

Reflections

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Big Robert and Little Robert

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In 1961, when young men wore button down shirts with short sleeves, extending almost to the elbows, when earrings were only found on women, and when short hair and a flat top was almost a requirement for the college man, I was a first-year medical student at the University of Texas Southwestern Medical School in Dallas.

My flat top required special attention; a barber with a steady hand, a haircut every 10 days to two weeks, and no side burns. A good flat top was a thing of beauty; symmetrical, flat from front to back; no spike of hair out of place, looking like a well kept lawn that was mowed every day.

Haircuts cost 75 cents in Dallas (50 cents in Lubbock) and could be accomplished in 10 minutes to 15 minutes. It was rumored in Lubbock that Buddy Holly had his flat top trimmed every day.

My first job, after arriving in Dallas four weeks before medical school started, was getting me and my new wife of two months moved into our new apartment with two bedrooms, access to the swimming pool, and a covered parking place, all for \$125 a month.

Tuition for medical school for a Texas state resident was \$300 a year.

Beside moving into the apartment, another important job was to find a barber. As I explored the area, a few blocks away, I found the Oaklawn Barber Shop. It was a clean shop with three chairs, two barbers, and a black man, who was responsible for keeping the shop clean. The man was thin with sinewy muscles, large calloused hands, a pleasant empathetic smile, and an almost obsequious demeanor.

As I walked in, the owner said, "Hey great flat top. Where did you get it?"

"Senior High Barber Shop in Lubbock Texas," I replied.

"I am Joe," he said, "I specialize in flat tops. You new to the area?"

"Yes," I replied and said with pride, "I'm a freshman at Southwestern Medical School. My name is Wayne."

"Sit down and let me give you a trim on the house," he said.

I told him that I was going to be very busy studying and could only come in for a haircut late in the day or Saturday

afternoons. He said, "Come in anytime, Doc, I know how busy you are and I will work you in."

The trim was great and I wanted to tell him that I am not a doctor, but somehow I didn't. I liked the sound of it!

Joe introduced me to Robert, "He keeps the place clean and he will shine your shoes for 15 cents. Some days he makes more money than I do," he said laughingly. Mr. Robert was laughing, too.

Joe then said, "We all call Mr. Robert, Big Robert, because he has an eight-year-old son who works here after school and Saturdays and we call him Little Robert." I didn't meet little Robert until two Saturday's later, when I came in for my haircut and they all greeted me as Dr. Isom, which was embarrassing, but I never corrected them.

Big Robert, with the same amount pride as before introduced me to Little Robert saying, "This is Little Robert, he's going to be a doctor, too."

Thus, I started a nine year odyssey at the barber shop seeing Joe, Big Robert, and Little Robert every two weeks. Those nine years included four years of medical school, one year of internal medicine residency, and four years of surgery residency.

During that period, I let my hair grow slightly longer with a part, because everybody said I looked too young to be a doctor. Even though I didn't go to the Oaklawn Barber Shop as often, I tried to go on Saturdays to see Little Robert, a courteous young man, who always asked questions about medical school and residency. He was growing into a fine young man, who still said he was going to be a doctor, and always affirmed he was making good grades in school. I tried to answer his questions and would many times stay after the haircut telling Little Robert about medical school and residency.

After medical school, we bought a house that was several miles from the Oaklawn Barber Shop, but I still got my haircut there. Joe, Big Robert, and Little Robert were like family.

Twelve years later I was living in New York City. During this time I finished two more years of training at New York University Medical Center followed by 10 years as assistant professor, associate professor, and finally professor of surgery. I was encouraged to stay at NYU by Frank Spencer, the Chairman of Surgery, a pioneer in heart surgery and my mentor.

Several years later, I was invited back to Southwestern as I was being considered for the job of Chairman of Cardiothoracic Surgery. Southwestern had become a powerhouse in Internal Medicine (three Nobel Laureates in Medicine), General Surgery, and Orthopedic Surgery, with some of the most outstanding faculty in the country. During my visit, I was walking down the hall of the Hoblitzelle building when I saw a large athletic young man with a white coat on that said Professor of Orthopedic Surgery. Dr. Robert was the name embroidered on his white coat. We both paused. He had a familiar smile that I could not place until he said, "Hi Dr. Isom, I am Little Robert." He told me that both his Dad and Joe had died. He went to North Texas State on an academic scholarship, graduated from Southwestern, did his orthopedic residency at Parkland Hospital, and was recruited to stay on the faculty.

He thanked me for always talking to him in the barber-shop about what I was doing in medical school and residency. He said those conversations helped stimulate him to feel that I had confidence in his being a doctor.

My chest was swelling with pride.

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Historical therapeutic wisdom from *The Pharos*

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The Spring 2011 issue of *The Pharos* featured an article titled "Disease: Middleton Goldsmith and the history of bromine." The article describes usage of bromine during the Civil War in the prevention and treatment of "hospital gangrene" also known as necrotizing fasciitis. Little did I know after reading the article that I would be faced with the necessity to suggest this 150-year-old treatment on a patient with a persistently infected dog bite. The patient was my wife.

While attending a horse show in Florida, my wife sustained a dog bite through her jeans on her calf. The wound was cleansed and she began antibiotics. I observed via iPhone images, my first experience with medical application of this technology. I texted the iPhone images to wound surgeons at Stanford University who subsequently modified the antibiotics based on the symptoms and the images.

She returned home, and was evaluated by the wound

surgeon who debrided the wound and prescribed a regimen of soaking, change of dressings, and different antibiotics every two to three days. There was no improvement. Frustration and uncertainty filled my mind. Without successful treatment of the infection, I feared the possibility of drastic measures to prevent spread to healthy tissue. Then I remembered *The Pharos* article. I shared the article with the wound surgeon.

