

A LIFETIME IN MEDICINE



A MEMOIR BY
ALBERT D. ROBERTS, MD

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by

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G and J Publishing
Palm Springs, California, USA

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ISBN 978-0-9886295-7-8

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In writing this book the author has tried to recreate events, locales and conversations from his memories of them and they are described according to his recognition and understanding of the events.

In order to maintain their anonymity in some instances he has changed the names of individuals and places. He may have changed some identifying characteristics and details such as physical properties, occupations and places of residence.

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Acknowledgement

I retired September 30, 2004, intending to write an account of my then-54 years in medicine and including recollections from my physician-father's time going back to the '30s and '40s. Friends would say, "You've seen such changes, you should write a book!" I had long purposed to do just that, to recount my own education and career, beginning with the plywood shacks housing the nascent Southwestern Medical School of the '40s and '50s, to the immaculate towers of biomedical research, education and patient care that thousands and I now inhabit. Encouraged by my wife, I have written chapters on "Medicine Then and Now" and "Skeletons in Our Closet." I have also related the stories of a number of particularly memorable patients.

I made a good start back then, thinking the project might take a year or so. As it turned out, retirement lasted four enjoyable months, at the end of which I returned to work half time, and the writing became sporadic. Nevertheless, I had a first draft, mostly handwritten, some dictated, by 2008. Then, calamity.

Because I can't really type and computers paralyze me, I required a stenographer who had big problems with my work output and, in effect, scrambled the manuscript. I rewrote much of it, making additions and changes as I struggled to work things out. Then a year or so ago, I and my project were rescued by my very capable niece, Helen Williams, a writer and editor with a tidy mind, good work habits and a tolerance for her uncle's idiosyncrasies. Also thanks to Helen's colleague at the Highland Park Independent School District, Elizabeth Perkins, for initially getting my book into book form.

I had initially worked with my high school and SMU classmate, Barbara Wedgewood. Barbara is a published author, teacher of creative writing and editor, successful at getting her best students published. She was able to purge some of my gratuitous literary flourishes, along with many semicolons and parentheses, attempting to mold me in the image of Strunk and White, and I am grateful to her for trying.

Most of all, I am indebted to my wife Diane, bearer of beauty, order and stability these 60 years, for encouraging my sporadic bursts of creativity and accepting my need for silence and solitude.

My most productive and enjoyable hours have been during our twice-a-year visits to Santa Fe. There, in the guesthouse of our dear friend Marion Turner, I have spent many hours in splendid isolation, my only companions the wind in the aspen, the songs of the birds and the scratch of my pen on paper. May the product of my labors justify her generosity.

The names of my classmates, teachers, colleagues and friends are real. The names of the patients are not, except for Shanghai Jimmy and the Klemmes.

A Lifetime in Medicine

Chapter 1

Medical School

In the summer of 1950, I chose to attend Southwestern Medical School in Dallas in order to escape from my mother, who had moved to Houston with my youngest brother, John. I didn't base my decision to attend Southwestern on its reputation; in fact, it was a fledgling institution with a shaky identity. Rather, I knew that with both of my parents disintegrating, I had to make a better life for myself. So, despite the fact that the state's two more prominent medical schools – the University of Texas Medical Branch in Galveston and Baylor Medical School in Houston – had readily accepted me during my third year as an undergraduate student at Southern Methodist University, I decided on Southwestern.

My identity, my perception of myself as a distinct individual adult with goals, purpose, a projected career trajectory and perhaps the talents to achieve these things, began to gel on September 1, 1950, my first day of medical school.

With registration completed, about 96 men, boys, and four or five women assembled in the first-year classroom. The first item of business was the assignment of cadavers for dissection, one for each five students. Most of us already had formed ourselves into fivesomes, mainly based on undergraduate friendships and acquaintances, and we had scouted out what we hoped would be the best cadaver to dissect over the coming four or five months. So when our anatomy professor dismissed us that hot summer morning, there was a wild surge, Pamplona without the bulls, through the corridors to the anatomy lab, where we surrounded and claimed our preselected specimen. The idea was to get one in reasonably good shape, not too distorted by age, disease or trauma, such that body structures -- nerves, muscles, tendons, fascial planes and organs -- would not be too difficult to identify and dissect. Our cadaver was an old man slightly taller than average with distinctively aquiline features that were well preserved by the formaldehyde in which he had been immersed between death and dismemberment. We named him "the senator."

The anatomy professor was Dr. Bradley, a small, quick, diligent and friendly man who gave excellent lectures and dissection advice and instructions. Dr. Bradley died suddenly of a cerebral hemorrhage the following year. Local private practitioners and surgeons, who varied considerably in their degree of helpfulness, provided much of the supportive instruction in the dissecting room.

