

## A Golden Age

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*The following is an excerpted introduction and reedited stories from my published Book, Family Practice Stories. Also, for the purposes of this ILC presentation, I have focused on narrative stories that I wrote rather than those I edited from first person accounts from transcripts. I also focused on entertaining stories and stories about my father. Although papers are almost always unpublished prior to presentation, there is precedent for presenting papers based on previously published material. James Whitcomb Riley is one notable example from the past.*

Our family doctor is retiring the first of November. What a surprise. One never thinks about his doctor leaving, always taking it for granted that he will be there. And he was, whenever we needed him - in the middle of the night or during his working hours. He always took the time to listen and advise.

From measles to mumps, sprained knees to broken bones, heart attacks to surgery, he was ever present, reassuring and helpful. We never worried....Some would say it was his job, his profession, his duty to be there. We look at it differently. We weren't a dollar sign – we were people in need.

He was and is a good family doctor.....we will miss you, sir.....

This letter, that captures the essence of the traditional family doctor, was written to the editor of the South Bend Tribune in 1983. It's about my father, Max Feldman. A family doctor in South Bend, Indiana for nearly 40 years, he passed away in 2003 at the age of 93. I believe he was exemplary of the traditional family doctor that these words capture so wonderfully; the physician who many have experienced in their lives and fondly regard. I am proud to be my father's son, but he was not unique. He was only one example of so many good family doctors of his time. So, allow me to briefly tell his story.

My father, so like other family doctors of his generation, was a person of great character and determination. He was devoted to family and profession and served as a primary role model in my life and in my career as a family physician. His life in many respects is not only the story of America but the story of family medicine.

His family came to America through Ellis Island in 1920 from Austria-Hungary seeking a new life free from poverty and anti-Semitism. As a child, his entire family lived in a fourth floor single-room tenement apartment on Delancy Street in Manhattan. He worked his way through school and did well. Dad was one of the most intelligent people I have ever known, but because of the quota system in those days that limited the number of Jewish students admitted to American medical schools, he was unable to gain acceptance.

He returned to Europe to attend medical school at Königsberg, Germany until Hitler came to power. No longer safe, he transferred to the medical school in Basel, Switzerland. My father was a courageous individual who defied the Nazis in 1933 as a young medical student. He endured the Great Depression and was valiant as a medical officer at Pearl Harbor on that infamous day in 1941. Typical of that "Greatest Generation," his character and values as a person and a doctor were shaped by such experiences. It was from this generation of family doctors, our founding fathers, which the contemporary specialty of family medicine grew.

After graduating medical school in 1937, my father completed two years of rotating internships in New York City hospitals. I remember Dad telling me that during his first internship, he lived at the hospital and made \$15 a month! After his training, as did most new physicians at that time - he went into the general practice of medicine. He called himself a general practitioner. In those days, it was not a demeaning term or a term that signified something less than what you were.

My dad was kind, modest, and unassuming in nature. Possessing a wisdom that came with experience and understanding people, he was always pragmatic in his approach to medical situations and life. He was known as one of the brightest and best family physicians in South Bend. He displayed an incredible fund of medical knowledge and always amazed me with his understanding of the physiologic basis of disease processes. He only consulted when he reached the limits of his abilities. He read his journals every night, he saw his patients in the office and in their homes, and he took care of them in nursing homes and in the hospital, even some who were critically ill. He delivered babies, set many of his patient's fractures, and performed tonsillectomies.

Today, the concepts and core values of the discipline of family medicine are incorporated into standardized formal residency training and board certification. But no family medicine residency programs existed in those earlier days. The principles of comprehensive and continuous personalized patient care came to him and other general practitioners of his generation by experience and sensitivity to the needs of their patients. They knew their patients well and were committed to their communities. Especially in small towns, they were among the most respected individuals and were considered as trusted friends by their patients. These physicians were humbled and honored to be invited into the lives of their patients. They seemed to intuitively understand, as William Osler once wrote, "It is more important to know the patient than to know what disease the patient has."

The formal specialty of family medicine was created from these best traditions and attributes of general practice. It was, however, created out of necessity. The over-specialization of medicine in post-war America reached a point that threatened the very survival of the general practitioner.

It was at a time when medical knowledge, research, and technology were exponentially expanding, stimulating the development of the medical specialties. The GI Bill helped pay for medical school and up to four years of residency training, so the number of specialty residencies grew swiftly and the ranks of specialists swelled (there were no general practice residencies).

Graduating medical students flocked to the specialties that offered greater prestige, larger incomes, and with the explosion of medical knowledge, the security of mastering only a limited area or organ system. Many felt general practice was simply on its way out. General practitioners returned from the war finding it difficult to obtain hospital and surgical privileges in the new age of specialized medicine. Although held in esteem by their patients, general practice physicians, especially in metropolitan areas, felt disrespected by the larger medical community. The family doctor was fading.

