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MEMORIES

June 7, 1922. A bright and pleasantly warm June day. In cap and gown, my fellow classmates and I are standing and listening to Dean Darrach, as he administers to us the Oath of Hippocrates. We are about to receive our diplomas. Very soon, we shall be doctors of medicine, able and willing to help the sick and the distressed. And as Dr. Darrach intones "With Purity and Holiness I shall pass my life and practice my art," a feeling of pride and happiness surges thru my body. Yes, hard as it is to believe, I am really a doctor of medicine! The goal I have strived for, at last I have reached!

The exercises are over. With beaming faces and sheepskins in our hands, we gather on the campus of Columbia University. Hands are clasped. We wish each other success and happiness. But we are rooted to the spot and hate to part. Not one walks away. A feeling of sadness and loneliness grips us. It is hard to break the ties that bound us together for four years!

A feeling of restlessness seizes me. Once more I shake hands with my "buddies." Once more we promise to write to each other. And then I wander off alone. I feel that I must be alone! There is something seething within me. Visions pass before my mind's eye in panoramic order. Thoughts come and come and still come. Alone and aimlessly I walk on.

Soon I reach Riverside Drive and sit down on a bench. Gently the picturesque Hudson flows by. A battleship is anchored half-way across. It looks proud and formidable. A little farther down, a ferry is churning the waters into soapy foam, carrying its human cargo across to Jersey. The Palisades rise haughtily and majestically in the distance. In back, The Riverside Drive Apartments, in their height and richness present a lovely sight. Cars pass by in an endless stream. Children, carefree and happy, are running and playing in the parkway. Life is here in all its beauty and all its grandeur. And the day is warm and peaceful, one of those June days that inspired Lowell to write:

"What is so rare as a day in June?
Then, if ever, come perfect days.
Then Heaven tries earth if it be in tune
And over it softly her warm ear lays."

Gradually all the beauty around me begins to vanish. Memories of the past awaken within me, displacing the realization that I had just become a doctor. The people all about me seem to disappear. I begin to muse.

Once again I am in my first year at The College of Physicians and Surgeons, known to us as "P&S." I am in the dissection room – a spacious chamber with many tables and on each table a dead body, called by us a "stiff." The odor in the room is pungent. The

atmosphere is weird and unreal. Another student and I are assigned to a female body. We are to dissect it. We are to learn the anatomy of the human female; to trace the course of the blood vessels and nerves; to learn the origin and insertions of the muscles; to acquaint ourselves with the shape and positions of the abdominal organs; to study the structure of the brain and spinal cord, et cetera.

I take up my scalpel and look at the body. It is a woman of about fifty. I hesitate to make the first incision. Some unknown force prevents me from doing it. My emotions become acute. It is not fear of the "stiff." It is not fear of death. Rather it is the mystery of the whole thing! I just stand there and think: "Once this woman was alive. She could talk and walk, laugh and cry. She could love or hate. Perhaps she had children! What if some of her children were still alive! Maybe she was gentle and kind and sweet. Probably she was poor and hungry and miserable. Now, here she lies, flesh and bones, about to be cut up by me. Yet why am I about to dissect her? Is it not for medical knowledge and for the future benefit of humanity?"

I am aroused from my reverie by my instructor, who, seeing me inactive, asks me if I needed any help. At once, I cast these thoughts away. I concentrate on my anatomical work. My consciousness narrows. All I can see are muscles, arteries, veins and nerves. I am busily engaged. I have started the long journey of the Practice of Medicine.....

Still I sit on that bench on Riverside Drive and distant memories come and go in fleeting succession.

The World War! Yes, it was still in full swing when I was a student. Horrible, cruel and senseless! We study many years. We sacrifice many things. We work hard to become doctors, so that we may cure illness. We try to eradicate diseases which shorten men's lives. We make every effort to alleviate the physical and mental suffering of the sick. Then a war comes and the flower of manhood either is killed or maimed. Young men and middle-aged men, brothers, sons and fathers; men who could be living and enjoying life; men who did not want to die, who loved life. War is so cruel and inexcusable!