The other major courses that first year were histology, microscopic anatomy, biochemistry, neuroanatomy and physiology. Dr. Charles Gilderoy Duncan taught histology. He was at least 80, having come out of retirement to help this new medical school get under way. He was a silver-haired, avuncular man with amusing speech mannerisms. One of his sayings was, “You learn and forget, learn and forget again, and relearn, and then you die and forget everything.” He was so endearing that the class bought him a hunting jacket and double barrel shotgun for Christmas. We didn’t do that for any other teacher.

During that time, Southwestern Medical School was becoming part of the University of Texas system. A group of civic leaders, businessmen and physicians formed The Southwestern Medical Foundation in response to the Baylor Medical School’s move to Houston in 1941 or 1942. Southwestern was still struggling in the early 1950s. But we students didn’t know that. The school was in a World War II Army field hospital, a one-story, plywood structure identical to hundreds or thousands deployed in the war. A few years later, I served in one just like it in Fort Dix, N.J., while I was in the Army.

These hospitals were meant to last two or three years. By 1950, our medical school was notoriously decrepit, a continual maintenance challenge. There was no air conditioning except for a few administrative offices with window units, and insulation was minimal or absent.

There were no student desks. We sat in simple straight-backed chairs, our notebooks or clipboards on our laps.

December of 1950 was one of the coldest on record. For eight days before Christmas, the temperature did not get above freezing; night temperatures were in the single digits. The steam heat system failed. Everything froze. The cadavers in the anatomy lab froze solid, and further dissection had to be abandoned. Members of the class of 1954 who chose orthopedics later had to arrange for a foot of their own to dissect because in January, we went straight to neuroanatomy. A couple of months later, another cold spell hit. On the day of our final exam, which included a “practical” — the identification of preserved tissue of all sorts — the specimens were frozen. We were all bundled up in such arctic gear as could be improvised, I in a bulky red and black Hudson Bay “Mackinaw” purloined from a relative who had gone to college in Wisconsin.

Students, Student Life

The class of 1954 was a strange mix. There were 100 of us, and the majority was veterans who had been to college on the GI Bill, ranging in age from mid-20s to late 30s. Most were married, some with children.

The class also varied greatly in educational background and scholarly ability. Since the school was still an upstart, it may have been the only one many of the students could get into. There were also some outstandingly gifted students who had chosen Southwestern. At least 10 became leaders in academic medicine and many more, leading practitioners.

But others were marginal, a few failed, and perhaps a dozen dropped out. Students from other states with only two-year medical schools filled some places — I remember South Dakota specifically — so we graduated at or near our original number. The graduation ceremony in June 1954 was held at SMU's McFarlin Auditorium. Outside there was a drenching downpour, well recalled because it briefly punctuated the terrible drought of 1950-1957, the years I was in training at Southwestern and Parkland.

Fraternity Life

We still had medical school fraternities in those days, even a vestigial fraternity rush. My first date with Diane Truett, my wife-to-be, was for a Phi Chi rush party at the old Dallas Country Club. I joined Phi Chi partly because it was my father's old fraternity. I followed his fraternity legacy and his medical legacy, as well. My father left his home in Stephenville, Texas, at age 20 to study at Baylor Medical College in Dallas in 1922. He always said it was to escape having to get up before dawn to milk the cow. He found out there were harder things than that ahead.

My roommate was Tom Murphy, a Navy vet slightly older than I was. We shared a spacious second-story front room in a handsome old frame house built in late teens or early '20s. It had a window that looked out onto Maple Avenue between Cedar Springs and McKinney. The house had two adjacent annexes and provided a home for about 35 unmarried men who shared and managed their own boardinghouse. Tom and I shared a bathroom with Jere Mitchell and Wilson Taylor our freshman year; subsequently, I shared a room in the annex with an upperclassman, Russell Turner, and Tom moved to an apartment.

Fraternity life was at times an amalgam of "Animal House" and "Doctor in the House." Purple passion parties were pretty wild, a shock to the unsuspecting. Guests were greeted in the dignified entry hall by a large washtub filled with grape juice and Everclear grain alcohol, bubbling ominously from the dry ice that had been thrown in. At the first such party Diane and I attended after I had pledged, Tom Murphy and I showed our new room to our dates. After we came back downstairs, a sophomore, Wade Greathouse, took me aside and quietly explained the rules: "No women in the

bedrooms — if you want to fuck, there's a mattress in the attic." Also, if both doorways to the downstairs living room were closed, don't enter.