Yet, across the entire country, the lack of family physicians extended to every segment of our nation. The loss of the time-honored general practitioner, the trusted advisor, compassionate counselor, navigator of care in the health-care system, and patient advocate was lamented by the American people. These physicians who cared for every problem, for everyone in the family from birth to death, and developed on-going relationships with patients was still highly desired.

Society was changing. The vision was for a health-care system based on all patients having a medical home with a personal physician. It was evident to government, academic and organized medicine, health-related foundations and associations, the press, and the public that something had to be done to satisfy this societal need; thus, the new specialty of family medicine was born.

The creation of the American Board of Family Practice in 1969 established family practice as the 20<sup>th</sup> medical specialty and reversed the trend away from primary care by bolstering the stature of the family physician within American medicine. The first three-year residency training programs in family practice were established that year. The American Academy of General Practice was renamed the American Academy of Family Physicians in 1971. Today, patient visits to family doctors account for the largest proportion of doctor's office visits.

Family physicians do not have a monopoly on what's good in the medical profession. Family physicians are not better than other doctors, but they are different. They continue to be the heart and soul of medicine. More than any other specialty, family doctors humanize the health care experience. Focusing their attention on the person, not just the disease, they are driven to develop relationships over generations with the patients and families they care for and by the need to make people whole. Ask any

family doc what makes his or her profession rewarding and fulfilling and that's what they will tell you. That's what family physicians do. The core values of family medicine have remained unchanged over the past 50 years. It's not surprising, because they define our very identity and our uniqueness. It is simply who we are.

Sure, I present the family doctor as a romantic and idyllic figure in American culture. But I believe it is real and validated by anyone who has had a long-term, comforting and reassuring relationship with their family doc.

The medical world has changed radically in the last forty years, and the family physician has not been immune to these developments. In recent years, there has been increasing public discussion regarding the overhaul of the traditional inflationary medical and health-care reimbursement system. Although these discussions have resulted in insurance industry and governmental policy development regarding reimbursement based on quality measures rather than a straight fee-for-service or quantity basis - these changes are still for the most part aspirational.

Medicine remains overspecialized, fueled by corporate interests and a market-driven health-care system. It is a paradigm that promotes the expansion of procedural medicine and specialty practices squeezing the last and most profitable dollars from the health-care system. Primary care physicians are increasingly employed by health-care corporations that still judge and pay them mainly on the basis of productivity. Our reimbursement system is not designed to reward spending time with patients to counsel and educate, or to promote health and prevent disease, or to develop the necessary therapeutic relationship by knowing the patient as a person. Medicine is becoming increasingly depersonalized as a system largely dominated by a business ethic. Patients can easily become widgets.

No matter how medicine changes, the future will belong to those physicians who deliver caring, humanistic, and compassionate care. That's what family doctors do. And that's why family medicine will hold a central role in the inevitable transformation of the American health-care system in the new millennium.

The book, *Family Practice Stories* is a collection of stories told by, and about, 48 Hoosier family doctors practicing in the middle of the last century - the founding fathers of family medicine, that Greatest Generation of family docs...and those who survive, our elder statesmen. It was these doctors from whom the specialty grew and whom we emulate today.

This oral history work celebrates that time in America considered by many to be the Golden Age of Generalism in medicine. It is a book about a time gone by, a time when professionalism, the art of medicine, and the art of healing were at a zenith. It was a simpler paternalistic time in medicine that conjures up Norman Rockwell's familiar archetypal images of the country family doctor. It was a time crucial to the development and the philosophical underpinnings of family medicine - continuity, comprehensiveness, patient advocacy, seeing patients as people, not diseases,

holistically in mind, body, and spirit. Valuing communication, humanism, and most of all relationships with patients are the hallmarks of family medicine.

As an historical work, this book captures these stories before they are lost forever. It also captures this time-honored era in medicine, not by rote history but through storytelling.

The heart of the book contains a large collection of stories told by or about Hoosier family physicians who practiced during this time. The stories are specific episodes in their career, some humorous, some sad, others touching, and a few with a twist. Each story stands by itself as a single chapter taken from the original transcripts of the interviews.

This book was meant to be a source of pride for family physicians and portray to the public who we are, what we do, what we believe in, and the proud traditions from which we come. May it serve as a remembrance of the lives of these family doctors, their style of medicine, and how they touched their patients and communities.

They're family physicians. And they have a story to tell. And everyone loves a story.

Now Some Stories.....

### **Grandma's Ailment**

Dr. Gerald DeWester told a story about a particular house call he once made. He got a call from a family that wanted him to come over as soon as possible and check on Grandma. She appeared to be very ill.

