87	Outdoor Obstetrics	283
88	A Cautionary Tale	287
89	A Grateful Cat	289
90	A Cure Worse Than the Disease	293
91	A Special Prescription	295
92	The Urine Sample	297
93	Better Than Money	299
94	Susan	303
95	The Thrill of It All	307
96	The Ones That Didn't Make It	311
97	Come Sleet or Come Snow	313
98	Careful What You Ask a Child!	317
99	The Fire	319
100	Doing What Needs to Be Done	323
101	With a Little Help from My Friends	325
102	Doctor and Friend	329
103	Baby Drop	331

104 Protecting Little Hockey Players	333
105 The Recipe	335
106 Oops! An \$1,800 Mistake	339
107 Death of a Little Boy	341
108 A Patient's Prayer	345
Epilogue	349
Index	351

9

The Art of Using Placebos

Max Feldman, MD, was born in the Austro-Hungarian Empire in 1909. Immigrating to America in 1920, he spent the remainder of an impoverished childhood in New York City. He worked as a shipping clerk and attended night classes for two years at Brooklyn College, transferring to City College of New York as a full-time student and graduating in 1932.

Feldman returned to Europe for medical school, first attending the school in Konigsberg, Germany, for one year until Adolf Hitler came to power in 1933. Not feeling safe as a Jewish student in Germany, even as an American, he transferred to the University of Basil Medical School in Switzerland, graduating in 1937.

Returning to the United States, Feldman completed a one-year internship at Lincoln Hospital in New York City and a one-year internship at the U.S. Public Health Service Hospital on Staten Island. As a member of the U.S. Army Reserves, he joined the Civilian Conservation Corps as a medical officer in northern Wyoming for one year. He then activated and was sent to Fort Francis E. Warren in Cheyenne, Wyoming.

After assignments in Kansas and Missouri, Feldman was transferred to Tripler Army Hospital at Pearl Harbor in 1941 and served with distinction

13

December 7, 1941

Many of the doctors interviewed for this book were World War II veterans. They served in various parts of the world in assorted capacities and settings. Some served as military physicians fresh out of medical school. We can be proud that Hoosier physicians served their country with distinction during this great conflict. Here is one such story of a Hoosier family doctor during the war:

In 1937 my father, Max Feldman, returned to America from medical school in Basil, Switzerland. He then served two years in rotating internships in New York City. Serving an internship was just that—an educational experience and little more. His first year at Lincoln Hospital he earned fifteen dollars per month, and during his second year at the U.S. Public Health Service Hospital on Staten Island, he earned \$1,200 a year. Of course, he was provided with small living quarters, a white uniform, and all the food he could eat.

It was 1939 and the Great Depression was at its tail end prior to the United States entry into World War II. It was a time when it took a lot of money to open a private general practice, and it usually took at least five years to successfully establish a practice.

His next steps were financial ones. To have the opportunity to make more money, dad joined the U.S. Army Reserves and also the Civilian Conservation Corps as a camp physician. He was ready for a



Courtesy of Doctor Richard Feldman

Major Max Feldman, Hawaii, 1941

little adventure and he loved the outdoors. He was offered an assignment in Deaver, Wyoming, near Yellowstone National Park. It was an isolated, dry, and bleak place. It was frigid in the winter with temperatures dipping to minus thirty degrees. There was no social life. The men in the camp were working on large irrigation projects for farming sugar beets and alfalfa. He was the only doctor in the camp, caring for about two hundred men, and he was also in charge of the camp's sanitation. He

described it as much like the experience of a military medical officer taking care of a company in an isolated situation. After a long year in northern Wyoming, he was ready for a change.

Being in the reserve, he was obligated to the army for one year of active duty and decided it was a good time to activate. In July 1940 he was assigned to Fort Francis E. Warren in Cheyenne, Wyoming, as the regimental physician. He was the only medical officer at the fort, supervising about forty medics. In September he met an attractive Cheyenne woman, and they were married in November. The marriage lasted sixty-two years.

War was brewing and the military was expanding, and the number of medics at the fort enlarged to about a hundred. A physician captain was brought in as commanding officer and my father said lightheartedly, "I went from chief to nothing!"