We, medical students, also, were affected by the war. We were required to drill each morning in the meadow of Central Park. Military duties and medical studies were not compatible. We could not concentrate on our work. Our thoughts were disturbed. Why should we work so hard and worry and fret over our studies when any day we might be called to the colors!! Happy indeed were we when the Armistice was signed.....

The first year of medicine came and went. The following years were easier and more pleasant. The few embryonic medical cells that were planted in us students during the first year multiplied slowly but steadily. In addition to the many lectures and demonstrations, we began working in the clinics. And shortly thereafter, we were assigned to the wards in the various hospitals.

Clear in my memory, while an upper classman, was my obstetrical work. Here, at last, we were "real doctors" insofar as the patients were concerned. And how thrilling and

fascinating it was in bringing a new “life” into the world! What a joy and delight it was to guide out of the mother’s womb a slippery little boy or girl! What a pleasure when the little one let out its first cry, the sign of vitality! How proudly I’d straighten out, after cutting and tying the cord, glancing triumphantly at the bedside assistants! We, students, were assigned to the Nursery and Child’s Hospital. There, for six weeks, we stayed all day and night, except for time out for our meals. And as each out-patient came due, we were assigned in rotation to deliver it. Frequently, in the early hours of the morning, the telephone would ring, calling us to our work. Up we’d jump, dress hurriedly and grab the big black bag which contained everything that was necessary for a delivery. Then we’d hurry up or down 9th and 10th Avenues to our calls. We, with the big black bags, were a common sight on those streets. And we were not afraid of the “shady” or suspicious characters loitering on the streets. We were the “hospital doctors” and they all knew of us, greeting us pleasantly and never annoying us.

The homes we visited were very poor. The rooms were small and dingy. In winter, they were cold and damp. Most of them had only kerosene lamps or gas jets for lighting. But the people were pleasant, brave and appreciative. Little as they had, they offered to share their food with us. And often, after the delivery, they tried in an embarrassed manner, to give us a little gift. Our remuneration was ample enough when we saw the joy and gratitude of the family when the child was born.

After the delivery of the baby, we oiled it, diapered it, put drops in its eyes, tied the belly band around the navel and then tucked it into its little bed or basket. A pleasant good-bye and back to the hospital we’d go. There, in a big book, we’d write the name of the patient with the following post-script: “M & B, L & W” (mother and baby, living and well).

One case comes to my mind as clearly as if it occurred only the other day. A foreign born woman was in labor and I was assigned to the case. She was about thirty-five years old and had had three pregnancies, all of the children having been born still-births. When I climbed up the four flights of stairs and entered the house, the husband, smelling moderately from alcohol, cornered me and said, “Mr. Doctor, I wanna live baby. Me have three – they all die. Now me wanna live baby.” I assured him that I would do my best. The labor was long and not very effectual. Hours passed. The husband kept on drinking. Every so often he would approach me and say, “How she coming, Mr. Doctor.” The case was terrifically slow. It dragged and dragged. All of a sudden, while sitting and waiting for signs of progress, a fear seized me. What if this baby were also still-born? Might not the husband try to harm me, perhaps even kill me? I have heard and read of excited patients or relatives of patients who blamed doctors for certain results and sometimes harmed them or killed them. The more I thought of it, the more alarmed I became. I decided to play the game safely.

Mustering up my courage, I walked up to the husband and said, “I’m going to the telephone for instructions – to get help. The baby is coming too slowly.” He may have been somewhat drunk, but he shook his head and replied, “No, sir, Mr. Doctor. You no leave my wife now. I go call the hospital.” “But,” I remonstrated, “You don’t know what to tell them. The rule is that I must call myself. I’ll be back in a few minutes.”