"We think Grandma's had a stroke," they tell him when he arrives to their house. "She's acting really strangely, like nothing we've seen before. We don't know what is wrong with her, and we don't know what to do, doctor."

"Okay," Dr. DeWester says. And he goes upstairs to check on her.

A few minutes later he calls the oldest members of the family upstairs to talk to him about his evaluation of grandma's condition.

"I've got some good news and some bad news," he tells them. "The good news is grandma has not had a stroke. She will be just fine by morning."

"Oh, doctor," they say, "what a relief!"

“That is certainly a relief,” he says, “but remember, I have some bad news too.”

He then walks over to her bureau chest of drawers and pulls out a couple bottles of liquor. He pokes behind the curtain and comes back with another one. From under the bed, he retrieves an armful of bottles. Bottles everywhere.

“The bad news is grandma’s stone cold drunk,” he says.

## Listening

*Many physicians the Golden Age found that, despite all the training they received during medical school, their patients weren’t always interested in the knowledge in their brains or the steadiness of their hands. No, sometimes all patients wanted from their doctor was an ear.*

*Dr. Charles McClary well remembers the time he learned this very valuable lesson:*

Late one afternoon, I was finished with my workday. It was early evening, and I was in my office doing the charts for the day. I was dictating the charts to one of the nurses. A secretary comes back and says, “Mrs. Smith is here - she says she’s just got to see you.”

I said, “Okay.” Back then doctors didn’t really keep strict “work hours” the way they do now. You were responsible for your patients, and you took care of them. And if they needed extra attention or extra time, that was part of it.

I put down the charts – I would come back to them later, whenever – and walked into the examining room. I said, “Sally what’s the trouble?”

As soon as she started to talk, it was like flood gates had opened. She just went on and on and on. She talked and talked and talked. And I couldn’t get a single word in. And you know that’s okay.

But I didn’t know that then.

This was a difficult thing for me to experience as a doctor because I was there with my patient - a person I am supposed to help, and she’s just letting out this avalanche of problem after problem. None of the problems she was telling me about was anything I knew how to fix or help with. In fact, I didn’t even know who to send her to for help.

“Doctor, my daughter is pregnant.”

“Doctor, my boyfriend is in prison.”

“Doctor, I don’t know what to do!”

It was just one horrible thing after the other. They were just disasters. And I’m sitting there thinking, “My god, there’s nothing I can do about this.” I didn’t know where to send her or what to do about it all. I was getting really worried. Was she expecting me to be able to fix these issues with her family? Did she think I would have the answers she’d been looking for? I was seriously beginning to doubt myself as a family doctor. I was supposed to help people, but I just didn’t know how to help this woman.

Well, after about 20 minutes, she lets out a big sigh and she looks directly at me. I start to open my mouth to tell her how sorry I was and that I had to let her down – I couldn’t help.

But before I could get any of that out, she rose from her seat and said, “Well thanks a lot, I feel a lot better!” Then she got up and walked out. I never said a word the whole time!

It became clear to me then that she just wanted to vent. She wanted somebody to hear her story. And it’s interesting how much help that is to patients, and how much good that does. You don’t really know that until you learn it for yourself. I’m worried about young doctors. When are they going to give themselves a chance to learn that lesson?

For me, it was possibly the very most important lesson I learned in all my years as a physician.

### **A Child Found**

Family physicians are consulted by phone all the time. When on-call, they naturally receive some calls from people in distress. But early in his career, Dr. John Records got a call he has never forgotten.

The son of a general practitioner, Records says he learned the art of medicine from his dad. He saw his father’s work and decided that he was going to become a family doctor too. He was 12 years old.

The elder Records also taught his son the importance of knowing one’s patients. Treat them like family. It proved to be an important lesson.

One evening, while he and his wife were enjoying a night at the symphony, Dr. Records received an emergency call from the Johnson County Coroner. The call was about a family that had been killed in a terrible automobile accident. A pill bottle in the pocket of the father had Records name on it. The coroner needed Dr. Records to come down and identify the bodies.

The coroner, Harley Palmer, was friend of Dr. Records. It was a somber moment as he entered the morgue.

"I'll be darned, I go into the morgue and there are five bodies in there," Records recalled. "I see three kids and a husband and wife. I knew them all and identified them. They had gone across an unmarked train crossing down in Amity. They had not seen the train, and the train hit them."

Records goes on to describe the grisly scene: "It just mangled the car unmercifully. They were all killed instantly and cut up and everything. The blunt force trauma broke their necks or fractured their skulls. They were laying there just as peaceful as could be."

But wait a minute. Somebody was missing. Dr. Records asked, "Where's Jennifer?"

Investigators were unaware of a fourth child. But Records knew the entire family and told Palmer that the youngest girl was missing. Police and emergency crews picked up the bodies that were thrown from the car and extracted a couple of bodies from the wreck. But there was no sign of a 5-year-old girl.