As the possibility of war escalated, all reserves serving their year on active duty were "frozen," and he was assigned to Fort Leonard Wood in Missouri and then to Fort Leavenworth in Kansas. He decided to apply for transfer to Hawaii. It was the dream job, and he got it. My

father and mother arrived in Honolulu in July 1941. My father was assigned as a ward officer at Tripler Army Hospital.

“Life in Hawaii was a paradise,” my mother said, “absolutely a paradise. We were living right on the ocean beach at first, and then we moved to a house with a park nearby that was just beautiful. On the ocean the dolphins performed. Of course, there were also army affairs; we went to dinners where they had singing performances and Hawaiian programs. It was very pleasant.” But things changed suddenly.

At five minutes to 8:00 on Sunday morning, December 7, my father was making early rounds at the hospital when he heard explosions. The newspaper commented on the fact there were to be maneuvers that morning. He thought they were louder and more intense than the usual maneuvers, but he did not imagine that Pearl Harbor was being attacked by the Japanese.

My mother was at home at that moment, and trays and dishes were rattling on the shelves. Rushing outside she saw Japanese planes, lots of them, flying low overhead. Friends remarked to her that the planes had the Rising Sun painted on their sides and wings. Dogfights ensued right over her head.

My father also saw planes above. Some were Japanese, but also the remnants of the American squadrons not destroyed at the bombardment at Hickam Field. A few heroic American fighter pilots managed to get off the ground to meet the invaders.

At Tripler Hospital, the staff did not comprehend what actually was transpiring until the casualties started to come through the hospital doors. As my father recounted, “It was the real thing. We were completely surprised; Oahu was being attacked. We were completely unprepared. We didn’t expect this. The Japanese could have taken Hawaii without any problem.”

The dead, the dying, and the severely injured were pouring into the hospital, both civilian and military. My father had never seen anything like this before in his medical career. Nothing close. Triage medicine had to be employed with so many severely wounded people. He learned about this heartbreaking protocol for mass-casualty military situations, but now he was living it. It was horrific. He was treating people with all kinds of wounds, some catastrophic. All physician officers were

on lockdown in the hospital. My father was constantly on duty day and night for two weeks. They were also anticipating another attack and more casualties.

My mother and the other military wives were quickly relocated to high ground above Honolulu. She remembers from that high vantage point observing the remainder of the bombing of Pearl Harbor. It was a poignant and surreal sight.

My Dad recalled, "The bombing only lasted two hours. The army installations were occasionally fired on, but not really bombed. Tripler Hospital was strafed with holes visible on its outside walls. Our car, parked outside of our house, got some shrapnel wounds probably from the dogfights overhead."

There was great anxiety that the island would be invaded. My mother recounted, "Immediately after we were attacked, we went into blackouts, complete blackouts. You wouldn't even dare to light a cigarette outside, because there were no lights whatsoever. We had to cover the bottom of the doorways and tar paper the windows to make sure no light would go through. At night, it was complete blackout, which was quite a contrast to the life we had experienced."

Knowing that their parents would be worried about their safety, my mother called Western Union to send telegrams to Max's parents in New York and her parents in Cheyenne. Communications were ordered to be shut down, and she begged the man there to send them. Western Union finally agreed and sent the telegrams. Shortly thereafter, she called to confirm that they were actually sent after hearing on the radio that all communications had already closed down. She was told, "We are not giving out any information." A few minutes later she called again and kept nagging him for a confirmation. Finally, he verified that they were sent. My mother always believed that her telegrams were the last to be sent from Hawaii after the attack.

My mother and the other military wives were evacuated on February 21, 1942. My father saw her off from the dock. When the ship pulled away, my father took his pack of cigarettes and threw them into the sea. He never smoked again. They were escorted in a convoy of several ships that zigzagged their way to San Francisco. The conditions were terrible. The ship was overcrowded with nine women to a room

that was ordinarily meant for two. There were no mattresses except for people who were ill. Since my mother was pregnant, she was one of the lucky ones given a mattress to sleep on. She complained that food was rationed, and it was difficult to get enough to eat, especially for a pregnant woman. My mother believed that during the journey, a torpedo was fired at the convoy but missed.

