Perspectives

How life imitates baseball

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hen the clinic's medical resident told me that she had just seen a patient with von Hippel-Lindau syndrome (VHL), I asked her to send the patient to my nephrology clinic immediately. I knew the disease was associated with renal cysts and kidney cancer, but I had never before seen a patient with this rare genetic disorder, and I looked forward to the visit. During the next month, I read the basic science and clinical literature. I learned that renal cell carcinoma was frequent enough in VHL to warrant CT scanning of the kidneys as a screening test. But my new and useful medical arcana was not what Gil really needed, of course. The support he needed was psychological, not scientific.

At our first meeting, I explained the screening tests to Gil, a wiry, anxious, and hostile 45-year-old man. Some of his volatility, as I learned gradually over the next 10 years, was a result of his ordeal with his disease, but some of it derived from what he considered the humiliating experience of military service. The trust in me that he grudgingly developed sprang more from our mutual hatred of the New York Yankees (or the "Hankees," as Gil insisted on calling them), as two long-suffering New York Mets fans, than from any convincing demonstration of my competence. On the occasions during which he could suppress his too-easily expressed rage, Gil was

cuttingly sardonic, and paranoid in an appealing and funny way. "No, I won't go to a baseball game anymore. They're aiming foul balls at my face," he'd say.

I learned that Gil's visual acuity had diminished soon after leaving the army. An ophthalmologist had found the diffuse retinal blood vessel growth that characterized this disorder of vascular proliferation. The subsequent onset of unsteadiness led to the discovery of a cerebellar hemangioblastoma, another manifestion of VHL. After retinal laser surgery and a craniotomy, Gil's course was complicated by avascular necrosis of his shoulder, necessitating a total replacement. His expectation of sudden death and his incessant complaints about the incompetence of the hospital staff were not surprising, but his vehemence and melancholy made him difficult to assuage.

With this woeful history as background, it was also almost inevitable that the screening CT scan that I ordered after our first meeting revealed cancer in both kidneys. Although I prepared him for the possibility

of renal failure, half of one kidney was luckily spared. We began a grim yearly ritual of inspecting his small residual kidney fragment for signs of cancer. He never believed that a quarter of his original renal mass could function nearly as well as two kidneys. For Gil, the dialysis unit loomed. Each year he asked, "Do you have a kidney for me? When are you going to do that kidney transplant?" When it fit his schedule, I had him speak with my medical students. He enjoyed playing

the colorful and irascible veteran for them. He charmed them, amused them, then brutally shocked them as he described his sufferings at the hands of the United States government and its conspiratorial agents. Once, after hearing of his long history of inadequate medical care, a student asked him, "What about Dr. Goldfarb? Didn't he help you?" He responded derisively, without smiling, "Him? He only brings me bad news!"

After some years of relative stability, another cerebellar tumor was found. Consistent with his long losing streak, the atypical chest discomfort Gil had kept secret for some months led to a pre-operative evaluation. No procedure could be performed unless Gil saw that I was in the hospital and available. He came to my office before every procedure, and said, "They're going to do a stress test; I expect the worst. If there's bad news, I want to hear it from you." The stress test led to a cardiac catheterization, and he arrived in his hospital pajamas at my door: "I expect them to be cutting me today. They'll bury me outside the medical examiner's office; that's why the plants are so beautiful there." After an uneventful angioplasty, the craniotomy was scheduled.

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Although he was always mordant and irretrievably pessimistic, Gil appeared in my office one day in a state of surprisingly good-natured agitation, carrying a large, flat cardboard box. He explained that it was something for me to mark the occasion and his trip to the O.R. to get his "nut cracked." He wanted my dialysis patients to see it, too, he said.

I opened the box and removed a large black and white photo, autographed in black by a most famous pair of rival baseball players, Bobby Thomson and Ralph Branca. Thomson had hit one of baseball's most renowned, last-chance, miracle home runs off a pitch from Branca to win the playoff series for the New York Giants, as they beat their ancient rivals, the Brooklyn Dodgers, in 1951. The photo showed Thomson crossing home plate, mobbed by his resuscitated teammates, while Branca forlornly walked off the pitcher's mound. Taken from center field, the photo also showed the Dodgers's great second baseman, Jackie Robinson, looking in at Thomson scoring, hands on hips.

"Dr. Goldfarb, do you know what this is a picture of?" Gil asked.

"Of course, Gil, it's Bobby Thomson's home run."

"NO!" he roared, "Don't say that! My parents sat shiva in Brooklyn that day! My mother covered the mirrors!" He was describing Jewish rituals for mourning the dead. "No, that's a picture of Jackie!" he said in triumph. This was the ultimate conceit in Brooklyn Dodger fandom. "Do you know what he's doing?" he asked. None of my feeble answers satisfied him. "He's making sure that Thomson touches all the bases! You know why, right? Remember that! Now look at the other picture."

I took out an equally large color photo of what might be the best remembered moment in New York Mets history. Gil said, "I know you know what this is," giving me more credit than he thought I deserved. Mookie Wilson ran down the first base line as the batted ball skidded between the legs of Boston Red Sox first baseman Bill Buckner. As a result of Buckner's error, the Mets came back from their own near-death experience to win the sixth game of the 1986 World Series. They went on to win the seventh and last game as well. The picture was signed by both Mook and Buckner in Met-blue ink. I was sincerely moved. These were the autographed records of two unforgettable, legendary, last-gasp baseball moments.

Gil was really revved up now. He had to get to the punch line, and he could see that I had still not put the whole story together. He raised his best bleacher voice, now a little hoarse, a little desperate in the late innings. "Now, Dr. Goldfarb, do you understand why I'm giving you these pictures, to put up on your wall, to show your dialysis patients, just when I'm about to go get my nut cracked? Do you know why Jackie watched Thomson touch the bases? Why Mook hung in there until the end of that at-bat?"

"No, Gil, explain this to me," I pleaded.

He shouted the too often quoted words of Yogi Berra, (a despised Hankee): "Dr. Goldfarb, don't you see, it ain't over till it's over!"

Gil died in December. This was a great loss to baseball fans everywhere, and particularly the Brooklyn Dodgers.

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