Reluctantly, he let me depart, warning me to come back “very queek.” I left. When I reached the street, I sighed as if some heavy load were removed from my back. I walked straight up to a police officer and told him of my fears and yet, in fairness to the husband, I mentioned that the fears might be all a product of my imagination. He understood and felt I was justified. He advised me to go back and promised to “drop in” himself soon.

I returned to my case. About ten minutes later, I walked this tall, welcome and reassuring policeman. With a hearty “hello,” he slapped the husband’s back and said, “Tony, heard you are going to have a baby.” “Me no have baby, officer,” replied Tony. “My wife, she have baby.” We all laughed. Fear vanished. We talked and joked and finally the hour arrived. Piercing screams, one after another, came from the bedroom. Italian women are very emotional and demonstrate their emotions very vociferously.

I scrubbed again, worked with the mother for twenty minutes and delivered a healthy, robust baby boy. I smiled – a smile of genuine pleasure. The husband let out a whoop and began shaking the policeman’s hand. The officer grinned and also felt proud, as if he were instrumental in this work. A bottle of sour wine was opened and we all had to drink to Tony, Jr. – weight 7 lbs. and 12 oz.

One hour later, I left for the hospital, with genuine thanks and appreciation from Tony and his wife. The gratitude of these poor and humble people was greater remuneration than if I were given a large fee for my services.

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Time passed. Little by little, slowly but steadily, we were becoming doctors. And then – the final examinations – and we were doctors of medicine.

As I look back upon those four years and realize the difficult, hard and stupendous amount of work we had to do; when I think of all the facts and theories that had to be learned and stored in the recesses of our brains, I become frightened. It is almost unbelievable that a human being could learn and remember all that was taught to us.

Yes, it was hard work. The hours were long. The mid-night oil burned often and late. But it was done and can be done! And when my young son tells me that he is going to be a doctor when he grows up, I smile indulgently. If he has a desire and an interest in that work, I shall fully encourage him. But I shall tell him what to expect both at school and after he graduates. Being a doctor has its hardships and disappointments as well as satisfaction and pleasure.

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One sad, profound emotion stirs me at this moment. It is the realization that my fellow student and my room-mate is dead. We graduated from The Hartford High together; we

received our Bachelor of Science degree from Columbia together, and we studied medicine at the same school.

He was a poor boy. He worked hard and diligently. He sacrificed all, so that he might be a doctor. All his hopes and all his dreams were of the future – the time when he would hang out his shingle and start healing the sick and unfortunate ones.

It was the end of May, 1922. His studies were completed. He had taken his final examinations and passed them successfully. All that remained was for him to attend graduation exercises and receive his diploma.

That night he suddenly developed a violent chill. His fever rose and he coughed up blood-tinged sputum. His breathing was rapid, laboured and painful. He was already a doctor and he diagnosed his own ailment. He turned to me, fear and anxiety written all over his countenance, and said, "David, I am afraid I have pneumonia."

We took him to the hospital. Our professor of clinical medicine worked hard and diligently over him. Everything that could be done was done. But he died in three days. Sulfanilamide and sulfathiazole and effective serums were not in existence then.

Life, at times, is most cruel. How that boy wanted to live! He fought so bravely. Life and hope, ambitions and desires, -- and then Death were mirrored to us so poignantly and so early in our lives. Nineteen years have elapsed since then, but the said memories remain -- and will remain forever.

Saddened by the thoughts of the passing of my friend, my memories turned to my family. Fully was I aware of the material and spiritual help my family gave me. My dear Mother, now dead, though a widow and financially embarrassed, had the happy faculty of making a dollar go a long way. She would wash her own laundry, market downtown and do many things that would enable her to save pennies. And whatever she saved, she would give it to me, so that I might be able to continue my studies. How proudly she introduced me to her friends, "This is my doctor."