Wade, who died a few years ago, was a memorable character. An ex-Navy pilot from West Texas, he was part Indian and looked it. Standing 5'10", he looked like a prizefighter who had quit in time to preserve his rugged good looks. It seemed every time I saw him, four or five very young student nurses surrounded him. Once I watched while one tugged on the V of his scrub suit and stood on tiptoes to peer at his broad, hairy chest. This particular girl was the most beautiful of that year's crop, and he later married her.

Another character was Jack Elliott. Jack was tall, perhaps 6'2", dark and very handsome, resembling Lil' Abner. From a background that would now be called extremely dysfunctional, the closest thing he he'd had to parenting was the Marine Corps. He arrived at the Phi Chi house with a supply of olive drab Marine Corps underwear. He would place his grungy, stained socks and underwear in one of the bathtubs to soak with the other pieces there, removing the next set to wear after drying out overnight. All year long, Jack's underwear, socks and sundries filled that tub. He believed in gratifying his basic urges before studying. Typically, this meant a visit to Frankie's Rendezvous Lounge at the corner of Maple and McKinney, followed by a quick turn with one of the many young women living in old apartment buildings across the street. I remember watching him cross the street to the frat house and pause by the front bushes to lower his fly and eject a just-used condom. Then he went upstairs to cram a few hours.

The Phi Chi boarding house had a mascot, an ancient rust-colored terrier mix named Terry. Terry's exact age was unknown, but tribal lore placed him in his mid-teens when I was a freshman, and he lived several more years. Terry was quiet, patient and tolerant. At one of the raucous purple passion parties, I watched one of the seniors, belly full of firewater, crash through the front screen doors, lurch across the porch, collapse over the porch rail, fall through the bushes and lie motionless. Terry sat by him all night until he awoke.

Phi Chi had weekly chapter meetings, usually desultory and poorly attended affairs, but from time to time we had guests, ranging from the relatively exalted (Dr. Milfred Rouse, President of the AMA) to naked dancing girls. A great favorite was Dr. Vincent Vermooten, a sixtyish South African urologist. Bald, slight, slope-shouldered, and mildly cross-eyed, he resembled the writer S.J. Perelman. He showed us two 8-mm movies from his homeland. One showed two lions engaged in glorious, combative foreplay. It was so violent, it seemed one or both of the creatures would perish. The end,

the climax, in sharp contrast lasted only a few seconds: a shuddering orgasmic spasm, then quick collapse into blissful supine post-coital torpor.

Dr. Vermooten's other film documented a mass circumcision of Zulus. Outdoors, somewhere in the veldt, stood a long line of robust, young black men, stark naked. Each in turn was placed on a sturdy wooden table and held fast by four strong men in white coats while two doctors performed the ancient rite. One would hold the penis erect by clamping the end of the foreskin with surgical forceps while the other snipped it off. No anesthetic; it lasted only a few seconds. Released, the victim would then walk knock-kneed away clutching the bandaged member. Today it seems barbaric -- racist, even -- to watch or admit to having watched such a spectacle. The doctors in the 1930s believed they were performing an important public health service, and contemporary studies confirm that circumcision decreases the frequency of cancer of the penis and the transmission of venereal disease, including HIV.

But still, it says something about the times that no one in our crowd thought to ask whether the Zulus submitted voluntarily or were somehow coerced, or perhaps even paid.

Another favorite was Dr. Tate Miller. Dr. Miller, an internist and gastroenterologist then in his 70s, was a large, bald, gregarious man with a barrel chest and raspy voice, the result of decades of heavy smoking. A popular raconteur, Dr. Miller was invited to the frat house for his humorous tales as well as his wisdom about medical practice. After supper ended, Dr. Miller would push back from the table, fire up a cigarette, inhale deeply and address the 30 or so medical students thusly:

“Young gentleman, people often ask me the secret of success in medicine, and I tell them, ‘the practice of medicine is not unlike the sport of duck hunting, and the rules are three: First, step boldly to the fore. Second, shoot every time anybody else shoots. And third, take credit for everything that falls.’ ”

Just a few steps away from the Phi Chi house, at the corner of Maple and McKinney, stood the Rendezvous Lounge, always called Frankie's after the small, olive-skinned, mustachioed proprietor. Frankie looked Sicilian and liked to imply that he had been in the rackets. He certainly looked the part. The lounge was a small, low, white frame house. Inside, there was a bar with seven or eight stools and a few booths and tables where Frankie served beer and wine. It was still illegal to sell liquor in public establishments, although you could bring your own bottle. The little lounge was a regular hangout for medical students and a few neighborhood characters. One such was known as Mrs. Benton (not her real name). She was well past any possible bloom of youth she might have once had and was none too fastidious in appearance. For some desperate students, she was the bedmate of last resort, alleged to

acquire a phantom allure after 6 or 8 beers. I recall one morning after we'd all partied following a big exam. A classmate woke up his three roommates, sobbing remorsefully.

