

ONE DOCTOR'S LIFE

by Sibley Hoobler

Sib Hoobler is Emeritus Professor of Medicine at the University of Michigan and Case Western Reserve School of Medicine in Cleveland. Last year he published a book called "Adventures in Medicine - One Doctor's Life Amid the Great Discoveries of 1940-1990." Sib has written for the layman stories of the conquest during his lifetime - and ours - of many of our gravest illnesses such as overcoming infection with the sulfa drugs and penicillin, elimination of polio, tuberculosis, small pox, control of high blood pressure, coronary heart disease and arthritis, other advances in surgery and of altogether new approaches to old and new health threats. He became a human guinea pig in 1947 by demonstrating the then new radical idea that a catheter could be inserted into a vein and safely pushed all the way to the heart, by having the procedure performed on himself.

The article which follows is a condensed version of a chapter in his book telling about Sib's own life as a doctor. In it there emerges the story of a man devoted to his profession, which he considers to be unsurpassed for excitement, fulfillment and service.

This paperback book is available by writing to S. W. Hoobler, 13515 Shaker Blvd., Cleveland, OH 44120, enclosing a check for \$11. All profits from its sale will be donated to Case Western Reserve School of Medicine to provide scholarship aid.

Looking back on my life, the greatest of all satisfactions has come from a world centered in hospitals. Those great institutions founded by the church in the middle ages to care for suffering people, represent today the greatest achievement of the human mind and spirit. They serve everyone regardless of creed and class, and they do not turn away the poor and helpless. These words of our Saviour are here put into practice: "Come unto me all ye that labor and are heavy laden and I will give you rest."

What motivates a person to choose a hospital life? From my experience teaching medical students, it takes a love of learning for its own sake, a compassion for humanity and, for some, a personal exposure to a doctor at work.

My father came from a humble community near Standish, Michigan, and had little schooling before his first job as a freight agent for the railroad at Bay City,



Michigan. One day a freight car rolled over the leg of an employee. The surgeon was called and the man was relieved of his pain and taken to the hospital. There and then my dad said to himself, "I want to be a doctor." Through his church he was advised as to the necessary steps. He studied hard and then worked his way through Wabash College in three years and through Cornell Medical School in four.

When I was in second grade in Michigan, my father was the school physician. During the 1918 influenza epidemic he required all the children to wear masks to prevent the spread of infection. I took a lot of jokes about that, and was nicknamed "Doc", which stuck to me for nine years. Although I was a good student, no science was taught in my school, and my wise parents realized that to deserve the name "Doc" I needed science. So I was transferred to a downtown high school, studied chemistry and biology and loved them both. My career was decided.

Premedical Years

At Princeton, in the last years of preparation for medical school, knowledge and curiosity flowered within me. Every new subject I tackled was a thrilling undiscovered world, especially the German and French languages, and organic chemistry. My parents felt that the best

medical school was Johns Hopkins, and getting in there demanded high scholarship indeed! The Hopkins admission information suggested that to major in the humanities at college would be good, but most of us chose science courses as the safest route to admission.

Taken in by the magic of chemistry, I selected courses on biological chemistry and in advanced organic chemistry, in one of which I was supposed to do a little "research" before graduation. Biological chemistry was taught by Professor Harvey, who had figured out the chemistry by which the firefly makes light without heat. I approached him to see if I could do research for him in my spare time.

"Yes," he said, "I have a friend who has just crystalized the first human enzyme: pepsin. He would like to know under what conditions it works best." So I went to Dr. John Northrop at the nearby Rockefeller Institute, obtained some precious crystals and night after night, alone in the laboratory, completed the necessary experiments, finally delivering the results. Some years later he was awarded the Nobel Prize for the first enzyme ever completely purified.

When I came to Baltimore in 1933, my youthful enthusiasm immediately ran into several barriers. It became clear that my dream of knowing "all" about medicine would never be achieved, for if not frustrated by the sheer volume of the anatomy text, then by Mansfield Clark, the lively professor of biological chemistry, who arrived at the lecture hall an hour early to fill a wall-sized blackboard with the structural diagrams of 30 or more sugars to be discussed that day.

At my father's urging, I spent my third year in the School of Public Health at Johns Hopkins, returning to medical school in 1936. Then many things happened. First, we were at last tasting the wonderful elixir of using our knowledge in human relations. Apprenticed to senior doctors, we had a definite, though tiny, niche in the great hospital which was to shelter us in the years ahead. In the autumn I was assigned to obstetrics. After helping in the delivery room (sometimes being the only medico present if the delivery was normal), I was sent later into the patient's home to see if all was well. For the first time we students felt the gratitude of the patients and our responsibility to do our best, two feelings which are inseparably linked in the practice of a good physician.

In that year my mother died, felled by a cerebral hemorrhage. She had complained of high blood pressure headaches for years. It was not a disease susceptible to

treatment, and we had tried to ignore it and its consequences. Little did I realize then that I would spend my life seeking its alleviation if not its cure.