My mother delivered her first child two weeks after she arrived back in the United States. My father did not see his new son (my older brother) until he was ten months old. When Max finally got leave and came home, mom said to her son, "This is Daddy." Well, this wasn't daddy. Daddy was a picture on the wall.

Major Max Feldman remained in the army until March 1946. From Hawaii he was sent to Christmas Island, a mid-Pacific stopover for military planes from Hawaii to other South Pacific islands. From there he returned to Fort Warren in Cheyenne and then to Fort Leavenworth in Kansas. At Fort Leavenworth, among other duties, he served as the medical officer for a German prisoner-of-war camp. He received that assignment because he was fluent in German.

I remember my father telling me that one day a German prisoner said to him, "Europe is an impenetrable fortress that will never fall." I'm sure my father politely cast some doubt on that pronouncement.

On September 9, 1942, my father wrote in his diary:

The idea of keeping a diary entered my mind some time prior to my departure from Hawaii to Christmas Island. . . . I am indeed sorry that I had not kept the diary from the onset of the War [in] December. For since then, numerous and important occurrences and impressions were experienced which would have had a far greater value had they been put down on paper [then, rather] than a description of them in retrospect . . . such impressions as the sound produced by the bombing of Oahu, the first blackout, the discovery of how great a difference it makes to night visibility whether the moon is out or not, the row upon row of corpses following the Hickam Field bombardment; the bravery with which the casualties that lived suffered their shocking injuries. These and many more occurrences were of such [a] nature as to make a deep impression

on [my] mind. In addition to my duties as medical inspector of this post, I have this date also been appointed . . . censor. I censor the enlisted men's mail. I find it interesting, for it gives me an idea of what goes on in the American soldiers' mind. It is an experience that I am thankful for. . . . I never realized how deeply religion can [affect] the personality, character and morality of a person until I took up this job as censor. Now I would be a lot more careful in dealing with our enlisted men, [lest] I hurt anyone's religious feelings. This job has made me change towards my enlisted men. I realize more and more the diversity of character and therefore am inclined to treat each soldier more as an individual than as a group.

On October 7, 1942, he wrote:

The war seems to have taken on favorable turn for the Allies. The Russians are holding (the main front) and on the secondary fronts the Allies are doing well. I am turning optimistic. My opinion is that in 1943, the [Allies] will launch a many front offensive and by the summer of 1944, this horrible war will be over.

My father's prediction wasn't quite correct, but that impenetrable European fortress proved to be vulnerable.

I recall that a number of years ago, a popular Hollywood motion picture was produced on the bombing of Pearl Harbor. Despite the rave reviews, dad scoffed and said, "I don't like seeing movies about Pearl Harbor. They just aren't realistic. The movie was terrible. They didn't capture how horrible that day really was. They couldn't."

My father did not talk much about the war unless he was asked. However, without question, it indelibly affected his life and values; his medical practice; and the way he viewed marriage, family, and the world.

He was, indeed, of that Greatest Generation.

This account was based on the author's reminiscences of discussions with his father, his father's wartime diary, and formal recorded and written interviews conducted by others in 1982 and 2001.

14

A Lesson in Professionalism

Concern has risen within the medical profession about maintaining its long tradition of professionalism in this era of escalating pressures and regulations, decreasing reimbursement, and the increasing corporate and business-like ethic dominating the health-care industry. There is continual apprehension regarding medicine becoming increasingly depersonalized and fragmented. And with that, pride within the profession may easily erode in the process. Doctor Max Feldman was fortunate to have practiced at a time when medicine was simpler and more personal.

When the author was in medical school, he had the treasured opportunity to spend a month rotation with his father. Here is a lesson in professionalism that he learned from him:

One day we saw a patient in his office who couldn't afford to pay for my father's services. He already owed a sizable amount, but my father continued to see him and his family for their medical needs. Walking out of the exam room after seeing this patient, dad's receptionist waved me over to talk with her. She quietly told me, "Your father arranged for this patient to pay five dollars a month on his account." Shaking her

head from side to side, she continued, “It costs the office more than five dollars to collect this small payment every month.”