“What happened, Elroy?”

“I can't (sob) talk about it.”

“Better tell us.”

More sobs. “I screwed Mrs. Benton. We had a few beers. She started to look better and we went to her room. Then, she took her corset off. Oh, it was awful, but by then I couldn't stop. God, I feel terrible.”

The boarders at the Phi Chi house ate well, and the house was reasonably well kept. The cook was named Maurice; there was also a housekeeper. Both were black and homosexual, although not overtly, at least not while on duty. Maurice was intelligent, fastidious and perceptive. The housekeeper, Maurice's consort, didn't say much, but did his work. His predecessor had been a large black woman named Agnes, who had a syphilitic aortic aneurysm, a common condition in those days. One day it ruptured, and she died instantly.

We made up our own beds, if they were made up at all, and looked after our own laundry and personal things. During the week, the house was mostly quiet after supper. Everyone studied. Friday and Saturday nights were for partying, except before exams.

The big freshman-year courses besides anatomy, histology, and neuroanatomy were biochemistry and physiology. All courses included didactic lectures and laboratory practicums. The physiology course was particularly basic to the foundations of medicine and very well taught by Dr. Robert Lackey. Dr. Lackey gave lucid and well-organized lectures. He was strict and firm, stringent and fair in his grading -- no such thing as grade inflation back then. A “B” was honors, and an “A” was rare. Dr. Lackey leavened his lectures with dry humor. I recall him referring, straight-faced, to the “magazine reflex” as a reliable stimulus for defecation. For those of us who later entered one of the nonsurgical specialties, physiology was the most important course of the first two years. I was content with my B.

The summer of 1951

In that dim past, there was no school from June 1 to September 1. I spent that summer in Houston with my mother and youngest brother, John, at her jewel of a little house on Inwood Road in River Oaks.

I was in love with Diane and wanted to be near her, but I had no money and no job in Dallas. So we agreed to be “unpinned” for the summer,

and I spent the three months in Houston working as a lifeguard at the Shamrock Hotel.

The strain of this summer-long separation, while leavened by Diane's visits and letters, interrupted a relationship that had been constant and intense ever since we clicked on that first date. This slim, auburn-haired girl with the big brown eyes and terrific shape was different from anyone I had dated before. She was smart, had a wide range of interests, and was as stimulating to talk to as she was to look at. Although we both attended Highland Park High School, we did not meet until the spring of my third and last year at SMU, when she returned from her freshman year at Mary Baldwin. I remember the first time I noticed her. She was horseback riding with one of her high school boyfriends. I said to my brother, Bob, "That girl knows how to sit on a horse."

Isolated in my lifeguard's tower in my shades, whistle, hat, and green trunks, I had quite a varied scene to observe at the Shamrock. The notorious wildcatter Glenn McCarthy, the inspiration for Jett Rink in Edna Ferber's "Giant," had just built the hotel. The 50-meter swimming pool was the first Olympic-sized commercial pool in the U.S. and was part of the Cork Club, which offered private membership, but was also open to hotel guests. The deep end was 25 feet. There was a 10-meter diving platform and one-meter and three-meter diving boards. Young divers abounded, both novices and advanced competitors. Serious divers frequently used the pool to practice for national and international events.

Across the pool from my observation perch stood the Cork Club cabanas for members, guests, and trysts, a dozen prime call girls in view. I recall a day when McCarthy was hosting a very young Nicky Hilton. This was before his marriage to Elizabeth Taylor. Midday, McCarthy lined up the girls in their tiny bathing suits for Nicky to inspect. There was a longish picnic table, spotless white linen, laden with a choice of beverages, though bourbon was the favorite potion in those days. McCarthy, big, broad shouldered, and noticeably fender-bellied, filled a quart pitcher first with ice, then with Jack Daniels Black Label, which he finished – alone. I don't recall what Nicky drank or which girl he chose.

The lifeguard job was the ideal therapy for recovering from the exhausting freshman year and preparing for the next.

Home life was far from ideal because of Mother's binge drinking and squandering of her divorce settlement. This was the last time I was ever to live in the same house with my mother. She had moved to Houston following her divorce from her second husband, John R. Moroney, who was a brilliant, flamboyant lawyer and a severe manic-depressive. He committed suicide a few years after the divorce.

