

Personal history

Ludwig Gutmann, MD

Finding the answer

The ambulance slipped quietly down the twenty blocks of upper Broadway past the entrance to the George Washington Bridge. This was not the Great White Way of midtown Manhattan, with its brightly lit animated billboards, theaters, and tacky movie houses. Here—the northern tip of Manhattan Island—the street was lined with gray, nondescript apartment buildings, kosher butcher shops, bodegas, Chinese laundries, and other 1950-style small stores. It was already dark, the evening dreary and overcast. The ambulance moved silently, stopping at an occasional red light. No screaming siren or flashing lights—on purpose.

“The lights, the noise, it makes people crazy,” the driver said, turning to me in the next seat. “They crash into things. Besides,” he continued, looking back at the old man lying on the gurney, “he looks like he’ll make it to the Neurologic Institute just fine.” This driver seemed to know what he was talking about. He was a calm, old, experienced hand and I wasn’t calm or old or experienced—in fact, I was young and terribly upset.

It had all begun earlier in the evening. I was a third year medical student assigned to the general medicine wards at Columbia Presbyterian Hospital and had just returned home to Bard Hall, the student dorm on Haven Avenue. The note I found in my mailbox read, “Urgent. Please call Mrs. Katz, your uncle’s housekeeper. He had a stroke.” I called her right away.

Uncle Sidney was my favorite relative. Most of the older family members called him Friedl, short for Siegfried, but he’d Americanized his name when he immigrated to New York. Sidney lived just five blocks from the hospital. I’d seen him just two days before, as I did nearly every weekend.

“Ludwig,” Mrs. Katz said on the phone, her heavily accented voice trembling with urgency, “I found your uncle unconscious this afternoon when I came up to clean. I called the doctor who said he had a stroke. He sent your uncle to the hospital. I think you better go see him.” She gave me the address. I’d never heard of it. It was up at 193rd Street.

“Poor Sidney,” I thought. Life had been difficult for him. He’d been injured in World War I but he never talked about it. Between the wars he’d been a successful milliner in Europe. I remembered he had an elegant shop in Mainz but dearly loved his visits

to the fashion centers in Paris. It was an era when women’s hats, veils, and artificial flower pins were the height of fashion. He barely escaped from Germany before World War II, moving to New York with his wife, Cecily, and her spinster sister, Emily. Cecily died shortly after their arrival and Emily a decade later. He was fond of both women and their loss was devastating to him.

The early evening traffic on Broadway was light and the cabdriver moved swiftly up the 25 short blocks. The buildings were just a blur as I urged him to drive faster.

“Hey, Doc,” my short white jacket, with my new stethoscope poking out of the pocket, had been a dead giveaway, “just sit back and relax. I’m going as fast as I can.”

We almost missed the apartment building that was supposed to be the hospital.

“Hold it,” I practically shouted as our cab drove past it. “I think I see a sign saying Jewish Memorial Hospital.”

It looked like any of the other dull, grimy, brick structures in upper Manhattan. The small off-white sign with black painted letters was posted high up, next to the entrance door.

“Good luck, Doc,” the cabbie said as I rushed through the main door of the building. The entry was dark and dingy; the only light coming through the glass front door. The antiseptic smell of Clorox was overpowering. One wall was lined with mailboxes with the elevator and stairs opposite. Another sign posted next to the elevator said, “Jewish Memorial Hospital, 3rd Floor,” apparently the building was an apartment house from the ground floor to the third—an unusual arrangement.

The stairway was dark and narrow, the marble steps well worn by years of use. On the third floor the stairwell opened on a gray hallway. A pudgy tired-looking woman in a white uniform sat at a scarred wooden desk. A small plaque facing me announced her name, Mildred Klein.

“I’m Mr. Kane’s nephew,” I said, breathlessly after running up the three steep flights. “He’s supposed to be a patient here. How’s he doing?”

“I can’t tell you anything except that the doctor said he had a stroke,” she answered, not looking up from the book she was reading. “The doctor was supposed to be in earlier but he didn’t get here. Probably

won't see him now till tomorrow. Mr. Kane's down the hall to the right."

Down the hall to the right was a room dimly lit by only a single, bare 60-watt bulb in the ceiling and divided into four cubicles by white, flyspecked plywood dividers. The floor was covered with red and black linoleum squares. Looking over the dividers, I could see that three of the beds were empty. Uncle Sidney lay on his back in the fourth. He wore only a hospital gown, a clean white sheet neatly covering his legs. His face was ashen in the pale light and he seemed like a corpse except for the slight movement of his chest. Only the soft hissing of the oxygen coming out of a nasal cannula broke the silence of the room.