That evening, I asked my father why he created an arrangement that made no business sense. He looked a little surprised and then replied, “Richard, it isn’t about the money. What’s more important is to maintain this patient’s sense of self-worth and dignity.” That day I learned a valuable lesson from my father.

Coming home from school when I was growing up, I occasionally would find a man working on a special project in our yard or on a home maintenance project. For some patients, it was the only way for them to pay for my father’s services. Sometimes, I wondered if the work being done at our home was all that necessary. My father loved and took great pride in his profession, and he cared about the people he served. It’s called professionalism.

39

“Checking Out”

Raymond Nicholson, MD, was born on May 9, 1930, and was raised in Evansville, Indiana. He graduated from Indiana University in 1952 with a bachelor of science in anatomy and physiology before continuing his education at the IU School of Medicine, graduating in 1955. He subsequently completed internships at the IU Medical Center as well serving with the U.S. Army as a captain.

Nicholson began group practice in 1958. In addition to his private practice, he has had many academic appointments, including assistant clinical professor and clinical professor, both at the IU School of Medicine, and clinical associate professor of pharmacology at Purdue University. He remains active in the medical field, serving as health officer for Vanderburgh County, the director of the Alzheimer Center at Good Samaritan Home in Evansville, Indiana, and the medical director of the Muscular Dystrophy Clinic of Evansville.

Nicholson served as the director of the Saint Mary’s Hospital Family Medicine Residency Program in Evansville for many years and received a faculty appointment in the Department of Family Medicine at the IU School of Medicine as a volunteer clinical professor. He

served as president of the Indiana Academy of Family Physicians from 1990 to 1991.

It is sometimes said that while medical specialists may claim expertise in a certain procedure, disease process, or organ system, the family physician's area of expertise is people. The ability to read and relate to patients is one of many attributes that has defined Nicholson's career, and has, on occasion, helped him save a life.

Early one evening after a long day in the office that seemed even longer as the October sun had already set, Nicholson received a frantic telephone call from one of the residents he was training. "Nick!" the resident addressed him as most friends and colleagues affectionately would. "You'd better get over here." The serious tone and rapidity of speech let Nicholson know that this resident was truly concerned. "This guy just had a massive heart attack, and now he wants to leave."

The patient was a prominent local businessman, and Nicholson was aware of his reputation both for creativity in his business and a fiery temper outside of it. In his calm reply, Nicholson sought not only to garner more information but also to calm the flustered resident. "Well, what does the cardiologist have to say?"

The exasperated reply let Nicholson know that this was a situation that would require a special brand of medical attention: "Well, he's already fired three of them! They called us in family practice to see what we could do."

And so Nicholson packed up the last few bits of work he would need to finish at home and headed over to the main hospital. As he walked down the corridor to the emergency room, he could already hear some commotion. Stopping briefly at the nurses' station to verify the patient's room number, he could see by the expressions on the faces of the nursing staff that the patient was not the only frustrated party. Nicholson entered the room wearing his famous grin, and introduced himself. The neatly stacked clothes at the bedside signaled to Nicholson that this patient was serious about leaving the hospital. The man hesitated only briefly to exchange pleasantries and then continued the ranting and

raving that had frustrated so many who had proceeded Nick.

"The guy was just ranting and raving about how long he had to wait in the emergency room," Nicholson recalled, "and how the admitting office had treated him; how nobody would give him morphine for the pain, and how he'd had to wait ten minutes for it."

Rather than offer insufficient explanations, or apologize for those who in all likelihood did no wrong, Nicholson simply pulled up a chair, made himself comfortable, and listened. He empathized. "With every complaint I'd just say, 'Gosh, I would hate that,' or 'I'm sorry that happened,'" Nicholson said.

Slowly, Nicholson could see the man's face soften as his anger died down. When the man was again reasonable, the two began to talk and Nicholson, transitioning from listener to physician, explained the man's situation to him. As their discussion drew to a close, the patient shook Nick's hand and said plainly, almost apologetically, "Well, I like you, but damn it, I'm going to leave anyway."