My mother was a famous beauty who retained a good part of her looks until the end of her life. Sensitive and intelligent, she was the standout in a rambunctious family of eight children, seven of whom survived childhood. She was the only one to attend college, a year at SMU. Her drunken, dissolute, sometimes violent father contracted to build the sidewalks on the university's quadrangle, and mother's tuition was part of the payment.

The move to Houston was a desperate attempt to rebuild her life, and it marked the beginning of a long downward spiral.

So the summer passed. After work, I would drink a beer or two, play the guitar, talk with 12-year-old Johnny, or visit Aunt Merle and Uncle Dale. I read a lot, as I always have done.

I didn't save anyone from drowning that summer. I don't remember even having to pull anyone out. The only challenges came when drunken conventioners (doctors were the worst) would shatter glass at the poolside or try to climb the 10-meter tower. No, the only person I saved was myself.

Sophomores

I returned to Dallas and to reality that September rested, tanned and fit. Diane put my ATO fraternity pin back on, and we have been together as often as possible ever since. The sophomore year I remember as mainly drudgery, relieved by friendships and by Diane and her parents. The Truetts frequently had me over for dinner – the best food I got in those years – but I still felt that Diane's mother, Mayme, did not really approve of me.

The big second-year course was pathology. Both the course and the academic year were dominated by two very different and antagonistic personalities, Atticus James (Jim) Gill and Ernest Eric Muirhead. Dr. Gill had been afflicted with tuberculosis of the spine — Pott's disease — and gallantly bore its deformity, short stature and crooked spine. He was a handsome, fine-featured man who spoke in a melodious voice and wore a three-piece suit year round, the vest covering his back brace. His lectures were masterful. The hour devoted to Pott's disease remains hallowed in the memory of all who heard it.

Equally admired but for different qualities and on the whole by different factions of students and faculty, was Ernest Muirhead. Later, when he was at Baptist Memorial Hospital in Memphis, he was called Eric.

Dr. Muirhead was tall and strong, with clear blue eyes and graying russet brown hair. In contrast to Dr. Gill's precise adherence to the known facts of classical pathology, Dr. Muirhead was a visionary driven by almost compulsive speculation and imagination. His lectures could be enthralling. His delivery involved dramatic physical gesturing. "Big spleen!" he would

exclaim, illustrating its size with his large hands, and then “Big liver!” his hands holding the imaginary organ on the other side. He was also passionate about research and pursued the elusive, putative renal antihypertensive factor to the end of his career.

The rivalry was always apparent and lent drama to the otherwise rather dreary second year. The inevitable clashes worsened after Dr. Gill became dean of the school and Dr. Muirhead the chairman of pathology. Eventually, Dr. Gill removed Dr. Muirhead from the chairmanship. Two or three years later, to the dismay of his many friends and supporters, Dr. Muirhead departed. He remains in the minds of all who came under his spell almost a legendary figure, not least because we continued under his tutelage on the hospital wards where he was one of the first clinical hematologists. He made teaching rounds at the bedside, where he was a thoughtful physician, as well as an inspiring teacher.

Friendships begun the freshman year solidified the second and were instrumental in our survival of the physical and psychological stress of long hours in uncomfortable lecture rooms and constant study. My closest friends were Floyd Rector, Andy Gwynne and Dick Portwood. Floyd, from Lubbock, Texas, was a brilliant student. His wife Margie was a commercial artist who supported them and later their girls, through medical school. Both have had remarkable careers, Floyd as a medical scientist and Margie as an artist. Dick Portwood, a Navy vet from San Antonio, and his wife, Ginny, were also close friends. Andy Gwynne, whom I had known at SMU, deserves a chapter devoted to him alone. Andy was, to put it gently, disorganized. His intellect was mercurial and wide-ranging; an amazing disarray of facts in all fields: science, history, literature. This information he could access at random, especially after a few drinks, when his conversation could be fascinating, but seldom in a sustained, orderly way. Thus, his academic standing, while he was never in any in danger of failing, never reflected his native intelligence.

Everyone has a friend like Andy. They appear from time to time in literature, like Charles Stringham in Anthony Powell’s *A Dance to the Music of Time*. They sparkle, dazzle and flame out, but remain precious in memory, and we are richer for having had them as friends. Andy was given to bursts of generosity; a treasured possession of mine is a 1911 Britannica given me by him many years ago. Not a part of this nucleus but equally close was David Haseltine, honored in memory. We had been close since high school; he was a year ahead in the Highland Park High School Class of 1946. At SMU, I pledged to ATO because of David. We were then classmates in medical school because he finished four full years at SMU, having decided to attend

medical school to train as a medical illustrator. He had a strong artistic bent, but soon was on the main pathway to becoming a physician.