In 1937 I was a student clerk on the medical wards at Hopkins. In medical history this must be listed as one of the greatest years, since for the first time we could treat infections! Sulfanilamide had become available. It was I who did the blood tests, watched the fever charts and reported to the team on ward rounds the next day. The sulfa drugs were only the beginning of a revolution which would cure many patients with infectious diseases. How exciting it was to be in at the beginning!

Today it is difficult to realize how powerless doctors had been: tuberculosis was rampant and deadly; we looked on helplessly as patients with typhoid died; and pneumonia, as my hero Dr. William Osler had said, was "captain among the men of death."

In 1938 I graduated, and my father stood by as our class repeated together the Hippocratic Oath, which has stood for more than 2300 years as the standard by which physicians judge themselves. It reads in part: "You will lead your lives and practice your art in uprightness and honor; that into whatever house you enter it will be for the good of the sick . . . you will exercise your art solely for the cure of your patients . . . whatever you see or hear of the lives of men which is not fit to be spoken, you will keep inviolably secret."

Intern and Residency

In July 1938 I started a year as rotating intern in Ann Arbor. We were next to the bottom of the medical team. The second year, as an assistant resident, was considered the finest. We were always dealing with internal medicine problems, directing medical students and interns and receiving direction from the "higher ups". Our learning rate climbed precipitously as our responsibility increased. The patients recognized that we, of all who passed by, were really their doctors. The bond between patient and physician was never closer, especially when one had to comfort someone dying or deal with a grieving family. In the case of severe illnesses, lacking effective drugs, all we could do was to reassure the patient and comfort the visitor.

In the springtime of this second year, prompted by my redoubtable father, who always wanted the best for his son, plans were made for me to seek special additional training in Boston. A new chief of medicine had been appointed at the famous Peter Bent Brigham Hospital,

and a letter of recommendation went to him from my chief, Dr. Sturgis, emphasizing my desire for more study of high blood pressure. Here I rubbed shoulders with the great men of contemporary medicine.

Each week the most exciting happening was "grand rounds". These heightened the drama of life at a teaching hospital, and at the Brigham they were renowned for their brilliance, and frequently attended by famous visitors to the city. The physicians in attendance were prominent and often had sharply different ideas. Their comments enlivened the proceedings.

There was one patient who had us all puzzled. The recently retired chief of medicine was to attend the next "grand rounds". He had a reputation for a sharp tongue, and our team dreaded to admit that we had no diagnosis. The patient had noted a pulsating lump behind his right collar bone. In a few days the pulsation had stopped, but the next morning he awakened with a paralysis of the left arm and leg. For two nights I went through books in the medical library trying to find an explanation. Near midnight on the second evening it came: a small footnote in a neurology text reporting the last previous case occurring in 1910. An extra rib present in the patient's chest had pressed on the subclavian artery. A clot had formed in the vessel causing the pulsations to stop, but a fragment of the clot had been swept into the right brain and a stroke had followed. I rushed back to examine the X-rays, and sure enough our patient had an extra rib. The case was solved, and it was I that explained it before the assembled doctors and the eminent professor, who was speechless.

The winter of 1942 was a grim one. The U. S. was at war, and each day saw a new Japanese victory in the Pacific. In keeping with Harvard traditions from World War I, the chief of our reserve hospital unit wanted us to be the first in combat. We went to Fort Dix, New Jersey, six weeks after Pearl Harbor.

The War Years and after

The experiences of three years with our Harvard hospital unit in Australia and Biak, New Guinea, were diversified and colorful. We began to see malaria in evacuees from the fronts. Preventive treatment then was atabrine, taken by all soldiers to suppress malaria. When malaria "broke through" the atabrine, it was most dramatic. An apparently healthy soldier would be a shivering feverish patient in just minutes. The fever would soon subside, he would feel well for two days and then the whole

thing would recur. The disease, which we had never seen before, was one of many others, particularly in dermatology and psychiatry, with which the medical service doctors were unfamiliar.

The Pacific War wound down rapidly after V-E Day, and I soon found myself back in Michigan under Dr. Sturgis. The thrill of teaching, working with students and learning more medicine, especially in my chosen field of hypertension, made those years wonderful. In the six years since my internship unprecedented advances in medicine had occurred. Most infectious diseases were being successfully treated with penicillin; rheumatic heart disease was on the way out; goiter was fast disappearing as a result of iodine prophylaxis, and tuberculosis was on the wane due to izoniazid.

Improvement in the management of high blood pressure (hypertension) was in the offing as three separate developments combined their efforts in this area: Dr. Max Peet, a neuro-surgeon, sought to lower blood pressure by cutting the sympathetic nerves. Our professor of pharmacology discovered a drug which given intravenously caused a temporary block of the sympathetic nerves. The surgical operation (sympathectomy) worked well in only a few of the patients. We hoped that the use of the sympathetic blocking drug would identify in advance those likely to respond to the surgery. For this purpose, in 1947, Dr. Lyons and I started a hypertension follow-up clinic — one of the first in the United States.

Acting as attending physician on hospital rounds remained my most challenging experience. The presentation of new patients and follow-up reports on 15 or 20 that had been presented earlier were packed into two intensive hours, three times a week. Students summarized each case and the assistant resident presented a final evaluation to the attending physician.