When she became ill with cardiac or heart failure, she was not alarmed. "Why should I fear," she would say, "when you, my own son, are my doctor." In the last year of her life, whenever she had an acute attack of heart failure -- when the chest heaved and her breathing was laboured; -- when her face became dusky and rattling developed in her throat, the sight of me, near her bed, reassured her. She would force herself to smile and between gasps, say "I know I will be relieved soon. God destined it that you, my son, should be my doctor." She took my medicines faithfully and it "always" helped her, -- so she thought. My hypodermic injections "never" pained her but the nurse's did. To the very last minute she felt calm and trustful, as long as I was near her. She is now gone about eight years, but she seems near to me. She was a brave, loyal and lovely mother!

My brothers were sympathetic and encouraging and helped me considerably in a material way. And my sisters, both attending college in New York, gave me that spiritual stimulation that fortified me and eased the strain of my many hours of hard work.

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I do not know how long I was sitting on that bench, but the peaceful, picturesque Hudson, -- perhaps several hours. I rose, took a deep breath and started for the subway. As I walked slowly, I wondered. Would I be a good doctor! Would I be successful in helping the sick and the injured? Would I be able to rise to the emergency when needed? Would I be successful financially, to supply myself with those material things which are so necessary for a happy life and useful work? Am I not too youthful in appearance? Doctors are supposed to look mature and wise! It was then and there that I decided to grow a moustache.

Chapter II

As I write these lines, my memory goes back to two happy years – my internship. I was a “Man in White” as the movies would say.

Following my graduation, I was appointed house physician and surgeon at Grace Hospital, New Haven, Connecticut. The transition from a medical student to a hospital doctor is so great and so pleasant that it is difficult to find words with which to describe it. No more lectures, no more examinations or quizzes, no more worry! Plenty of practical work amidst pleasant surroundings. Grateful patients; neat, respectful and helpful nurses; good food. It was only now that I really felt that life was real and earnest and yet delightful.

At first, I was assigned to ambulance service. Well do I remember my first call! With a pounding heart and a weak feeling in the pit of my stomach, I entered the ambulance with the driver and raced to the scene of the accident. The ambulance, with the siren blowing, raced thru the streets of New Haven. Past stop lights, cars moving aside, traffic policement clearing the way, we dashed to the scene. Then, with a commanding order, “Make room for the doctor.” I descended bag in hand, to my first accident case.

Need I say that I was nervous? I was scared to death. My heart pounded and sweat stood out on my forehead. But the ambulance driver, a veteran of many years, quietly encouraged me. He had had other beginners in the past. “Just take it easy, doc,” he whispered. “Examine him and tell me what you need or want.” I did. I dressed the man’s ugly knife wound and ordered him to be taken to the hospital for suturing of the wound. Then, off we sped again, siren blowing, people stopping and staring after us.

Jim, the ambulance driver, was an extremely efficient male nurse. He understood emergency work as well, if not more, than the doctor. I learned a great deal from Jim. I learned to like Jim. And my days on the ambulance were made very pleasant because of him. He was always cool and steady; and he had the happy faculty of calming and quieting the crowd, the patient and, not infrequently, the young ambulance surgeon.

Three emergency calls, at this moment, come clearly to my mind. The first was a frantic call to visit an injured person aboard a freighter, about one hundred yards out in the harbor of New Haven.

We raced to the water-front. There, bag in hand and the stretcher in Jim’s arms, we boarded a boat that was waiting for us and we were rowed out to the steamer. When we arrived at the boat, we climbed up a rope ladder, stepped over the railing and on to the deck. Here the captain greeted us and led us down a narrow, winding, iron stairway to the engine room, where a big, husky fireman was lying on the floor, severely burned about the face, chest and arms.

I listened to the man’s heart and heard no heart sounds. I felt for his pulse and there was no pulse. I examined his pupils and they were dilated and did not show a light reflex. The

man was dead! But what if I was wrong? Perhaps he wasn't dead! I listened again to the heart. Once again I flashed my light into his eyes. Of course, the man was dead! And then, a quiet whisper in my ear by Jim, "He's dead all right." And I was relieved. It was the first death that I had to certify.