It is hard to convey the effect David had on those of us who knew and loved him, men and women alike. He was an extraordinary blend of strength and sensitivity. His most notable physical feature was a tremendous physique. He was a terrific swimmer and natural athlete but forbidden to compete in sports because of a heart murmur. A highly malignant brain tumor tragically shortened his life. He had his first seizure during our third year. In retrospect, I think there was some deterioration in his cognitive skills after that, but he endured to marry, father a daughter and complete part of his internship at Grady Hospital in Atlanta.

His deterioration was very hard to bear. I was in the hospital room with him a few hours before he died. He is mourned by all who knew him well for the warmth of his friendship and the strength, breadth, and depth of his character. A number of us have sons named David.

Toward the end of our second year, I think we all felt battered by the incessant didacticism, constant study, memorization, and the physical and mental constriction imposed by the arduous curriculum. We survived, thanks to our friendships. I remember spring of 1952 when David, Andy and I took sandwiches to nearby Reverchon Park, cutting class for the afternoon, strolling or lying in the grass in the gently warm spring sun.

The Introduction to Clinical Medicine provided a blessed respite from the lecture halls. We put on our first white coats and learned to use stethoscopes, ophthalmoscopes, otoscopes, reflex hammers and tuning forks. We went to the bedside in small groups, where the art of physical examination came to life.

My instructor of physical diagnosis was Roger Unger, who was in private practice at that time. He later became a world-famous researcher in diabetes and lipid metabolism. Roger was directing a U.S. Public Health project to study the accuracy of the glucose tolerance test in diagnosing diabetes in the general population. As I recall, he found a 40% “crossover” rate on repeated testing: 40% of initial positives became negative and vice versa. Roger was, and remains, totally unaffected, open and accessible. He taught us easily and well. He was my first close encounter with a sort of well-educated, highly intelligent Easterner who would become a major factor in the school’s subsequent success. At that time, he was not on the faculty, but was a volunteer teacher, along with many of our teachers, especially during the clinical years. I admired this group and their academic and social sophistication, which soon inspired me to buy my first Ivy League tweed jacket, plain front grey flannel trousers, Irish poplin ties, and blue or white button-down Oxford shirts.

There was another memorable encounter, equally influential in a somewhat different way. Bill Reynolds was a practicing internist, specializing in gastroenterology. He was partially paralyzed by bulbar and spinal poliomyelitis. Though he got around quite well with only a cane, he was frail. His impairment did not detectably slow him. He was thoughtful and patient, a fine teacher. There is an additional reason why Bill is so clearly remembered: I mean the site of the tutorials.

In the early 1950s, the old original Woodlawn Hospital was a one-story, white frame building situated on a slight hill on Harry Hines Boulevard where the Children's Detention Center now stands. It was the charity hospital for indigent tuberculars. The location was intended to be salubrious, with its location upland from the Trinity River, catching southern breezes in what was still a fairly rural area, though only a mile or so from downtown Dallas. During this era, antibiotics were still fairly new, and tuberculosis was treated with prolonged bed rest and lots of fresh air. As I recall, there were a couple of wards and perhaps a few small rooms for sicker patients, but the sickest patients, the ones most likely to die, are the ones I recall most vividly. They lay in cribs, pale, apathetic, hollow-eyed, and near skeletal. Cribs were cubicles placed on the periphery of the building, isolated from an inner hallway by a wall with a port for passing in food and medicine and removing wastes, used bedclothes, and dirty dressings.

The upper half of the outer wall of each cubicle was a large, hinged wooden shutter, like they used to have at summer camps, to be raised and lowered by rope and pulley. So it was there at the old Woodlawn that we first donned gowns, masks, and gloves, and Bill Reynolds patiently taught us to examine chests, review the chest radiographs (X-rays) of ravaged lungs and learn therapeutic treatments, which have since been abandoned. One procedure involved inserting a tube between the lung and the chest wall (pneumothorax) or into the peritoneal cavity (pneumoperitoneum) and pumping in air. This would decrease the lung volume relative to the blood supply in the hope that this would close the tubercular cavities and speed healing.

At Woodlawn and at Old Parkland (now called Woodlawn) we, in our new white coats, were mistakenly called doctor for the first time. Those of us who had not seen combat were confronted for the first time with the sick, the dying, and death. Bill Reynolds continued to practice another 30 or 40 years despite his frailty, imperceptibly weaker as time went by, until a late phase when he went down fairly fast. Perhaps this was late progression of the postpolio syndrome.