"They'd hauled the car off already," Records said, "and the little kid was down underneath the dashboard, crushed, but still living." The preschooler survived with just a broken arm. Emergency crews missed her because she was unconscious, and they didn't notice her.

"I still see her today," he said.

## **Maria**

*Occasionally, in the life and career of a family physician, a special patient comes along and touches that doctor's life. There are always a few patients over the span of a lifelong career that the doctor is unable to forget. For Dr. Fred Blix, one of those patients is named Maria. He remembers the first time she came into his office, and how he has stayed connected to her throughout the rest of her life:*

This particular patient, Maria, was living with her stepfather when I first met her. She came into the office and she really was a tremulous girl — afraid of people, just afraid of people. She'd been told often that she wasn't worth anything and she had been told, "You can never do anything."

She came to me because, well, she obviously wasn't feeling too good. I had her sit down, and I listened to her heart, and asked her what the problem was and how was she feeling. She just poured it out. She told me about her stepfather and her situation and how bad she felt about herself. She told me she felt like she couldn't do anything, and she felt like she wasn't worth anything.

What did I do? I sat and listened to her. I let her speak for as long as she needed and I never interrupted her. Once she'd gotten everything off her chest, I just looked her in the eyes and said simply, "Maria, you're perfectly healthy. You can do anything you want to do." That's it. She paused for a moment, and then I saw that an idea had come into her head. She looked pretty timid, and she asked me very quietly, "Doc?"

"Yes," I said.

"Do you suppose I could get a job here at the hospital?"

"Well, I don't see why not."

And that's what she did. First, they let her pass the water around, and then she got to work in the nursery. And when she got that job in the nursery, boy, she was in seventh heaven. She just loved those little babies. She loved them to pieces.

She worked there at the hospital for a long time. After a while, I could see her demeanor start to change. She walked up straighter and she spoke clearer. Gradually she started to feel better about herself. She started to feel like she was worth something. A few years later, she met a very nice young man and got married, and they're still very happy together. Over the years every time my wife and I have seen her she's been so excited about life and so happy to see us.

Well, I really do feel like I helped her. And you know what she tells me? To this day — she tells me she thinks I'm God! I'm not God. I'm just a family doc who took the time and cared enough to listen.

## **Doctor and Friend**

*People don't want to die alone. Dr. Fred Haggerty's story that follows reminds us that there are extraordinary circumstances that present opportunities for doctors to confirm their friendship with patients they have grown close to over the years. Patients become friends, indeed.*

Doctors will often talk about closeness to patients. There were strong, oftentimes poetic, bonds between doctors and patients back in those days. It isn't really there today, not as much anyway.

There's one story in particular I can feel in my heart to this day. The patient was a lady. I suppose at the time I thought she was pretty old, but she must have been in her 60's, not older than I am today.

She was a long-time smoker with emphysema and chronic lung disease. I was helping her along for a good long while, but eventually I sent her to Indianapolis to see a specialist. He sent her back saying there wasn't anything else he could do that I wasn't already doing. So, she continued to see me, and sporadically she called me. I had her on oxygen, and I would go over to her house to make a house call whenever she called me.

She had been in the hospital off and on for so many years. It just finally came to pass that she just couldn't do anything anymore. She was to a point where she would go to the hospital by ambulance and come home by ambulance. Her condition wasn't improving, and it wasn't going to.

Finally, she called me one night and said, "Dr. Haggerty, would you come over to the house? Please. I'm not going to make it tonight." I told her I would be right there.

When I got there, I saw she was just gasping for breath even on her oxygen--just not doing well. She was puffing away and she started gasping, trying to get some words out. She was doing everything she could do to survive, but she was failing. The saddest part was that I wanted to call somebody, a friend or someone in her family, but she didn't have anybody to call. So, I stayed.

I did whatever I could to make her more comfortable, but nothing helped. Finally, she just said, "Well, we gave it a good run. I'm not going to be here in just a few minutes."

Then just as she predicted, a few minutes later she said, "I think I'm going, doc."

I continued to hold her hand, and she passed on.

It just made me realize how temporary life is. I felt so close to her at that time. And it seems in that moment, I was not only her doctor but possibly her closest friend.

I continue to think about her.

## **If There was only an Instant Replay**

Dr. Henry W. Conrad saw plenty during a distinguished medical career. But he will probably be best remembered for what he didn't see.

Conrad practiced in the Milan Indiana area for 42 years. He even delivered the first baby of 1960.

Dr. Conrad was also the team physician for one of the most famous basketball teams in high school history. The 1954 Milan Indians gained legendary status when they became the smallest high school to win the Indiana single-class state basketball championship. Enrollment that year was 161 students. The population of Milan: 1200. The unlikely event was captured years later in the 1986 classic sports movie "Hoosiers."

