

NIGHT CALL - A VIGNETTE

Josh Billings

The phone rang at 2:10 a.m. Most doctors place the phone across the room, away from the bed, so they will have to get up to answer it. Falling asleep during an emergency conversation is embarrassing. I struggled to get to it. The urgent voice at the other end said, "Doctor, I think my husband may be dead. Won't you come quickly?"

House calls, particularly night house calls, have become less and less popular among physicians. There are probably good reasons for this. House calls are time consuming - one can see perhaps one patient per hour at best. Moreover, and more important in these days, if a patient is so sick as to be unable to come to an office or an emergency room on his or her own, life-saving high technology should be made available as quickly as possible. The mere presence of a physician in a patient's house is most likely not enough. An ambulance, with paramedics, quickly on the spot, and then speeding to an emergency room, is safer and more practical. But this need does not always exist. It may be difficult for a sick person or not so sick elderly person to leave home, and it may not be necessary. A doctor should often assess the situation on the spot in the home before deciding what plans should be made for further treatment and care. High technology often

won't be needed. A house call can give a doctor important information about a patient's condition and firmness (or unfirmness) of the gait, the nearness of the bathroom, the availability of steam inhalation or hot soaks. Anyway, I like to make house calls, and although in this case an ambulance might have been more sensible, I quickly chose to respond. It seemed to me that Mrs. Cartwright would need more help than would Mr. Cartwright.

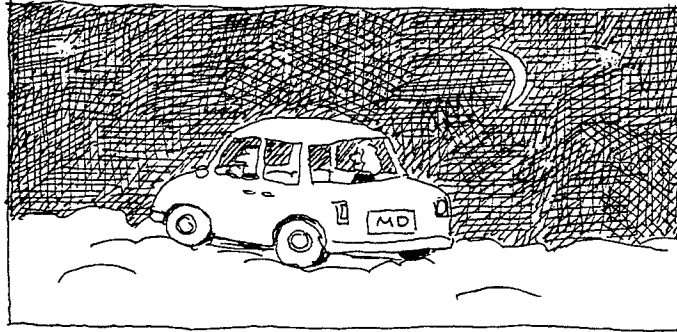
It was a glorious white night. The ground was covered with snow. The street lights glowed and were reflected. It was clear, cold, crisp.

The Cartwrights lived about ten minutes away. I had known them professionally for many years. They were a healthy, congenial pair in their middle sixties with two grown bright

children. She taught school. He was a vigorous salesman. I thought of these facts as I drove, searching for a cause of this illness and probable death. -

I reached their home at 2:30 a.m. Mrs. Cartwright was calm and teary-eyed. She led me up a steep flight of stairs to a second floor back room. She had awakened in their double bed, she explained, turned to touch her husband, and realized he was not breathing. She could not arouse him. She called for help.

Mr. Cartwright was indeed dead. His body was neither cold or stiff. I confirmed his death to his wife. After crying, "Oh, it can't be so!" she wept a little more. He had had no premonitory complaints. He had been cheerfully active the night before.. This, then, was, in fact, sudden death, probably due to ventricular cardiac fibrillation, in all likelihood associated with coronary artery disease previously undetected.



Mid-winter, late night house call.

What to do now? I gently suggested that an undertaker be called and the body removed to a funeral home. "Oh, no!" she said. "He did not want to go through the ceremony of a funeral and burial. He wanted to give his body to a medical school for

scientific purposes." This sounded sensible. So the children should be called to inform them of their father's death and to see if they agreed. The calls were made. They agreed.

Now what? A private ambulance service should be called and the body taken to the medical school. "Oh, no!" He wouldn't have wanted that. Can't you take him there?" I hesitated. It didn't seem so difficult. I acquiesced.

Suddenly it seemed the most difficult job in the world. The bed was low. I struggled to get Mr. Cartwright onto my shoulders in the position of a fireman's carry. He was enormously heavy. I staggered the 20 feet to the head of the stairs. Every bone and muscle screamed with pain. Sweat poured. With each jolting step the bellows effect of the

deceased lungs creating a grunting vibration of the vocal cords. "Is he alive?" whispered Mrs. Cartwright. "No," I gasped as I stumbled down the stairs. In desperation I let Mr. Cartwright fall from my shoulders at the bottom. He hit the floor like several watermelons, "I'm terribly sorry, Mrs. Cartwright." I was exhausted and looked it. "Are you all right, Doctor?"

How in the world to get my burden to the car? I could not possibly carry him another inch. A scatter rug provided the answer. I rolled the body onto it, dragged it across the living-room floor, out onto the porch, down the snowy sidewalk. On this bright clear night, what would the neighbors see (and think)? With a final burst of strength, I heaved Mr. Cartwright to the floor of the back of the car. We were off, Mrs.

Cartwright on the back seat, her husband at her feet.

The road to the hospital, though only a mile or so, never seemed so long. The brightly lit empty streets made me feel unusually naked and conspicuous - just the time the cruising police might stop a lonely guilty car.

At the hospital, friendly stretcher bearers took Mr. Cartwright in hand. The proper papers were signed. I took Mrs. Cartwright to her house. It was about 4 a.m. when I got home. As I slowly undressed, emotionally and physically drained, I said, half to myself, half to my drowsy wife, "How in the world do detectives like James Bond and big-time criminals get rid of a body? It's one difficult job!" My wife sleepily replied, "They call their doctor, and let him worry," and she was asleep, leaving me to think.

A GATHERING OF THE FAITHFUL

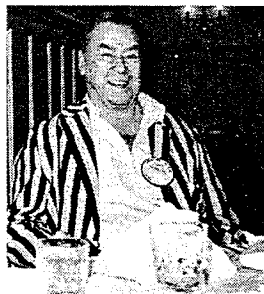
June 3, 1994

*Lou Reik and
Barbara Hewson*



*Maddy Haythe: "Now
hear this!"*

Ferd Roebing



*Rex Keasbey & Prexy
Townend*

*Secretary Moody &
Alexandra Grosvenor
'94, granddaughter of
the late Jack Kerkam
'33 and a descendant of
Alexander Graham Bell.*



John Kemmerer