Remembering Bill Reynolds evokes a stream of thoughts and memories, including those of young doctors in training who fought their own

illnesses. Until the 1950s, tuberculosis and poliomyelitis were probably the most common serious afflictions. However, various other kinds of physical and mental collapse were common: depression, alcohol and drug problems, and a rare suicide. One or two developed tuberculosis during the course of training, at least prior to 1950. I recall the previously mentioned classmate Andy Gwynne, who was diagnosed with tuberculosis during his residency in pathology. Also, the wife of one classmate contracted polio but recovered completely.

In the class ahead of us, the class of 1953, Gene Waterman had had bulbar polio and was left with some problems swallowing at times, but he was fully functional, an excellent student and house officer.

Less fortunate was Larry Vivrette, in an earlier class, probably class of '51. One summer day, likely after a day and night on duty, he and fellow students were drinking beer at the old Vickery Park swimming pool, near where Presbyterian Hospital now stands. Suddenly, Larry could not swallow. When he tried, the beer came out through his nose. He was admitted straightway to the polio ward and was dead by morning.

There were many doctors in the decades and generations before me who had had bouts with tuberculosis, also known as the white plague. We were all exposed to it repeatedly through inadvertent contact with undiagnosed cases (and doubtless through lapses in isolation technique), and the circumstances favored susceptibility. We were frequently exhausted, often sleepless; our nutrition was not all great, either. Most of us smoked cigarettes. The classical phthisiologists (from the Greek phthisis, wasting) were almost all recovered tuberculars; among them were older friends and mentors like John Chapman, Frank Carman and Elliott Mendenhall. Not all who had the illness became chest specialists, of course, for example, Billy Oliver, long one of Dallas' leading internists. Billy believed that his bout with tuberculosis was divine intervention because it was through that illness that he met his lovely wife, Chris, who was one of his nurses. Some of these doctors had been in the sanitarium for up to six years. As they were allowed to become gradually more active, they helped with the care of other patients. Many of them went on to become phthisiologists, chest specialists, and forerunners of today's pulmonologists.

The writer Walker Percy was diagnosed with tuberculosis during his pathology residency at Bellevue in New York City and spent two years in the Trudeau sanitarium at Saranac Lake in upstate New York. There he read philosophy, epistemology and Kierkegaard, and thus became Walker Percy the writer. I don't suppose I am the only one who has sometimes wondered what it would be like to have a mild case of something for long enough to

enable the pursuit of alternative interests or passions, then to recover, or perhaps be reborn like a butterfly from its chrysalis, into a new existence.

The end of the second year, for some of us the least enjoyable, finally came. Despite sound teaching and some vivid personalities, my friends and I felt thoroughly depleted, relieved to see the end of the term, and grateful for another summer's rehabilitation. There were the welcome moments of levity, one supplied by the wife of Andres Goth, the professor of pharmacology, wise, kind and thoughtful toward the students. Andres and his wife were Hungarian and both spoke with an accent, hers stronger than his was. Dr. Goth told the story that one day he and his wife were discussing buying a new car. He said he would like a Volvo. She said, "Andres! Do you know what that means in Hungarian?"

Those first two summers of the medical school years were of vital importance to me because those three months of relatively salubrious existence facilitated my recovery, not merely from the normal exhaustion of medical school terms, but also from my imagined fatal illnesses. Cliché as it is to joke about the medical student who fears he has every disease he studies, it is not so funny when you have as onerous a bout with imaginary illness as I did.

In the spring of my freshman year, 1951, I became aware of increasing fatigue and lassitude. I had experienced spells like this going back many years, but now I was a medical student, and very much focused on disease. At first, I was sure I had malignant melanoma. Several of my numerous moles (junctional nevi) were removed during my freshman and sophomore years, and pathological examination found them to be benign. Every time I noticed a new mole, I'd think, "Well, this is it."

Once, I found a batch of flat, black spots on my left forearm and dashed over to see Dr. Dan Gill, a splendid surgeon and cousin of Dean Jim Gill. Dr. Gill was skeptical that these spots were anything, but to humor me, or perhaps to get rid of me, he removed one or two for pathological examination. Negative. Nothing there. In a few days, the remaining spots went away completely. As it turns out, I had splashed a few tiny drops of silver nitrate on my arm during a laboratory experiment, and they went unnoticed until they turned black.

So the melanoma hypothesis became untenable. I did not lose weight, my liver did not fill up with metastases, and my studies went reasonably well throughout all of this.