We returned to the hospital, saddened and depressed. Death always has a sobering effect on a person.

Another urgent call was to rush down to Light House Point. We were informed that several people were drowned. Down we dashed, faster and faster, the siren blowing constantly. About half way down, we saw the New Haven Hospital ambulance also speeding to the scene. The instinct to beat the other fellow apparently seized Jim. He pressed down on the accelerator and raced the other ambulance to the scene. When we arrived we were met by a dense crowd and we had to push our way thru. There, on the sand, we noticed three people stretched out. Working over them were three volunteers who were administering artificial respiration. Quickly sizing up the situation, I saw that two were beginning to respond, but the third lay inert and lifeless. I quickly examined this man and found that his heart was still beating. We worked on him with the pulmotor; we stimulated him; massaged his extremities and finally revived him. With a pleasurable feeling within me, I packed my bag and entered the ambulance. I felt proud; I felt happy; I felt important. I was doing real work – helping the saving of a life.

One humorous and pleasant call now clearly comes to my mind. It was about six in the evening, our dinner time, when a call came in to go to the outskirts of New Haven, a distance of about eight miles. Jim and I, hungry though we were, left at once. When we arrived at the address, no crowd greeted us. We rang the bell and walked in, quite puzzled at the unusual circumstances. And then, lo and behold, there stood our night supervisor, smiling mischievously at us. She had overslept and feared to be late, so she thought she'd call us and have us take her to the hospital. I smiled. I thought it was a good joke on us. She was, in addition a pretty young lady; and could also make things very pleasant for a doctor, being night supervisor. And so, I continued smiling and did not feel in the least, provoked. But Jim was angry. He upbraided the young lady and threatened to report her. "What," he stormed, "if a real emergency needs me now?" But his anger did not last long. Soon a forgiving smile wreathed his face. The three of us hopped in the ambulance and drove back to the hospital. Though we missed dinner, we were not hungry for long. An hour or so later, we were called to the dining room where a "special" supper was awaiting us. The night supervisor showed her appreciation.

Ambulance service was irregular and exciting, but also pleasant. Besides giving first aid, I also would put down in my notebook my provisional diagnosis of that case. Later on, I'd compare it with the final hospital diagnosis, and thus check on myself. This was a valuable method of instruction.

One picture clearly remains with me. It is the tragedy and grief that one leaves behind him when the patient is put on the stretcher and whisked off. Our work required us not only to respond to accident cases but also to call for very sick people who had to be

removed to the hospital. And always, as we lifted the patient on to the stretcher, I'd see a heart-broken mother or a grief-stricken father or weeping children, or sad and sympathetic neighbors. My heart always went out to them. Even to this day, when an ambulance arrives to take a patient of mine to the hospital, I am deeply touched. And it was always my practice then, as it is now, to console the family and cheer them up or reassure them as much as possible.

Six months at Grace Hospital and I transferred to St. Francis Hospital of Hartford. An opportunity for change presented itself, and I felt that it would be to my advantage to take it. The hospital was bigger; the material was greater in number and variety; and it was situated in my home town. I felt sad in having to leave Grace Hospital and all my new friends. However, I felt that it was for my best interests. The next day, I packed, moved and was an intern in a new hospital. Life at St. Francis was busy, pleasant and instructive. Each day I learned something new. Each day I felt more important.

In the morning, we would make rounds with our chiefs. In the afternoon, we would study the new cases and talk to the visitors, explaining to them the maladies that affected their friends or relatives. Every evening, after supper, I would make a complete round again, making certain that each patient on my services was comfortable; prescribing medicines for pain and for sleep, as was needed. I felt that nights were long and miserable for sick people, and I determined to see that all were made as comfortable as possible. The reward was to see grateful patients when I visited them in the morning.