Ever the diplomat, Nicholson responded, "Well that's okay if you want to leave, I just have a couple of pieces of paperwork for you to fill out," reassuring the man that his wishes would be respected.

Nicholson left the room to obtain the necessary paperwork for a patient checking out against medical advice, and returned shortly after filling out his portion. The man was waiting patiently, having not yet changed from his hospital gown. Nicholson first handed the patient a form, which he quickly scanned and signed, acknowledging that he knew he was leaving the hospital against medical advice, and that he was aware of the risks and so on. Once that form was signed the two traded papers, and Nicholson handed him a death certificate that he also filled out in the patient's name. The man again scanned the page quickly, then paused, and read over the sheet of paper again slowly, more carefully. Satisfied that he had read it correctly, he looked up at Nicholson with an expression that evolved from bewilderment to fear. "What is this?" he asked, hoping there was some other explanation.

"Oh, that's just a death certificate," Nick replied calmly, sensing that his point was being received.

“But it has my name on it!”

“I know,” said Nicholson, who was now confident that he would be able to get through to the patient, “but if you leave here you’re going to die, and so I thought we could just take care of things up front. Let’s go ahead and sign this while you can.”

That did the trick. The man wisely decided to stay in the hospital and get the necessary treatment that likely saved his life. Nicholson’s unique approach had helped to foster not only an effective relationship between doctor and patient, but a friendship as well. “And you know, we became the best of friends,” Nicholson happily reported. “He turned out to be one of the nicest guys I ever dealt with.”

Grandma's Ailment

Gerald De Wester, MD, was born on December 12, 1929, and was raised in Roxana, Illinois. He attended Butler University for his undergraduate degree, graduating in 1955. De Wester then studied at the Indiana University School of Medicine, receiving his medical degree in 1959. He completed an internship at Methodist Hospital in Gary, Indiana, before establishing his practice in Indianapolis in 1960.

De Wester taught IU medical students and family medicine residents at Saint Francis Hospital in Beech Grove, Indiana (now known as Franciscan Saint Francis Health). He served as the chief of the medical staff at Saint Francis Hospital and University Heights Hospital (present-day Community South Hospital). De Wester died in April 2010.

This episode was given by De Wester's son, Jeff, who is also a family doctor.

My father told a story about a particular house call he once made. He got a call from a family that wanted him to come over as soon as possible and check on Grandma. She appeared to be very ill.

"We think Grandma's had a stroke," they told him when he arrived at their house. "She's acting really strangely, like nothing we've seen



Courtesy Doctor Richard Feldman

Gerald De Wester (seated, left)

before. We don't know what is wrong with her, and we don't know what to do, doctor."

"Okay," Dad said. And he goes upstairs to check on her.

A few minutes later he calls the oldest members of the family upstairs to talk to him about his evaluation of grandma's condition. "I've got some good news and some bad news," he told them. "The good news is grandma has not had a stroke. She will be just fine by morning."

"Oh, doctor," they said, "what a relief!"

"That is certainly a relief," he replied, "but remember, I have some bad news too."

He then walks over to her bureau chest of drawers and pulls out a couple bottles of liquor. He pokes behind the curtain and comes back with another one. From under the bed, he retrieves an armful of bottles. Bottles everywhere.

"The bad news is grandma's stone cold drunk," he said.

Editor's Note: Clandestine alcohol consumption was also involved in another family doctor's amusing story that was told to the editor. "I remember one time that one of my old farmer patients fell out of a haymow

and broke his hip, and they put him in the orthopedic ward at the hospital. About an hour before the scheduled surgery, I got a call to come ASAP to see him. I rushed up to the floor to see him, and when I walked in the room with the head nurse following right behind me, he threw the nurse out and had her close the door. He said, 'Now, Doc, I just have something to tell you and thought maybe it might be important. I had a stash of hooch up there in the haymow, and my wife doesn't know anything about it. I just got a little too much to drink and missed my footing and fell out of the haymow. I thought I had just better tell you in case it makes any difference to you before we go to surgery. But Doc, promise me that you won't say anything to my wife about the hooch. That would be a bigger problem than this broken hip!' I promised him it would be our secret."