But the lassitude and fatigue persisted, greatly aggravated by the "fever study," which went like this: One of our teachers wanted data on diurnal fluctuations in body temperature. My fellow students and I were enlisted to take our own temperatures four times a day -- rectally. I had not

yet learned, and we were not informed, of the normal three or four degree variation from early a.m. 'til evening, say 96 degrees lying in bed before breakfast; 99.4 in late afternoon; after a cigarette and a cup of coffee, easily 99.6 or 99.8, technically "fever." Severe anxiety can make it worse. So I became obsessed with this, taking my temperature hourly sometimes, surreptitiously (not rectally, of course) in class, growing more and more anxious as the afternoon temperatures climbed, fearful that something was terribly wrong. I began to poke myself. By then, we were taking pathology, and this sharpened my focus. To my deepening concern, I found fairly impressive lymph nodes under my jaws, in my armpits, a few small "shotty" ones above the collarbone. Naively, I asked a third year medical student to confirm my "lymphadenopathy," which he did, then said carelessly, "You have Hodgkin's disease," which in those days proved fatal in months to a few years.

So now I knew my fate: I was to die of Hodgkin's disease. Easter Sunday, 1952, Highland Park Methodist Church, Reverend Marshall Steel preaching, remains especially vivid in memory: I thought it would be my last Easter. I could even imagine Jesus up there in the stained glass, behind the choir, beckoning.

I did not speak of this to Diane, friends, or family. Instead, I became a regular attendant in the student health service, presided over by patient and kind Dr. John Vanatta. We ran tests. It did not help that I tended to run a somewhat higher lymphocyte count in the peripheral blood, or that one day in the student hematology lab my own blood sample showed 98% lymphocytes - a fluke or staining error, as it quickly developed. Nor was I reassured when our Chief, Dr. Muirhead, consoled me with, "Why don't you worry about stomach cancer? You could have that too, you know."

Dr. Muirhead's version of shock therapy was opposite to the response I got around about 10 o'clock one night, when I desperately called up Dr. Jim Gill at home. He was patient and reassuring, and he calmed my panic, telling me that he understood, that he had "been there."

The sophomore year was the worst, but again, summer brought salvation. The sun, exercise and rest worked their cure. The illness never returned in that guise except for brief flashbacks, again usually associated with late winter or early spring and fatigue. Once in my third year, Dr. Vanatta sent me to someone in our then rather weak Psychiatric Department.

The consultation did not go well. The psychiatrist, obese, epicene, slothful, lolled behind his desk, smoking cigarettes while regarding me passively through half-closed eyes, saying nothing. Although I was by then disposed to accept a psychological basis for at least some of my symptoms, the encounter so revolted me that the reaction effected a substantial "cure."

The definitive diagnostic test, of course, would have been a lymph node biopsy. This was never done. And almost 60 years later, the nodes are still there, unchanged.

Despite these distractions, with more help from Diane and her family and kind teachers and robust friendships than I have ever acknowledged, I survived the freshman and sophomore years, even made all B's – solidly placing me in the upper third of my class. There is little doubt in my mind that this experience deepened my understanding and tolerance and made me a better physician. A further benefit has been that, having faced imaginary death off and on for a couple of years, I have never really feared it again.



The freshman classroom, 1950. I am third from the right in the first row.



The original full-time faculty, 1943. From left, Charles G. “Daddy” Duncan, histology, embryology; George T. Caldwell, pathology; Joseph Hill, clinical pathology; Robert W. Lackey, physiology; Donald Slaughter, dean; Lewis Waters, medical illustration; Herbert C. Tidwell, biochemistry; MacDonald Fulton, bacteriology, and William W. Looney, gross anatomy. All other positions were filled by part-time town men. Dr. Looney, right, instructed my father at Baylor Medical School in Dallas in the 1920s. After the first quiz, he advised my father to return to his father’s drugstore soda fountain. At the end of the year, my father finished first in anatomy.



“Temporary” housing for the new Southwestern Medical School, 1943-1957. We nicknamed them the shacks.



In this memoir, Dr. Al Roberts, who entered medical school in 1950, tells the story of his own development as a physician against the backdrop of the dramatic changes in medicine since the mid-twentieth century, with echoes as far back as the 20`s gleaned from his physician-father`s career. An active agent in many of these changes, Dr. Roberts has been a researcher, a pioneer specialist in nephrology, a general internist and diagnostician, an Army doctor, an administrator, a TV personality, and a teacher.

He tells of his depression and psychoanalysis and provides chapters on "Medicine Then and Now", "Skeletons in Our Closet" and some illuminating case histories.

Summing up, he gives his own assessment of the present state of medicine and his view of the future.