We interns, as is well-known by all, take care of all ward patients, patients that cannot afford to have a private doctor. Let me, at this moment, most emphatically say that ward patients receive the best medical care that it is possible for a person to receive. It is true that they do not have nice private rooms, special meals or special privileges, but the medical attention is of the best. They are seen, immediately upon admission to the hospital, by the house physician or surgeon. First aid is immediately administered; laboratory tests are instantly done. Then the "Chief," who is usually one of the best physicians or surgeons of the city is notified. He comes down, examines the patient and prescribes, medically or surgically. If consultation is needed, they are always available. It is not uncommon to have a ward patient seen by the medical man, by the surgeon, by the nose and throat man, by the dentist, by the dermatologist, etc. Lack of money is no obstacle. If the patient is critically ill, he is seen by the house doctor several times daily. The chief is constantly notified of all developments. No medicines are spared; no laboratory tests omitted.

The private patient, on the other hand, is usually seen by only the doctor, the nurse keeping him informed of the progress. Then, inasmuch as tests are expensive, frequently some are omitted for economic reasons. Consultations are also expensive and they are resorted to as a last resort. And many is the time when a private doctor is not at hand when he is needed most urgently, and the house doctor has to respond for the emergency. More than one emergency hypodermic was given by me when a private patient "went bad" and the patient's doctor could not be reached immediately. And more than one baby

was delivered by me when the case precipitated unexpectedly and the obstetrician was away and could not be reached at the crucial moment.

My stay at St. Francis was very enjoyable and very instructive. There were many patients and consequently all sorts of disease. As time went on, my confidence grew. Soon I began to feel that I was a real doctor, able to cope with any illness or emergency. In addition to learning medicine and surgery, I learned human nature and developed a psychological insight. I learned how to approach a patient, what to say to him, how to cheer him up and sometimes how to scold him. Many a time patients would confide in me, telling me their life's history, their struggles, their ambitions, their disappointments and their sorrows. Life in all its glory and in all its sordidness was mirrored to us by the thousands of people, old and young, rich and poor, that entered the portals of the hospital.

One phase of St. Francis Hospital training I must not omit – “The Isolation Training.” For six weeks we were assigned to take care of all contagious diseases at the Isolation Hospital. There we treated diseases such as diphtheria, scarlet fever, meningitis, sleeping sickness, infantile paralysis, whooping cough and other contagious diseases – in other words all diseases that regular hospitals do not admit for fear of contagiousness.

A resident superintendent and one intern took care of all the patients. My six weeks at the Isolation Hospital were the most interesting and most pleasant of my whole life. The medical work was interesting and very instructive. The social life was clean, healthy and enjoyable. Dr. Carl Thenebe was kind and sympathetic. I learned a great deal from him.

It was in 1923 that I was an intern at the Isolation. Diphtheria cases were plentiful. Very often, these diphtheria cases came to us when they were far advanced – when the little boy or girl would be unable to breathe; when the face was blue and the child was choking and gasping for air. It was a pitiful sight to see these youngsters struggling for a little air, their chests heaving, a rattling noise issuing from their throats, pleading anxiously for help. And often, an anxious patient held that little tot, helpless and grief-stricken, tears welling from the eyes as he handed the child over to the nurse.

When such a case arrived, the emergency gong would ring – a loud, commanding sound – a call for help. Dressed or undressed, Dr. Thenebe and I would race from our residence to the emergency ward. There, the child would already be wrapped like a papoose so that it could not struggle. The intubation tube would be handed to the first doctor that arrived. Quickly a finger was put down the throat of the child which was opened wide by a “gag,” the tube was guided along the finger into the larynx or windpipe, and the child would give a healthy sigh. The blue face became normal again; the lips turned red once more; the child was comfortable, relaxed and happy. Nothing in all medicine is comparable to this sudden metamorphosis: one moment a struggling, pitiful, dying child – the next minute – really no more than that, a smiling comfortable youngster. Picture the feelings of the parents when they were permitted to take a look at their child. How often these mothers and fathers burst out crying, blessing the doctor, kissing his hands – unable to express their emotions which were so pent up – near the breaking point. Can financial remuneration ever supplant the gratitude and thanks which were given the doctor? Never!