The climax of the movie has the Milan team star Bobby Plump character holding the basketball for a long time until there were only seconds to go on the game clock. In a slow-motion whirlwind, the star takes the final shot and seals the victory over the much larger, more athletic big-city school.

Dr. Conrad counted team star Bobby Plump among his regular patients he treated from an early age. He followed the team through the sectional, regional, and semi-state games, and the final showdown at the Butler Fieldhouse in Indianapolis.

Milan defeated Terre Haute Gerstmeyer in the afternoon of the Indiana State Basketball Championship Tournament. But the real drama occurred in the championship title game. The game was a defensive battle between Milan and the Muncie Central Bearcats. By the middle of the final quarter, the score was tied at only 30 points.

With more than four minutes left in the game, Plump decided to hold the ball, biding his time for a last-second shot. In this era before shot clocks and delay of game penalties, Plump stood there with the ball in hand. The crowd was slowly driven into a frenzy with each passing minute. Could this have been where the term "Hoosier Hysteria" originated?

The pressure was too much for a woman in the stands. Conrad rushed to the distressed woman's aid and while he was tending to her medical needs, Plump made his move and hit a 14-footer off the right side. The crowd roared. The scene was nothing less than pandemonium. In that moment, history was made.

But, because he was attending to the woman in the crowd, Dr. Conrad missed seeing the title shot.

## **A lesson in Professionalism**

*When I was in medical school, I had the treasured opportunity to spend a month rotation with my father, Dr Max Feldman in South Bend. Here is a lesson in professionalism that I learned from him:*

One day we saw a patient in his office who couldn't afford to pay for my father's services. He already owed a sizable amount, but my father continued to see him and his family for their medical needs. His receptionist later told me, "Your father arranged for this patient to pay \$5 a month on his account." Shaking her head from side to side, she continued, "It costs the office more than \$5 to collect this small payment every month."

That evening, I asked my father why he created an arrangement that made no business sense. He looked a little surprised and then replied, "Richard, it isn't about the money. What's more important is to maintain this patient's sense of self-worth and dignity." I learned a valuable lesson from my father that day.

Coming home from school when I was growing up, I occasionally would find a man working on a special project in our yard or on a home maintenance project. For some patients, it was the only way for them to pay for my father's services. Sometimes, I wondered if the work being done at our home was all that necessary. My father loved and took great pride in his profession, and he cared about the people he served. It's called professionalism.

*The practice of medicine should always be something more than making a dollar.*

## **The Art of Using Placebos**

*The practice of medicine has changed in many ways over the years. Although it would be generally considered unethical nowadays, giving a patient a placebo was commonplace during the mid-twentieth century.*

*Why were placebos more likely to be prescribed? It was certainly a time of greater paternalism in medicine. Doctors felt freer to utilize patient trust and longstanding doctor-patient relationships to improve their patient's lives, even if it meant being a bit deceptive. Certainly, we simply had fewer effective medicines available to treat many*

*conditions. Regardless of the reasons, doctors were much freer to practice the “art of medicine.” It surely must have made their day more fun.*

*The following told to me by my father would improbably occur today:*

One day a middle-aged man came in to see my father at his office.

My father entered the room, and after they exchanged greetings my father asked, “What can I do for you today?”

“Doc, I’ve lost my nature.”

“You lost your nature?” my dad asked in response.

“Yeah doc, it just doesn’t seem to work anymore,” replied the patient with a downcast look.

My father said that he had just the thing to help him. He left the room and returned with a small envelope full of pink aspirin. “Here is some medicine that will take care of your problem. Take one or two tablets about an hour before you plan to have sex. These pills are very strong. So, don’t ever, ever, take more than two pills in one day! Do you understand? It’s very important.”

The man looked down at the envelope of pills as my father handed it to him. Then he looked wide-eyed up at my father and said, “Yes sir, Dr. Feldman, I won’t ever take more than two. Thank you!”

A few weeks later the gentleman returned to my father’s office for a minor illness. My father asked, “By the way, how did those pink pills I gave you work?”

The patient replied, “Doc, if they worked any better you would have to tie me to a tree!”

### **When a Doctor Doesn’t Want to be Found**

My father was a hardworking, dedicated family physician who loved his work; he loved medicine and loved seeing his patients. He would work long hours, at times come home late for dinner, and sometimes leave again in the evening to see patients urgently.

But like any self-respecting physician, he loved to play golf. He would take Wednesday afternoons off to pursue this important pastime as well as Saturday afternoons and Sunday mornings. The time dedicated to golf was almost sacred.

Growing up, I had the opportunity to fill vacancies in my father's regular foursomes. Members of the foursomes were notable. One regular was Sam Goldstein who played left tackle for Knute Rockne's 1930 national championship team.

