

On call . . . | *Carl Ellenberger, Jr.*

I knew what to expect as soon as I noticed the usher walking deliberately into the audience during a chamber music concert. He entered from the side, walked purposefully across the front of the hall, and headed up the aisle toward my seat. "Please come with me," he whispered. I followed him as he retraced his steps, all heads in the audience turning, momentarily distracted from a Haydn string quartet.

Although there were other physicians in the audience, not a few of them my friends or acquaintances, I was the one the ushers always headed for. As "Founder" of the music festival, everyone knew that usually "the doctor is in." Over 30 years of summer concerts, I had come to recognize, and dread, the deliberate somber approach the usher made tonight.

Three sides of our hall are open to the summer cottages arrayed along narrow tree-lined lanes that wind around the back of the theater. Some porches are so close they can serve as box seats—the exact intention of their 19th century builders. But modern sounds travel both ways; motorbikes, barking dogs, and even baby strollers often disrupt the music. The emergency siren is by far the worst distraction; it wails three times whenever someone dials 911, each blast seeming interminable during a quiet slow movement. The siren sounded that night as I crossed the adjacent park toward the steps of the old wooden Chautauqua Hall of Philosophy, where I was told to find the victim.

The audience for classic music is graying, some say, and, theoretically, at least, bring to concerts a greater risk of medical events. Some need assistance to transfer into wheelchairs or walkers from cars driven right to the entrance. Others arrive with even more elaborate medical equipment. Most walk slowly, arm in arm, up the slight incline to the entrance in the back. As I watch them pass by, I wonder who will be next. They like older classical music—from the 18th and 19th centuries—even if played by very young musicians. But these older generations prefer jazz by older artists, like the traditional jazz band that has aged 30 years since their first appearance in our concerts.

Fortunately, all of these performers, including dozens of septuagenarians and octogenarians, have come and gone over the years without incident. I did have to repair Lionel Hampton's vibraphone when a pedal fell off, but never had to resuscitate Lionel Hampton. Stephane Grappelli ("Hot Club de France") brilliantly made it through his concert at age 77 with the help of the better part of a bottle of

Chivas Regal—stipulated in his contract—and left the stage unassisted to raucous cheers and standing applause. Skitch Henderson's stories of working with most of the famous musicians of the past century proved as prodigious as his ability at the piano. I am always amazed by how music, hardwired into the brain during the first three decades of life, stays there until the end. Onstage, in their universe, all great performers can seem ageless. The singer Joe Williams ("Every Day I Have the Blues") died at age 80 while walking home from a hospital room that gave him the blues, but not until 3 years after a very lively performance on our stage.

Our audience has been less fortunate. As I headed for the Hall of Philosophy, memories of earlier urgent summons ran through my head. One August evening, heeding the call, I stepped from the dimly lighted hall into total darkness. In my haste to reach a woman who had fallen outside, I forgot about the stone culvert that for over 100 years had directed water around the hall rather than into it as it flowed down the side of our modest mountain. My first step was not the 9 inches I expected, but about 4 feet to the bottom of the ditch. As my extended right foot finally struck stone, a loud crack accompanied my astonishment. As I continued my fall, my right shoulder struck the side of the culvert. I diagnosed the comminuted fracture of my right humerus before painfully arising, but only after my first step detected the ruptured Achilles tendon. The fallen woman went home; I went to the hospital.

Another time an elderly woman fainted in the third row and the musicians stopped playing. I positioned her flat in the aisle. As she slowly awakened, I learned from her husband that she had "fainted at concerts before." The siren sounded as I helped her walk up the aisle to the back entrance of the hall. The first emergency vehicles arrived, sirens screaming and lights flashing. The rescuers brusquely elbowed me aside, announcing, "Stand back! EMT!" All five vehicles remained, motors running and lights flashing under the overhanging roof of the hall, as the embarrassed victim, fully recovered and sitting on the steps of the ambulance, completed the necessary reimbursement forms. Exhaust from the vehicles slowly filled the hall. My request to move them was "interference with a rescue," a charge dismissed only after a thorough investigation and a warning by the local police.

I usually did not have the chance to summon the wit of a friend, paged during a concert by the Phila-



Figure. *Mt. Gretna Theater* by Bruce Johnson. (Property of Carl Ellenberger.)

delphia Orchestra. “What time is my appointment tomorrow, doc?” “You’ll have to find another neurologist,” he replied, “I just retired.” And then he retired.

A crowd was gathering in the twilight as I approached tonight’s victim. He was a robust middle-aged man dressed in shorts and a T-shirt. He appeared dusky and apneic, his mouth and sightless eyes slightly open. I noticed a knee brace on his right leg. Again I was asked by an EMT to stand back from a fruitless resuscitation effort in progress. The chest pumping was far too gentle, but I knew he had been asystolic for more than 5 minutes. One after another screaming and flashing vehicles arrived, their occupants bursting out carrying cases of equipment in both hands. “Anyone know who he is?” they asked. No one responded. I felt helpless, sad, and even a little guilty because I was too late, not participating, or even wanted.

My guilt increased as I deserted the scene and walked back to the theater and the warm elegant sounds of Haydn, punctuated by still more sirens arriving. After the end of the allegro I asked the musicians to pause until the sirens stopped. A violin-

ist took the opportunity to talk to the audience, all still oblivious to the drama outside, about the F Major Quartet and why it had begun so loudly and abruptly: it was to command the attention of Haydn’s chattering aristocratic audience, he revealed. Our audience, who had tittered as each siren joined the music, didn’t grasp the meaning of the ultimate eerie silence: rescue efforts had failed and none of the ambulances raced for the hospital. When the music began again, I couldn’t enjoy Haydn’s stylish, graceful humor, usually still vital after 200 years. The Charles Ives quartet was more unsettling to me than the composer, as always, deliberately intended it to be. The lyrical melodic strains of the final Dvořák quartet, although warm and soothing, didn’t fit at all as an impromptu requiem.

The next day’s paper told that the victim was a mathematics professor at a nearby college and father of three young children who had just finished his weekly pick-up basketball game. His wife and children had watched the game, but were already on the road home when, after visiting the local ice cream parlor, their husband and father collapsed and died.

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