



Vignettes

by Ed Rudin, MD

A tubercular friend; a prim and starched cadet nurse; an old man with stomach cancer; a mute, chuckling ex-Marine; airmen afraid of flying - all shaped a life.

LIFE IS A COLLAGE OF VIGNETTES. As I near the end of my life, I remember the vignettes that most shaped and colored my life.

I developed an intractable cough when I was about six. Our family doctor had just returned from Vienna after completing post-graduate work in ENT. He condescended to make a house call to a former patient. Seated on the family sofa, he gripped me between his knees, determined to show my mother the tonsil stubs from an earlier T&A (not done by him) that he deemed to be the root of my cough.

My mother could not see them and the doctor wrestled me into a tighter grip, while depressing my tongue with a spoon. In the ensuing contest, I kned the doctor in the groin, broke his hold and spat the spoon. I had restored my autonomy and decided I did not want to be that kind of doctor.

In junior high, I met a refugee from a slum. Herm was a newcomer to our middle class neighborhood school, ill prepared academically, socially, and emotionally. He was in trouble at school and in trouble away from school. His father was a drunk; his mother had died of tuberculosis a year earlier. He was living in his maternal aunt's home.

We were partners in a general science class. I provided the theory; Herm, the quick, opportunistic mind and the street smarts to make our experiments work. Our friendship tamed Herm and freed me. It lasted and deepened throughout Herm's short, tubercular life. He was the best man at my wedding to Anne and died about a year later. His life taught me courage, humility, hopefulness, and the value of warm support.

In high school, I qualified for a total immersion honors program, was managing editor of the high school paper, worked and played in the high school theater, read Freud and studied music theory, composition and piano. Nonetheless, my high school principal would not nominate me for a scholarship and counseled me not to undertake the study of medicine. That burr under my saddle and Herm's dauntless grace as a model, kept me riding at a fierce pace the rest of my life.

With a new AB and a medical school acceptance in hand, I went from Army Reserves to active duty in World War II. My literacy overcame my poor marksmanship, landing me in the office of an ambulance battalion, where I rose to corporal.

While packing for Europe, I received orders to report to an Army hospital in Pennsylvania for assignment to medical school. For a few weeks, I was an orderly at a hospital without a psychiatrist but with a dozen psychiatric patients and a library. I polished floors and talked with the patients. It was mutually gratifying, I learned how textbook symptoms looked under an Appalachian patina, they learned how to endure their psychiatric illnesses, and the floors gleamed.

As a medical school senior I cared for a four-year-old boy with a fatal Wilms tumor. He was mute, but groaned and sobbed, awake or asleep. I never saw his family. Instead, I saw a raven-haired, prim and starched Cadet Nurse.

Already intrigued by the incongruity of this spic-and-span lady in white whom I had seen carrying a liberal newspaper under her arm, I watched her inspire her pediatric nursing students to compassionate professional service to this child and others - and discovered she was personally cradling that hopeless, helpless child whenever she could. A month before my medical school graduation, Anne and I announced our engagement and our plans for her to stay in Philadelphia to teach for a year while I would go to Southern California for my internship.

Suddenly, my father crushed and burned his right hand in a work accident doing the same gold embossing he had done almost daily for well over 20 years. He attended my graduation with the remainder of his right hand in bandages and a sling, evidence of his response to the family crisis my plans had wrought. That is what stress can do.

During my internship, I arranged to have daily interviews with a young patient with Crohn's disease whom her attending had slated for surgery. I also arranged for an attending psychoanalyst to supervise me. The patient's improvement without surgery and her relapse when I left taught me much about the healing magic of the doctor-patient relationship.

That same year, I cared for an old man dying of stomach cancer. As I attended him on the private surgical service, I came to know his wife. When his family's funds were depleted, his surgeon transferred him to the public service and I became his attending physician. On the day of the transfer, the private surgeon phoned and asked me to euthanize the patient. He had not discussed this with the patient or his wife or ever before with me. Supported by the chief surgical resident, I talked with the couple about what they wanted. They chose life, but without heroics. The patient left the hospital weeks later holding his wife's hand.

Soon after my residency began, my supervising resident crashed into catatonia. He became delusional and violent and was in "lock-up" the rest of my residency and for years after.

That proof of human frailty and of the self-fulfilling prophecy of throwing away the key led me to a study of the literature on psycho-therapy with schizophrenic patients. That study guided me as I sat with a mute, hebephrenic ex-Marine on a back ward during weeks of monologue (from me) and chuckling and mumbling (from him).

Then came months of drawings and short comments, then months of conversation, and finally to his move to independent living above the print shop in town where he got and kept a job. All this a decade before psychotropics.

The Korean War erupted as my residency ended. At March Air Force Base, I tried to ameliorate the psychiatric effects of an unforgiving, depersonalizing culture.

Many of the flight officers were re-activated reservists. They had been red-hot fighter pilots during World War II; now they were older, mortgaged denizens of suburbia suddenly metamorphosed into bomber pilots responsible for a small crew, an awesome technical craft, and a nuclear bomb.

They were scared, but the Strategic Air Command - alone in the Air Force - did not recognize fear of flying. Instead, SAC grounded or discharged without honor those officers who acknowledged such fears.

Guess what? The officers developed alcohol dependence or psychosomatic, hysterical or anxiety disorders. Meanwhile, younger "weekend airmen" suddenly found themselves without family or neighborhood and with no affiliation with SAC's mission. They rebelled

and acted out against any authority.

Hoping to prevent these problems, I began teaching at the Base Leadership School in addition to my clinical work. Junior officers were interested. They asked for help with their troubled and troublesome, homesick and scared, youngsters. Through phone consultations and office evaluations, we diverted scores of troubled airmen from disciplinary actions and less than honorable discharges.

Thus began my lifelong study, teaching and practice of mental health consultation and community psychiatry.

When I have become concerned about the social forces that perpetuate or intensify mental and emotional illness, the mismanagement of violent urges, and the suicidal obsession with nuclear weapons, these vignettes have been my guide.

* When he died on June 12th, 2003, he left behind his one and only beloved wife, four loving children, a sister, a covey of friends and colleagues, and this obituary to ease the life of Bill Sandberg and the Medical Society's Editorial Committee.

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

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