Many such cases did I treat. Each case was as thrilling as the other. How happy I was when I inserted the tube and saved a child's life!

Socially, a doctor's life in Isolation was a veritable paradise. Picture one doctor in a place with forty nurses. In the evening, the phonograph would start its rhythmic music and dancing would continue until ten at night. Forty young ladies and one man! I danced and I danced. Naturally, I'd pick the ones that appealed to me. But I also did not ignore the others. It was wise not to do so; moreover I felt sorry for them. All in all, we enjoyed ourselves as much as young men and women can possibly do.

The routine in Isolation was as follows: Breakfast and morning rounds. Rounds with the chief; laboratory work and new ward work. Then dinner. After dinner, tennis and ball playing. Then a shower and rub down. Sometimes there would be an interruption by a new admission or a patient "going bad." Then supper and a social evening. Around midnight, a late snack with the night nurses and then to bed. I do not believe that I exaggerate when I say that the life at Isolation was the most pleasant of my existence – except when I fell in love with my future wife.

Chapter III

November, 1923 – almost two years after graduation from “P & S,” was “D” day for me. It was the day of which every medical student dreams, the day on which he hangs out his shingle. Yes, that was the day I opened my office for the practice of medicine.

It was a humble office, located in the living room of the apartment in which my mother and brother resided. An old desk, an operating table (bought on the installment plan), a few necessary instruments and drugs, a prescription pad and a small black medical bag constituted all my equipment. The purchase of a car was not even considered, but the problem was partially solved by my generous brother who permitted me to use his as often as he could spare it from his own needs.

Naturally I was excited, nervous and frightened. Would the people of Hartford recognize me or give me the opportunity to show my knowledge or display my skill! I had three patients on “D” day. I examined them thoroughly, for I had plenty of time. I also followed the teaching of my professors who always stressed a complete and thorough examination. We were taught that even if a patient comes in with a sore thumb, give him a complete examination. In that manner, something unforeseen might be discovered, such as sugar in the urine, heart disease, high blood pressure, kidney trouble and other diseases.

Yes, I had three patients on that memorable day, and all paid me. I earned my first six dollars in the practice of medicine!

As the days passed, I received more and more calls, most of them late at night, or in the early hours of the morning. The older doctors, unwilling or unable to make these calls, would ask me to make them for them during these unholy hours. To me, these night calls were blessings. Lack of sleep did not disturb me in the least. These calls, because of the scarcity of my own, meant practice of my profession; it meant helping the sick; it meant financial remuneration, a very vital and necessary adjunct.

Time passes and conditions change. My office is large, bright and cheerful. The patients are plentiful. These calls of the “unearthly” hours are now relegated by me to the “young” doctors just as they were offered to me twenty years ago. Of course, I still go out at night occasionally. The pregnant woman does not choose her hour; nor does the patient with an acute abdomen or heart condition always wait until it is daylight. These night calls, however, are not frequent. Many a night I am able to sleep thru without disturbance.

Twenty years have passed – twenty years of practice! It sounds so long and yet it is so short. It seems as if it were only yesterday that I set sail on my course! Thousands of sick human beings have entrusted their lives to me during these past twenty years. The responsibility was great and heavy; failure or carelessness might have meant the life of some man, woman or child. One requisite I had in abundance – conscientiousness. If I were not certain, or if a patient did not progress satisfactorily, I would call in

consultation. I did not permit doubt or pride to stand in the way of my patient's illness and treatment. That human being deserved the best attention that could be obtained.

Medicine has been defined as an art that sometimes, cures; often relieves, and always consoles. As I look back on my twenty years in practice, I feel that I, too, have cured many people, relieved countless others and consoled most of them. Failures I have had, as all have had at one time or another. Mistakes I have also made – but fortunately very infrequently. As a whole, I have done justice to my work and I feel that my life, so far, has been well spent. It has been interesting to me; beneficial to others, and satisfactorily remunerative. I have saved lives; I have relieved sufferings of many human beings; I have consoled thousands of unhappy men, women and children.