Although bromine is no longer used for wound treatment, he had heard of another World War I halogen, dilute sodium hypochlorite (Dakin's) solution with broad activity against aerobic and anaerobic organisms for wound treatment, but he had never used it. He prescribed the solution and twice a day I cleansed and treated the wound, and then covered it with a sterile gauze and soaked it with the Dakin's solution. It dried over several hours and the gauze was removed, debriding the wound. She continued on the same antibiotics. The wound rapidly improved and she was soon able to have an uncomplicated skin graft which healed rapidly.

With the use of Dakin's solution, the infection was cleared. There was no recurrence of the infection, but she has a large scar at the site of the injury and skin graft.

Clearly, the use of Dakin's halogen solution, based on a Civil War treatment for necrotizing fasciitis, had successfully treated the dog bite infection and necrosis and saved my wife from complications or permanent disability. This successful treatment can be fully credited to *The Pharos* article and the willingness of the wound surgeon to trust Civil War era battlefield medicine.

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Blind, but could see

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The consult sheet read "60-yr-old woman with sob, hx of breast Ca and L pleural effusion." I knocked on the door; "come in," a vibrant voice answered. A short trim woman with neatly brushed short hair wearing dark glasses and oxygen nasal cannula sat on the bed. With a smile she extended her hand. As I shook her hand and introduced myself, I noted the posted "Blind" sign.

"Nice to meet you, Dr. Varkey," she responded and her smile widened as she continued, "you are short, small-boned and you are from India and Kerala?"

“You are right on all counts, but how did you do that?” I asked.

“It was easy,” and in classic Holmesian manner she explained, “the trajectory of your voice, the size of your hand, your accent and your name. How did a guy from Kerala end up in Milwaukee?” she chuckled.

My examination and review of tests confirmed that she had malignant pleural effusion from metastatic breast cancer. I recommended fluid drainage and talc pleurodesis to relieve her shortness of breath and to prevent or reduce further accumulation. I explained this to her, and she quickly understood the diagnosis and its implications, but also correctly surmised that this was aimed at symptom relief. She agreed to the procedure.

The day after the procedure and for several subsequent days, I would stop in to check and to chat. The chest tube was draining well and her local pain was well-controlled. She hardly had any questions about her condition, but had many on India, the different religions especially.

Hinduism, the caste system, and temple festivals. More than 25 years ago she had witnessed Kumbh Mela at the confluence of the sacred rivers in Allahabad, and was enthralled by the sounds and sights of the chanting of the millions of pilgrims. We had interesting discussions on a variety of topics. I found her knowledge superior and her curiosity boundless.

I learned much about this extraordinary woman. Originally from Chicago, she was a free spirit, she described herself as a “flower girl.” It was the time of the Vietnam War. She had dropped out of college and moved to California to live in the Haight-Ashbury area. She had experimented with marijuana and other drugs, and loved the music of Dylan, Joplin, Hendrix, and Baez. She’d had many loves, but never got married.

Later, she moved to the east side of Milwaukee with her companion, and enrolled in the university which was walking distance from her apartment. She graduated with a major in history and a minor in literature. She worked in the library and as a part time teacher. She saved money for her travels abroad.

Her vision started deteriorating 10 years prior from a progressive degenerative disease, and she had been legally blind for six years. Her companion and she parted ways and she got a cat, Brutus, who she said could be cuddly or cantankerous. Four years back she discovered a lump in her breast that was removed. She thought surgery had taken care of it until the present hospitalization.

In her daily life she was used to a routine. She was familiar with, and had a mental picture of, the roads, library,

university, shopping areas, and restaurants in her neighborhood. She could walk to all of these with her cane, and the sounds around helped to orient her. I asked her if she felt safe living by herself. She answered that she knew her neighborhood well and felt very safe in her apartment. Everything in the apartment, every piece of furniture, appliances, contents of the closets and drawers had to be in the same place and in the same order. As long as it was so, she was the master of her domain. I remarked that I was reminded of a blind Audrey Hepburn in *Wait until Dark*. She immediately picked up on that and said Audrey Hepburn was her favorite actress but she liked her more romantic roles like in *Roman Holiday*. Watching old romantic movies was her favorite relaxing activity. As she had seen these movies numerous times she knew all the dialogue and the music score, could picture each scene and feel every emotion.

The drainage procedure worked, the tube was removed, and she was ready to be discharged. The oncologist had discussed prognosis and plans with her, and though these were not good, she was in a good mood and was looking forward to being back in her apartment. Her neighbor was returning Brutus, and was bringing a meal for her for the evening. She explained that had very specific plans and had picked a movie for the night to celebrate her homecoming. She would light a lavender-scented candle, pour a glass of chilled chardonnay and start the VHS cassette. She would then sit back in her old comfortable sofa (Brutus, if in a good mood, may join her) to enjoy the movie *Love in the Afternoon*. She would be lost in the romance of a young Hepburn and an older Gary Cooper, and eagerly await the climactic closing scene of Hepburn running on the railway platform as the train is pulling away with her lover, and then Cooper reaches down and swoops her in just as the train leaves the platform.

From this woman I learned a lesson in not judging a person on appearance and physical disabilities. A blind woman whose favorite activity was “watching movies” was incomprehensible at first, but not so after getting to know her.

I also learned a lesson in equanimity. How would I feel if I lost my vision and on top of it got advanced cancer? Would I wallow in self-pity? Anger? Have a touch of envy at the good health and happiness of others around me? How did this woman attain such equanimity? I will never know, but I do appreciate her allowing me the experience of meeting her and caring for her.

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