81

A Child Found

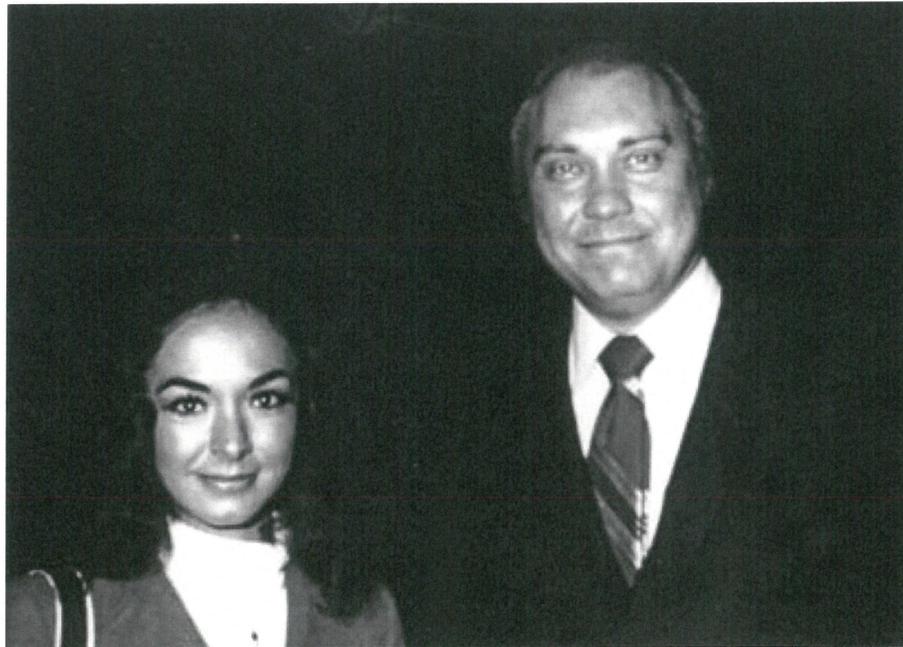
John Records, MD, was born on January 20, 1936, and graduated from Indiana University in 1958 with a bachelor of science degree. He then continued his education at the IU School of Medicine, earning his medical degree in 1961.

Records entered practice in 1962 as a solo physician in Franklin, Indiana. Over the course of his long and dedicated career, Records practiced the wide gamut of family medicine, delivering 1,800 babies, conducting minor office surgery, and caring for pediatric and adult patients. Although planning his retirement (at least according to his wife, Pamela), he continues his private practice in Franklin.

Family physicians are consulted by phone all the time. When on call, they naturally receive some calls from people in distress. But early in his career, Records got a call he has never forgotten.

The son of a general practitioner, Records says he learned the art of medicine from his dad. He saw his father's work and decided that he was going to become a family doctor, too. He was twelve years old.

Records estimates that 40 percent of his 1961 graduating class went



Courtesy Indiana Academy of Family Physicians

John Records

into family practice. “At our forty-fifth reunion, there was still half of the class practicing medicine,” he said. “That, to me, indicates that we’re either poor financial planners or that we’re getting fulfillment out of what we’re doing, and we want to keep doing it.”

“Dad said to me, ‘If you’re well-schooled, you’ll know what to do when you see the patient,’” Records said. “That’s one of the things I have always carried with me and have never forgotten.” But the elder Records also taught his son the importance of knowing one’s patients. Treat them like family. It proved to be an important lesson.

One evening, while he and his wife were enjoying a night at the symphony, Records received an emergency call from the Johnson County Coroner. The call was about a family that had been killed in a terrible automobile accident. A pill bottle in the pocket of the father had Records name on it. The coroner needed him to come down and identify the bodies.

The coroner, Harley Palmer, was friend of Records. It was a somber moment as he entered the morgue. “I’ll be darned, I go into the morgue and there are five bodies in there,” Records recalled. “I see three kids

and a husband and wife. I knew them all and identified them. They had gone across an unmarked train crossing down in Amity. They had not seen the train, and the train hit them.”