One day, while walking down the fairway with my dad, I told him about some new technology. It was called "the pager". I described it to him explaining that that this little device would beep when someone needed him. Some models even had voice capabilities so he could be told exactly what he was needed for. It was a convenient way for the doctor's answering service or the hospital to get a hold of him.

In response to learning about this exciting new technological advancement, my father said, "Now why would I want anyone to find me on the golf course?" He gave me an astonished look, turned away, and chipped his ball onto the green.

When cell phones were developed, I didn't bother to repeat the conversation.

### **Did You Notice She Was Wearing a Sweater?**

*A number of the Family Practice Stories attest to the fact that years ago, doctors relied on their physical diagnosis skills much more than they do today. Careful, close observation of the patient and knowing what to look for was extremely important and valuable in the care of their patients. Physicians could not rely on technology like MRI's and CT scans, and the other expanded radiological and laboratory tests available now.*

*I recall the following episode while a senior medical student rotating with my father in South Bend.*

While I was making morning rounds with my father, we visited an older woman in her hospital room. She was wearing a sweater. She was admitted for some reason or another and was doing fine. She was close to being discharged and was sitting comfortably in a chair reading a book. She looked up from her book, smiled and greeted us.

"Good morning, Dr. Feldman," she said in a somewhat croaky voice.

My father said hello and introduced me. Like most of the doctors and patients we encountered during rounds, she said something to the effect that she hoped that I would become as good a doctor as my father. I always responded that I could only hope to be.

My father examined her and discussed his continued treatment plans with her. We left the room, and as we were walking down the hall, my father suddenly stopped in his tracks!

He asked me, "Did you notice that woman was wearing a sweater? It's the middle of the summer!" I actually hadn't. It must have been July or August and it was hot and sticky as it usually is in the summertime in Indiana.

"And did you notice her voice?" he reflected. "It's croaky, don't you think? I actually hadn't noticed that either."

We turned around and proceeded back into her room. "One more thing, if you don't mind me asking. Why are you wearing a sweater?"

She responded, "I always seem to be cold."

He carefully examined her ankle reflexes. They were very slow to recoil - a classic sign of hypothyroidism. He ordered blood tests and, indeed, she was hypothyroid as my father suspected. But he really didn't need the test to know that.

## **The Tooth**

One day a young boy and his mother urgently made an appointment to see my father in his office. The child had severe abdominal pain that had moved from the middle of his stomach to the right lower area of his abdomen. Along with a history of fever and vomiting, it was a classic presentation of an appendicitis. My father told the boy's mother that he was going to admit him to the hospital to have a surgeon perform an appendectomy as soon as possible. He assured her that he would assist in the surgery.

The mother inquired, "What causes an appendicitis, Dr. Feldman?" My father explained that the appendix is a very short narrow extension of the bowel. Occasionally, something gets caught inside the appendix causing an obstruction that leads to inflammation and infection. It might have been something like a swallowed seed, a popcorn hull, or something similar.

The child's mother immediately responded, "Oh, I think I know exactly what happened! Last week he swallowed a baby tooth. I'll bet that's what got caught in his appendix."

My father thought to himself, "What are the odds of that?" He answered, "Well, it's possible but unlikely."

The operation went very well. But sure enough, when they removed the appendix and examined it in the surgical pan, out popped the tooth.

### **December 7<sup>th</sup> 1941**

It was 1939; the Depression was at its tail-end prior to the United States entering the War. It was a time when it was very difficult to open a private general practice. My father decided to join the U.S. Army Reserve and also joined the Civilian Conservation Corps as a camp physician. He was ready for a little adventure and he loved the outdoors. He was offered an assignment in Deaver, Wyoming near Yellowstone National Park. It was an isolated, dry, and bleak place. It was frigid in the winter with temperatures dipping to -30 degrees. After a long year there in northern Wyoming, he was ready for a change.

Being in the Reserve, he was obligated to the Army for one year of active duty and decided it was a good time to activate. He was assigned to Fort Francis E. Warren in Cheyenne, Wyoming as the regimental physician in July 1940. He was the only medical officer at the Fort supervising about 40 medics. In September he met an attractive Cheyenne woman, and they were married in November. The marriage would last 62 years.

As the possibility of war escalated, all reserves serving their year on active duty were "frozen". He was next assigned to Fort Leonard Wood in Missouri and then to Fort Leavenworth in Kansas. He decided to apply for transfer to Hawaii. It was the dream job, and he got it. My father and mother arrived in Honolulu in July 1941. My father was assigned as a ward officer at Tripler Army Hospital.

"Life in Hawaii was a paradise," my mother said, "absolutely a paradise". But things changed suddenly.