"Uncle Sidney," I said loudly, "How are you? It's Lud."

No response.

I said it again, louder, and shook his arm.

No response.

I stood there a minute. I felt lost and overwhelmed. How had his doctor arrived at the diagnosis of stroke? He was certainly in coma but there were so many possible causes I couldn't sort them out. All I could focus on was that something terrible had happened to Sidney and no one was doing anything. And I didn't know how much time I had—was this an emergency?

What a difference from the medicine wards at Presbyterian Hospital—residents were always there to care for our patients and the students helped them. I decided not to call Sidney's family doctor. His antiquated European concepts of health care had originated in another era and were not in keeping with the principles and therapies I was learning. I felt draped with the responsibility to make decisions all alone, and I was ill prepared. I knew I had to do what I always did when I needed help and advice.

"I'll be back," I said, momentarily forgetting that Sidney couldn't hear me.

"May I use your phone?" I asked the nurse who was still reading her book.

"There's a pay phone over there," she pointed to the battered black metal box on the wall near the elevator without looking at me.

Five minutes later, the operator at the Neurologic Institute had connected me with the neurology resident on call. All I got was his first name, David. I introduced myself and told him everything I knew about Sidney. "It looks like he's seriously ill and nothing seems to be happening. What shall I do?"

"Do you want to transfer him down here?"

"Absolutely," I answered without hesitation.

"Good," he said, "I'll send an ambulance up there to bring the two of you down. Make sure he doesn't have any problem breathing."

The ambulance driver and I carefully moved Sidney to the gurney. Sidney was limp and loose, like a rag doll without a single bone in its body. He remained completely unresponsive to everything that was happening. The nurse had finally stopped read-

ing her book. As we rolled the gurney onto the elevator she just quietly shook her head.

As we moved along in the ambulance I pictured the past weekend hoping to find a clue as to what might be wrong. It was all about trying to find the right answer. Sidney was an itinerant salesman who catered to the millinery trade. He worked long hours, traveling to shops all over New Jersey and then packing the orders for shipping in the spare bedroom of his apartment. He worried about business, about being alone, and about making ends meet. Being a salesman lacked the security of having a fashionable shop catering to an affluent clientele. Telling funny stories and jokes was his way of drawing attention away from his more serious side.

I went to visit each Sunday and helping him out was my way to pay for that oasis of great food and good company Sidney offered. It was my only respite from the long hours of a medical student in an unfriendly city.

That Sunday I'd helped Sidney pack artificial flowers, hats and veils for his costumers before he cooked dinner for us. A bottle of green Chartreuse sat on the kitchen table. Sidney relished the sweet liqueur before dinner. He was a short, stocky man with a large, square, bald head. Two tortuous arteries, like a pair of wriggling snakes, coursed across his temples. He worked deftly at the stove, mixing bits of beef, vegetables, and potatoes into a white enameled pot. I always marveled at the facility he had with his right hand even though the last three fingers were missing—shot off as a young man during the First World War. The lobster bisque, my favorite, was already simmering.

Tonight Sidney was much more serious than usual. "I'm so exhausted," he told me. "I'm having so much trouble sleeping. My mind just won't stop—it just keeps whirling around." The Chartreuse seemed to cheer him up. I knew we hadn't packed as many items as usual for his customers. I knew he was worried about business and that he was probably depressed.

David Goldblatt, the neurology resident who had helped me, was waiting for us at the ambulance receiving area when we arrived. He was a tall, lean man with black curly hair. He was nearly all in white—neatly starched white shirt, white trousers, and white jacket—only his thin striped blue tie added color to his hospital uniform. He stood there quietly as the driver and an orderly maneuvered the gurney from the ambulance.

Sidney was moved to a bright room on one of the upper floors of the Neurologic Institute. He was still unresponsive but breathing quietly as David and I reviewed his history. Sidney was 60, had hypertension, but was otherwise healthy. He had a history of mild depressions and recently was having insomnia. He had lived alone for years since Cecily and Emily died. When I was in high school, he always stayed overnight on our farm every Wednesday evening after visiting shops in the nearby towns. My mother,

his younger sister, didn't always enjoy his visits. He was not always a considerate guest. He tormented my schedule-driven mother, as brothers often will, by often showing up late and still expecting dinner. Even now, he continued his visits to the farm and, I was sure, still showing up late. For me, though, he was a great host.

