



Locating the Human Soul



By Nicholas J. Rotondo, MD

IT WAS 1961 AND I WAS dipping my trembling hands into my first true patient contact as a third-year medical student. Only three years from a skirt-chasing, beer-guzzling fraternity life, I was starting four rotations of three months each: surgery, internal medicine, pediatrics and ob-gyn. I'd already decided on my future - internal medicine was the essence of my honored profession. Diagnostic acumen, an inquisitive nature, an ability to glean information from the most reluctant patient, and a genetic gift of brain power - all these, I modestly claimed to possess.

Mrs. Imelda Gutierrez was a pleasant woman I'd interviewed the day prior to her impending gallbladder surgery. Plodding through the endless questions in my student prompt book, this onerous task was made both easier and more difficult by the presence of her three sons. Easier, for they translated. More difficult, when I had to ask, "Do you... uh... pass gas very frequently?" and "Have you ever had any... er... sex diseases?" I was struck by her perfect representation of the classic gall bladder patient: female, forty, fat, fertile and flatulent.

The next morning, I was under the iron-handed command of Dr. Pretorious, the six-foot five chief of surgery, whose very name trumpeted his superiority to all things animate. His deep voice seemed to thunder down from Mt. Sinai, and in its wake were left multitudes of sobbing young scrub nurses and trembling interns.

This lowly third-year student was already sweating behind his cotton mask. Dr. P's first assistant was a surgical resident; my job was wielding the onerous Deaver retractor. This heavy, sickle-shaped, three-inch wide, metallic instrument had but one, back-breaking purpose - to increase vision through the diagonal incision in the right upper quadrant by the upward retraction of the right rib cage. If Dr. Deaver would somehow materialize at a congregation of residents, interns and medical students, I have no doubt he would be torn from limb to limb.

Maintaining the correct amount of traction for over two hours was a Torquemadan ordeal. Of course, any attempt to momentarily relax the Deaver to get a bit of feeling back into spasming deltoids and pectorals was met with a sharp rap on my knuckles by the Exalted Chief of Surgery. They were deep into the operation, dissecting the arterial, venal and ductal attachments of Mrs. Gutierrez's offending organ when a buzzer buzzed and a beeper beeped. The anesthesiologist pulled down his mask and shouted, " She's got no pulse - cardiac arrest!" A glance at the cardiograph confirmed the fatal straight line.

My brain screamed, My God-Mrs. Gutierrez is dead!

It may have been only a few seconds, but the words were repeating in my mind - Mrs. Gutierrez is dead! I imagined myself witnessing the grief of her sons. Did I miss something in my exam that would have forewarned us?

Mrs. Gutierrez is dead!

My scant knowledge of the primitive C.P.R. in that era told me that a strapped-down, sheet-encased patient, lying on a soft vinyl pad, with an open eight-inch incision and entwined with various tubes attached to her body orifices was a poor candidate for this procedure. The perspiration of fear dripped under my mask. Mrs. Gutierrez is dead!

Dr. Pretorious moved like a cat. He quickly extended his incision across the patient's left upper abdomen and snaked his hand over the liver's dome. "Metz," he said calmly, and the curved Metzenbaum scissors were slapped into his hand. Unknown to this neophyte, he snipped a hole in the left hemi-diaphragm and extended this until he could slip his hand through to the thoracic cavity.

He clasped the heart in his huge hand and began to rhythmically squeeze it. Squeeze, relax... squeeze, relax. After about 30 seconds he paused to see if any spontaneous beats were evident on the cardiograph, and seeing none, returned to his vital chore, squeeze, relax... squeeze, relax.

The resident now brought a new problem to his attention. Apparently, an arterial vessel had broken loose from its tie, and with each cardiac squeeze, blood sprayed the operative field. This was my first taste of the front lines of surgery and I wanted to go home. Mrs. Gutierrez is dead!

At this point occurred a life-changing event; I remember it as clearly as if it was yesterday.

Dr. Pretorious, no longer needing my retraction because of his extended incision, said, "Give me your hand." And with that, his giant paw led my trembling fingers to grasp the pulseless heart. "Forty per minute - go!" I did as I was told, squeeze, relax... squeeze, relax, watching the second hand on the wall clock. Once each minute or so, Dr. Pretorious would say "hold it." Checks of the cardiograph repeatedly showed the ominous straight line.

Now, in my milieu of tension and fear, I noticed a peculiar thing. Dr. P. and the resident, having controlled the bleeding, were standing quietly, watching me perform. They did not demand to relieve me - and then I knew that they knew that all was lost.

I was waiting for Dr. Pretorious to mouth those awful words, "I'm calling it," when I felt it - a weak, but definite cardiac response to my ministrations. The response became stronger, and after 30 seconds, I relaxed my hand and looked at the screen - the familiar P-Q-R-S-T waves of a beating heart!

I locked eyes with Dr. Pretorious, and with those icy-gray orbs that had struck fear into so many, he bestowed a precious gift to me.

He winked.

Mrs. Gutierrez did well, as much from the constant oxygenation via her endotracheal tube than from our unique approach to C.P.R. I can neither describe nor explain the sensations of a young medical student in those moments, holding a beating heart in his hand, feeling the expanding lungs, and being acutely aware of the body pulsations of life with his arm, elbow-deep in a living being. But in those moments, I know he felt that arm touched by the hand of God.

That evening, I decided to make surgery a part of my practice. In choosing ob-gyn as my life's work, I found an equitable mixture of surgery, medicine, a bit of pediatrics and a dose of psychiatry.

My more than 4,000 surgical procedures included almost 2,000 major abdominal operations. Each time I entered the abdomen I did a careful, manual evaluation of the entire area, north and south, east and west, lest unsuspected disease be present. Each time renewed my awe of the splendor of the human body. So, exactly where is the soul?

It is in the wondrous expansibility of the uterus, carrying its precious passenger.

It is in the curve of the kidneys, the most complicated, yet efficient filtering system in the world.

It is in the massive beauty of the bi-lobed liver, whose magnificent functions are so often blunted by drugs or alcohol.

It is in the delicate waving fronds of a Fallopian tube, enticing an ovum into its maternal conduit.

It is in that incredible processing and evacuation conglomerate of esophagus, stomach, small intestine and colon. In sliding one's hands among these masterpieces of creation, all working in perfect harmony, you have found your quest. As you feel the warm life-pulse of the human organism coursing against you - truly, you have found the human soul.

Occasionally, a friend or acquaintance will question the existence of a higher power; their arguments sometimes make sense and sometimes not. I would like to lead these doubters into an operating theater, make an incision, then offer them the words that altered my life.

"Give me your hand."

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