At five minutes to 8:00 on Sunday morning, December 7<sup>th</sup>, my father was making early rounds at the hospital when he heard explosions. The newspaper commented on the fact there were to be maneuvers that morning. He thought they were louder and more intense than the usual maneuvers, but he did not imagine that Pearl Harbor was being attacked by the Japanese.

My mother was at home at that moment, and trays and dishes were rattling on the shelves. Rushing outside she saw Japanese planes, lots of them, flying low overhead. Friends remarked to her that the planes had the Rising Sun painted on their sides and wings. Dog fights ensued right over her head.

My father also saw planes above. Some were Japanese, but also the remnants of the American squadrons not destroyed at the bombardment at Hickam Field. A few heroic American fighter pilots managed to get off the ground to meet the invaders.

At Tripler Hospital, the staff did not comprehend what actually was transpiring until the casualties started to come through the hospital doors. As my father recounted, "It was the real thing. We were completely surprised; Oahu was being attacked. We were completely unprepared. We didn't expect this. The Japanese could have taken Hawaii without any problem...."

The dead, the dying, and the severely injured were pouring into the hospital, both civilian and military. My father had never seen anything like this before in his medical career. Nothing close. Battlefield triage medicine had to be employed with so many severely wounded people. He learned about this heartbreaking protocol for mass-causality military situations, but now he was living it. It was horrific. He was treating people with all kinds of wounds and burns, some catastrophic. All physician officers were on lockdown in the hospital. My father was constantly on duty day and night for two weeks. They were also anticipating another attack and more casualties.

My mother and the other military wives were quickly relocated to high ground above Honolulu. She remembers from that high vantage point observing the remainder of the bombing of Pearl Harbor. It was a poignant and surreal sight.

My Dad recalls, "The bombing only lasted two hours.....The Army installations were fired on, but not really bombed....Tripler Hospital was strafed with holes visible on its outside walls. Our car, parked outside of our house, got some shrapnel wounds probably from the dogfights overhead."

There was great anxiety that the island would be invaded. My mother recounted, "Immediately after we were attacked, we went into blackouts, complete blackouts which was quite a contrast to the life we had experienced."

Knowing that their parents would be worried about their safety, my mother called Western Union to send telegrams to Max's parents in New York and her parents in Cheyenne. All communications were already ordered shut down. She begged and begged the man there to send them. Western Union finally agreed and sent the telegrams. Shortly thereafter, she called to confirm that they were actually sent after hearing on the radio that all communications had had been closed down for some time. She was told, "We are not giving out any information." A few minutes later she called again and kept nagging him for a confirmation. Finally, he verified that they were sent. My mother's telegrams were the last to be sent from Hawaii after the attack.

My mother and the other military wives were evacuated on February 21, 1942. My father saw her off from the dock. They were escorted in a convoy of several ships that zigzagged their way to San Francisco. The conditions were terrible. The ship was severely overcrowded and few received a mattress to sleep on. Mom complained that food was rationed, and it was difficult to get enough to eat, especially for a pregnant woman. During the journey, a torpedo was fired at the convoy but missed.

From Hawaii Dad was sent to Christmas Island, a mid-Pacific stopover for military planes from Hawaii to other South Pacific islands. From there he returned to Fort Warren in Cheyenne and then to Fort Leavenworth in Kansas. At Fort Leavenworth, among other duties, he served as the medical officer for a German prisoner-of-war camp. He received that assignment because he was fluent in German.

I remember my father telling me that one day a German prisoner said to him, "Europe is an impenetrable fortress that will never fall." I'm sure my father politely cast some doubt on that pronouncement.

On September 9, 1942 my father wrote in his diary:

The idea of keeping a diary entered my mind some time prior to my departure from Hawaii to Christmas Island....I am indeed sorry that I had not kept the diary from the onset of the War [in] December. For since then, numerous and important occurrences and impressions were experienced which would have had a far greater value had they been put down on paper [then, rather] than a description of them in retrospect....such impressions as the sound produced by the bombing of Oahu, the first blackout, the discovery of how great a difference it makes to night visibility whether the moon is out or not, the row upon row of corpses following the Hickam Field bombardment; the bravery with which the casualties that lived suffered their shocking injuries. These and many more occurrences were of such [a] nature as to make a deep impression on [my] mind.....

October 7, 1942:

The war seems to have taken on favorable turn for the Allies. The Russians are holding (the main front) and on the secondary fronts the Allies are doing well. I am turning optimistic. My opinion is that in 1943, the [Allies] will launch a many front offensive and by the summer of 1944, this horrible war will be over.

My father's prediction wasn't quite correct, but that impenetrable European fortress proved to be less invincible.

I recall that years ago, a popular Hollywood motion picture was produced on the bombing of Pearl Harbor. Despite the rave reviews, Dad scoffed and said, "I don't like seeing movies about Pearl Harbor. They just aren't realistic. The movie was terrible. They didn't capture how horrible that day really was. They couldn't."