Records goes on to describe the grisly scene: “It just mangled the car unmercifully. They were all killed instantly and cut up and everything. The blunt force trauma broke their necks or fractured their skulls. They were laying there just as peaceful as could be.” But wait a minute. Somebody was missing. Records asked, “Where’s Jennifer?”

Investigators were unaware of a fourth child. But Records knew the entire family and told Palmer that the youngest girl was missing. Police and emergency crews picked up the bodies that were thrown from the car and extracted a couple of bodies from the wreck. But there was no sign of a five-year-old girl.

“They’d hauled the car off already,” Records said, “and the little kid was down underneath the dashboard, crushed, but still living.” The preschooler survived with just a broken arm. Emergency crews missed her because she was unconscious, and they didn’t notice her.

“I still see her today,” said Records.

Death of a Little Boy

Encountering death and tragic situations are part of being a family doctor. As one can imagine, these difficult times affect physicians both professionally and personally. Bobb recalls a poignant moment in his career that he will never forget:

I performed a lot of anesthesia during my career. The science of anesthesia wasn't as advanced back then, and we had many more anesthetic deaths than we have today. I had a few. Fortunately today, we have better agents and technology.

I had one near death of a kid. The agent I was using was really toxic to the heart because it created a lot of ventricular arrhythmias. This kid was in for a tonsillectomy. During the surgery, he went into ventricular fibrillation, and it took us fifteen minutes to get him to turn around. I went out to talk to the family, and I told them that we weren't doing the tonsillectomy, and in fact, we didn't want him to have any surgery, ever. They were just happy to have the child alive. That boy went on a couple of years later to develop muscular dystrophy and lived until he was age thirty-two. I was his doctor all of his life.

But I remember this eight-year-old kid who had been going to the doctor for pain in his belly for two to three weeks. One afternoon, the doctor he was seeing finally decided the child had appendicitis. So, at 5:00 a.m., I got a call to my office asking me to do the anesthesia for the operation.

I went to the hospital and went to get the child. He hopped off the table onto the cart, and that didn't seem to hurt him. I thought that was odd because it would be extremely painful for someone with appendicitis to just hop off a table onto the ground. I thought to myself that he probably didn't have appendicitis. Everybody else thought he did.

On the way to the operating room, I asked him what he wanted to be, and he said he didn't know. His dad was a farmer, so I asked if he wanted to be a farmer. He said, "No, I don't think so."

I said, "I bet you'll be whatever you want to be." Those were the last words that I said to that little boy. I put him to sleep and got the IV started and gave him a muscle relaxer. We were using ventilators at the time, but I didn't use one on him. When I intubated him, he started bleeding and bled a lot in his pharynx. They started the surgery and the surgery was long. It turned out he had a Burkett's lymphoma causing all that pain; it wasn't appendicitis after all. Burkett's had a high mortality rate and it was in his belly and chest.

The procedure went on for two and a half hours and I was bagging him the entire time. Nothing seemed to go well. At the end of the procedure his blood oxygen dropped, his carbon dioxide elevated, and he developed acidosis. He went into ventricular fibrillation and his heart stopped. We worked on him for an hour and never got him back.

So, all of the doctors that worked on him went to talk with the family to tell them their son had died during the procedure. It was bad. We were honest with them and told them exactly what happened, and how bad we felt about it. I told them that he had a lot of disease, that it was a long difficult procedure, and that he developed a heart rhythm problem that we couldn't fix. Certainly with a bad result, we could have been sued. Any bad result, especially in a child, might lead to that. But we had established a good relationship with the family. They were

not my patients, but I knew the family and they knew me. All of that figures into it. They knew we did our best, and that we cared.

That case really got to me. I thought I wouldn't be able to do anesthesia again after that. I talked to one nurse (who is now my wife) the next day and she said, "You do so many good things for people and you have so many skills, it would be a shame for you not to continue to do your work." I went on, of course, and put it all behind me. But you never forget, and you never quite get over the tragedy of a child dying.