"Did he have any dizziness or stroke-like symptoms?" David wanted to know.

"He never told me if he did and I'm pretty sure he's never had a stroke in the past," I answered. "All he ever complained about was his difficulty with insomnia. He said he was seeing his doctor about it."

"Did he take any medications?"

"As far as I know, just something for his blood pressure."

David spent the next ten minutes examining Sidney. "He responds a little to pain but that's all," David said, turning to me. "There are no focal findings. He doesn't move much to pain but he moves all his extremities equally. His reflexes are symmetric and he has no Babinski signs. There's no papilledema or neck stiffness. I suppose he could have a meningitis or encephalitis—I'll get a skull x-ray and do a spinal tap and get some blood work."

There was no talk about MRI or CT scans. This was 1957 and these hadn't even been imagined yet. David looked serious, his brow wrinkled, "What I worry about is a drug overdose. Was he taking anything to help him sleep?"

I didn't know.

"Would you mind going over to his apartment and see what you can find as far as other medicines are concerned?" Dave asked.

Would I mind? My overpowering concern for Sidney and my feelings of lonely desperation for the past few hours were being quickly transformed into an intense sense of excitement. Things were happening—x-rays, a spinal tap, and David was sending me on a fact-finding mission. I was suddenly a participant in Sidney's diagnostic workup. It was as if I was Watson and Holmes had just announced that the game was afoot.

I ran the five blocks to Sidney's apartment. A few lonely souls on Ft. Washington Avenue turned to stare at me sprinting down the sidewalk. I took the stairs up to his apartment two steps at a time. It was an old-fashioned city apartment with small rooms each separated by glass doors. I unlocked the front door—he'd given me a key some years earlier—and saw the double doors to his bedroom were wide open.

The bed sheets were in utter disarray. They were rumpled and half off the bed. The blanket lay rolled up on the floor. The small shaded lamp on his bed stand softly illuminated the entire room, concentrating on the top of the stand. Next to his open gold pocket watch was an open glass pill bottle, its black cap lying inches away. The yellow light of the lamp seemed like a spotlight focused on the pill bottle.

I picked it up. The bottle was only half full with capsules containing a white powder, the label said

"Nembutal." Sidney was supposed to take one at bedtime as needed, the printed directions said. I looked down and saw a lone capsule lying on the floor at the edge of the bed. I had seen enough. Bottle in hand, I ran back to the Neurologic Institute.

Dave greeted my evidence with a quiet smile. "They're doing the x-ray right now. The spinal fluid looks normal and there are no white cells present. He has no infection of the brain. The rest of the tests on the fluid will be done tomorrow but I don't expect anything to come from them. I think the answer is in your hand."

He was quiet for a moment and then added, "That's one of the problems with the barbiturates. Take a couple and they can create a twilight zone in which the patient thinks he is still awake when, in fact, he is sleeping on and off but keeps taking extra capsules."

"Will he be all right?" I asked.

"I think so," David answered. It was late and I must have looked exhausted. "Why don't you go home and get some sleep? I'll watch out over him, I'm here all night. I doubt the skull x-ray will tell us anything. If we're right, he'll wake up tomorrow and feel fine."

The next morning, early ward rounds seemed to drag on indeterminately. It wasn't 'til noon that I was able to break away. Sidney was sitting on the edge of his bed shaving the stubble of the last few days. He looked up and smiled. He looked relieved to see me.

"Nice to have you back with us," I said. I tried to suppress a grin of pure joy.

"What happened?" Sidney asked. "How did I get here? What's going on?"

I told him about the events of the previous day. "I don't know how that could happen," he said, perplexed, "I had trouble falling asleep and I knew I had to get up early for work. I took two sleeping pills. I can't remember taking any more."

I told him about the automatic behavior that can occur with barbiturates and added, "You need to be more careful with sleeping pills."

He nodded his head. "I guess you were right all along. I should have an internist here at Columbia. If you arrange it, I'll see him."

Late that afternoon we walked home together. Ft. Washington Avenue was busy with people leaving work or heading over to Broadway for their late day shopping. I'd missed not seeing David Goldblatt but I was sure that, like Sherlock Holmes, he was off finding the answer to the next challenge.

Sidney was full of energy and seemed happier than I'd seen him in months. He had dodged a major bullet and knew it. It had been a brisk fall day, bright and sunny, but a cool breeze was beginning to come off the Hudson River. Behind us, in the distance, was the George Washington Bridge filled with busy traffic heading back to New Jersey. The sun was beginning to set behind the Palisades.

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