Major Max Feldman remained in the Army until March 1946. My father did not talk much about the war unless he was asked. However, without question, it indelibly affected his life and values; his medical practice; and the way he viewed marriage, family, and the world.

He was, indeed, of that Greatest Generation.

### **A Patient's Prayer (may not be included in oral presentation)**

*Dr. Kenny Bobb came to understand from many years of practicing medicine that a doctor's work is more than preventing and treating diseases. It is more than bringing a new life into the world. Helping patients and their families at the end of life is an essential part of a good doctor's responsibilities. It's part of the job, but also a portion of a career that can be very rewarding and meaningful.*

I always loved becoming intimately involved with my patients and their families. They have so much respect for you that it makes you work hard to live up to their expectations.

Earlier in my career, I didn't go to my patients' funerals. My philosophy was that I had done everything I could for the patient, and once they were gone, there was nothing more I could do. But then I realized there are things a doctor can do for the family. They are really important things. I started going to the funeral home for the visitation if I couldn't make the funeral. Hospice became a big part of my practice.

I had one nursing home patient that had COPD. One day, as I was getting ready to leave from my visit with her she said, "The preacher was here today, but he didn't even say a prayer with me". So, I sat down and said a prayer with her. She said, "Would you mind if I said a prayer that I like?" So, she said her prayer and then every time I went back, I would try to learn that prayer from her. I wasn't doing very well learning it, and she finally wrote it out and gave it to me. I still have that prayer after all these years.

It says, "Oh God, with thankful hearts we come for family and friends and home, and for the sunshine and the rain that ripens fields of golden grain. Oh heavenly father, bless

us still. We are submissive to your will. Whatever our harvests are to be, our hope, our trust, and our faith will always be in thee”.

When she died she wanted me to say something at her funeral. So I used her prayer.

I have had a wonderful medical career and life. I enjoyed every bit of it.

### **The Ones that Didn't Make It (*may not be included in oral presentation*)**

*Family physicians experience both the joys and sorrows of treating their patients. Bringing a new life into the world is one of the most heartwarming and humbling experiences that can be found in medicine. But Dr. Higgins understands that nature has its ways, and that this miracle doesn't always come about as one hopes. And when it doesn't, it is an exceedingly sad time for both the family and the doctor:*

I delivered many babies in my time as a family doc. Most of the time, it was a happy and rewarding experience. You deliver the baby, and then you get to follow the kids as they grow up, watch them grow and accomplish their goals. It's hard to describe. It's just something that you don't get in any other profession. Every time I delivered a baby, I got chills. It is just a miracle.

But part of it, unfortunately, is that there are disappointments and heartbreaks, times of staggering sadness. Occasionally, I had a bad thing happen. One of my saddest times as a family physician was when I had a set of triplets. It was probably just two or three years after I came to town. All of the babies were about three pounds each and they just.... they should have survived. If it had been today, those babies would have survived. Without question. As it was, only one of them made it. We lost two of the three because of severe respiratory distress and prematurity of the lungs. That's still one of my most regrettable cases, looking back.

I was so desperate to save them, but I couldn't. I put all three babies on a ventilator and placed umbilical catheters in knowing it wouldn't work. I just had to try. I called Riley Hospital, and they didn't have anything else to offer. It was a very sad night.

I still feel terribly about those babies. Today, it would have been so easy. With the ventilators we have and the techniques we use today, they would have lived. Three pounds. They weren't little tiny one-pound babies that today may even make it.

Everything changes. The mother of those triplets was a nurse. I followed that baby, the one that made it, and gave him special attention all his life. She had him, at least.

Everybody always asks me how many babies I delivered, and I never know what to tell them. I always thought the one I was delivering was the one that counted. I don't know how many I delivered, really. I just enjoyed each one. I enjoyed watching the kids grow up very, very much.

And I also remember the ones that didn't.

## Epilogue

*After a long and distinguished career, an elder family doctor related the following reflection to me. His identity is not important because in anonymity he represents all family physicians in a commonality of emotion and belief.*

As I look back over the 50 years we have been practicing, the advances are just absolutely fantastic, and I can truly say in 50 years of practice, I have not had one day when I hated to come to work. That doesn't mean there haven't been some challenges, but by and large, I look forward to coming to work each day. As I look back with nostalgia over the years, I think of all the friends, family and mentors that I grew up with and have treated over the years, many of whom have passed on at this point. I consider it a real privilege and honor to have served them during this half century. I do not do OB anymore but did enjoy it when I was doing it. Now I treat children of the babies I delivered years ago and also occasionally treat their grandchildren.

What a great life and career I have had. I can't imagine being anything else in this world than what I am. I'm proud to be a family doctor.



