

Chapter 13

Practical Pointers in Medicine Over Seven Decades: Reflections of an Individual Physician

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ABSTRACT

This chapter illustrates a life in medical practice and emphasizes the importance of lifelong learning in medicine through sharing of lived experiences. The life narratives display the authors own observations of what he has learned and unlearned over the years. Also added are observations about his retirement project - editing and publishing abstracts of the current primary care medicine literature - that exemplifies the need for health care professionals to continue sharing life-long.

INTRODUCTION

Early Life

Dr. Wertman was our family doctor. His office was in his home on Main Street in our small Eastern Pennsylvania town. We seldom went to his office. He came to our home when my parents called him to attend to our usual childhood illnesses. I remember the large black bag he carried. It contained, in addition to his stethoscope and other instruments, rows of bright pills in little bottles lining both sides of the bag. This amazed us. After the usual history and examination, he would

open one or two pill bottles and dispense what we needed. I did not know what the pills were, but we recovered with their help, or in spite of them.

After the formality of the visit, he would relax and chat with us. He seemed to be part of the family. He talked with a heavy Pennsylvania Dutch accent. On one occasion he described a camping trip he and his family enjoyed. Insects were the only down-side of the week. With his accent, he did not call them insects or bugs; he called them “bucs”. I innocently asked him “What’s ‘bucs’”? My family howled with laughter at my innocence and Dr. Wertman’s chagrin.

When he got ready to leave, my brother and I would ask him to give us another pill. He would solemnly take two little pills out of one of the

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bottles and present one to each of us. We did not know what the pills were. Later we suspected they were a mild laxative.

As we grew, he began to call my brother “the preacher” and call me “the doctor”. He became my role model. At the age of 12, I decided to become a doctor. This smoothed and straightened my life-path. I did not waiver. I worked and studied hard, and was admitted to a prestigious medical school at an early age.

I am still grateful for this early opportunity to decide my life-path.

Medical School and Internship: 1940-44

Medical school was intense. Some days I would arrive home exhausted. My habit then was to go to bed for a few hours. My mother would prepare a late supper. I would then study into the wee hours of the morning, go back to bed for a few hours more and then on to school. This system worked well for me.

We were awed by our professors. We placed them on a high pedestal. We believed they were all-knowing. They were kind, but strict in demands for our learning. Only occasionally would we detect a touch of hubris. They spoke with authority. Now, of course, I realize that what they taught, although the best of the day, was based on personal opinion and experience. No one had heard of evidence-based medicine.

Ward rounds were hierarchical. Professors led the line, instructors followed, then residents, and students. Emphasis was on the disease, not the patient with the disease; on getting the diagnosis and treatment right. The patient was treated respectfully, but objectively. It was impersonal. I do not recall any mention of the patient’s feelings or personal life.

I was a second year medical student at the time of Pearl Harbor. I remember sitting in pathology lab listening on a small portable radio to President Roosevelt give his “day of infamy speech” and

announce the declaration of war with Japan. The war adversely affected my medical education. Half of the school’s medical and surgical faculty formed a hospital unit and was posted to India. Our instruction schedules were accelerated. We graduated early. For good or ill, during a curtailed internship, we performed interventions for which we were inadequately trained. I gave spinal anesthesia, and performed minor surgery. I remember delivering four babies in one night when on call. I was the only representative of the university hospital Ob-Gyn staff present at the time. All residents and chiefs had left. Fortunately, excellent nurse anesthetists came to my rescue. All eight patients survived. But I did not develop any personal connection with the mothers. I scarcely knew their names. On the days after delivery, I did not visit to check on them to ask about how they felt and how their babies were doing. I believed my work was done. I presume I felt I was too busy. I still regret this oversight.

On another occasion, I was removing an ingrown toenail under local anesthesia. The patient, rightfully concerned about my youth, said, “Don’t you cut off my toe.” I responded, “Never fear Madam, I don’t know how.”

When it came my turn to scrub with an internationally known surgeon, I was excited. The patient was a slim teen-age girl with presumed appendicitis. (It turned out not to be appendicitis. He was hacked.) The patient was under spinal anesthesia. She remained alert and interested in all that was going on. During his examination of the pelvis Dr. R asked the patient if she would like to see her ovary. She said yes. He lifted the ovary out of the incision and showed it to her. She was one of the few women in the world to see her own ovary.

Looking back on those early days, I realize medicine, as compared with medicine today, was rudimentary. (Believe it or not, when I first studied biology as an undergraduate, I was taught that the human cell contained 48 chromosomes.) Of the medical school subjects, only anatomy resembled

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