There were many cases and all kinds of illnesses. Some were acute; some were mild; some were critical; and some were “false alarms.” Acute bellies had to be diagnosed correctly and the patients rushed for emergency operations. All the burden and responsibility rested upon the doctor who was called. Uncertainty, doubt, a little hesitation or delay might have caused peritonitis and an operation might have been too late to save the patient's life.

Heart attacks, with the patient gasping for air, had to be treated quickly and vigorously. Every minute counted. Hemorrhages had to be controlled and transfusions given. Wounds had to be sutured and broken noses splinted. The dreaded diphtheria had to be watched for carefully, diagnosed early and antitoxin administered. Pneumonia had to be recognized and treated immediately. Gastrointestinal diseases had to be studied and ulcer, cancer or gall-bladder diseases ruled out. All obscure and chronic ailments had to be studied patiently and carefully. Prophylactic treatment and advice had to be given. Yes, a great deal was done in those twenty years!

In addition to this medical work, I had to act as mediator, advisor and father confessor. I tried to adjust the quarrels between husbands and wives. I attempted to straighten out the strained relationships between children and parents. I had to be a psychologist and had to employ tact and discretion. The confidences entrusted to me were never divulged. The young, unwed pregnant girl, the illegitimate birth, the acts of adultery, the presence of a venereal disease, all these facts were confided in me and help sought. The man or woman caught stealing, yet good people, had to be aided by the doctor. The man arrested for drunken driving appealed to the doctor for help. Testimony in court to help aid justice was a frequent task. And lately, letters of recommendation for an extension of a soldier's furlough; for additional points for butter or meat, for an increased allotment of gasoline or fuel, and even for the procurement of a garment for a lady – all were part of the daily routine of a family physician.

Yes, such a life was and is pleasant. It is gratifying to be of help to a fellow human being, in addition to the regular tasks of the day.

Yet there were also many unpleasant moments in this life. There was the distrust and lack of confidence in the doctor on the part of the patient; there was the grouchy and

inconsiderate patient; there was the sarcastic patient; there were the night calls, when one was dragged out of bed, especially on bitter, cold winter nights; there were the emergency calls that rushed me from the shore, forty miles away, into the city; there were the obstetrical cases that dragged past their expected time of delivery and spoiled one's plans, there was the restlessness when one did go away for a little vacation; and there were the failures and deaths that always shroud one in gloom. But were I to live my life all over again, I would still choose to be a doctor, for such a life is rich, full, gratifying and full of satisfaction. Let me quote the impression of a doctor written by Louis R. Stevenson:

“There are men and classes of men that stand above the common herd – the physician almost as a rule. He is the flower of our civilization. Generosity he has, such as is possible only to those who practice an art and never to those who drive a trade; discretion, tested by hundreds of secrets; tack tried in a thousand embarrassments; and what is more important, Herculean cheerfulness and courage. So it is that he brings air and cheer into the sick room. And often enough, tho not so often as he desires, brings healing.”

As I leave my pleasant memories of my medical days, my thought revert to my own personal life. Outside of the joy that my work gave me, my life has been full, rich and most pleasant.

In 1926, I met a sweet young lady with whom I fell in love. She was all that I sought for a girl, pretty, gentle and tender. In 1927, she became my wife. Our eighteen years of married life have been sweet, pleasant and fruitful. She has always been understanding and helpful, both in my private life and in my medical work.

We have two lovely children – a sweet and beautiful daughter of fourteen, and a young, handsome son of eleven. Both are good children, living their lives in joy and comfort, faithful and loyal to their parents. We love them dearly and I am certain that they love their parents.

We have our own home and have a cottage at the shore. Though not wealthy, we are comfortably situated and well protected. The remaining years of our lives should add greater bliss and happiness. And may peace return to this earth and be with us for ever and ever. Amen.

David H. Schuman