In the later years, involved in research and the growing hypertension clinic, I asked to be relieved of ward rounds. This was partly because of the growing intrusion of medico-legal matters. A young woman was admitted comatose following a motorcycle accident. There was no evidence after two months that she would recover. We wished to terminate life support. Her family begged us to do so, but the assistant resident refused for fear that he would be sued. When I left the service the matter had not been resolved. I doubt that even today we are any closer to a solution to such poignant problems.

The hypertension clinic became my greatest joy. Beginning as a simple follow-up clinic for

sympathectomy operations, it had become a busy five half-days a week, where, with fellow students and residents, we had ever challenging problems. Best of all it was a pleasure to see new drugs come on line, with increasing effectiveness on blood pressure and with decreasing side effects. The progress was so gradual that only by pausing in retrospect could we appreciate our success. "Malignant" hypertension with death predictable in one year became almost a disease of the past. Dizziness and fainting from too low blood pressure when on drugs no longer plagued our patients.

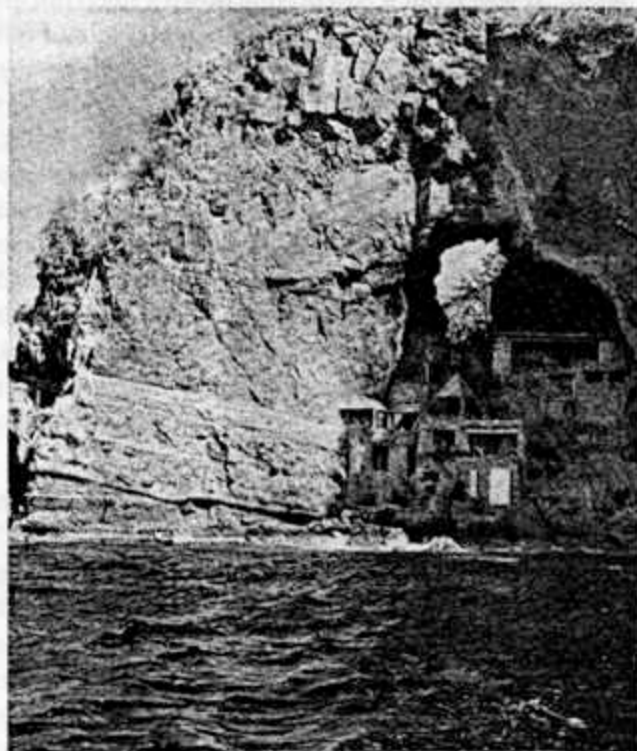
When I terminated my work in 1976 after 30 years, there were five senior doctors managing the clinic and talented successors to take over. Stroke and heart failure, which once had claimed so many victims, were no longer seen in the well-treated patients.

It has been a good life, and it remains so to this day. I still firmly believe that medicine, whether in research, teaching or patient care is the best profession, rewarding well its practitioners for the years of work and study in achieving the magic title of M. D.

MOONHOLE MAGIC

Tom Johnston

Editor's Note: How many people do you know who have cut ties with the past, adopted an entirely different life style, in a totally different environment? Probably not any who have done it as successfully as our classmate Tom Johnston and his wife Gladdie. Though drawn to the Caribbean early on, it was not until 1960 that Tom and



Gladdie decided to quit the advertising business and go down to Bequia "for a few months." It was seven years before they touched U.S. soil again. In the meantime, they had acquired 30 acres making up a rocky promontory at the SW tip of Bequia jutting into the Caribbean, through which is a large round hole known locally as "Moonhole" because in some lights it glows like a full moon.

It was here that they built themselves a rock house, open to the sea and sky, using local stone, the cliff itself, timbers from a wrecked sailing ship, whalebone (Bequia is a whaling center). With no building experience, but plenty of imagination, and a formula for concrete gleaned from an engineer Tom met in a waterfront bar, and plenty of local labor, they built their own "house". As visitors came, more "houses" were added, including one for our own Giff Agnew, who visits there each winter. After vain attempts to measure the "buildings" for tax assessment, the Bequia Council decided the work the Johnstons had done at Moonhole was contribution enough, and proclaimed the property tax free. In his own inimitable style, Tom has put it all into focus.

Kick Bob Keidel in the ass, not me, if this bores you, because how could I possibly refuse the honor he gives me . . . because he has been to my "Moonhole", and because he thinks so many of my crazy doings have turned out so beautifully that they may amuse you as they have him.

And Bob doesn't even know about the recent honor I got from England's Cambridge Biological Institute who somehow heard about "Moonhole" and my strange

arty triumphs and wrote me: "Let us know, so that we can pass it on to younger generations, your secret of success and we will include you in our soon-to-be published 'First Five Hundred'."

I did not ask First Five Hundred what? I simply answered: "Indeed I do have a secret of success . . . and any man could not help but succeed who'd got what I got" . . . and I asked facetiously: "Oh! What the hell have I got?" Merely three (count 'em) three fabulous