

A  
DOCTOR'S  
JOURNEY



*A Collection of Memoirs by*  
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*I dedicate this book to my wife who understands me, my children and grandchildren who hopefully do or will someday, and to the tens of thousands of patients that I have encountered throughout my career.  
Thank you one and all for your inspiration.*



## *Chapter 1*

# Angela's Angel

Prior to my arrival at the emergency ward the trauma team had already started intravenous fluids. As I pulled back the curtain separating Maria from the voyeuristic eyes of more fortunate emergency-room patients, I saw a dark-haired young woman with eyes half open, staring at nothing. I looked down at a face so marked with abrasions and contusions that it was difficult to decipher her features. Copious blood matted her hair and oozed onto the white pillow that propped up her head, scenting the air with the unmistakable coppery scent of dried blood. Approximately once every fifteen seconds she managed a breath, slow and gasping. Between each breath she was so still, she appeared inanimate.

Against no resistance I gently opened her half-closed eyelids and, hoping she would blink reflexively, touched her cornea with a sterile cotton swab. She did not blink, move, or tear up in response to the irritating cotton intrusion. Her pupils were large and did not constrict when a bright light was shone into them. When making like a karate master, I suddenly and violently thrust my hand toward her eyes, she did not blink or flinch. Her eyes looked dead.

I then focused on her limbs. They were as flaccid as overcooked pasta and like her eyes, lifeless, without voluntary movement. Her eighteen-year-old heart was still strong and beating regularly, but her blood pressure was low.

“All right team, let’s get going,” I urged the gathered nurses and technicians. “I need to intubate her. Nurse, call inhalation therapy and the pulmonologist that’s on call. I also want the general surgeon to check her for internal injuries and an orthopedist to check for fractures. Call the CAT scan department for emergency head and neck scans and get x-ray down here for views of everything. Let’s type and cross match for two units of blood. Come on people let’s get moving.”

I walked the corridor toward Maria’s family. I took a deep breath, exhaled slowly, and entered the waiting room.

That was the day I met Angela. Standing beside a well-dressed elderly couple, she was almost motionless. She was a young woman, maybe twenty-five, with long dark hair, large almond-shaped eyes, and her skin unmarked by a single blemish. Her mother sat on a chair in the center of the room, nervously fingering a rosary, her pinched lips moving in silent prayer. Angela’s father moved to his wife’s side upon seeing me enter the room, placed his hand on her shoulder and gently massaged it. Angela stared at me, her dark eyes full of questions. Then she spoke. “I’m Angela,” she said. “My parents do not speak English very well. How is my sister Maria? Is she going to be all right, Doctor?”

I hesitated, trying to gather my thoughts so that I could present the brutal facts to these terrified people. I wanted to be compassionate, but I needed to let them know how serious Maria’s condition was. “I’m Doctor Mendelsohn. I am a neurologist and I will be Maria’s doctor.”

“Ima Gaetano Napolitano, Ima Maria’s father,” the short, lean, balding man said as he clutched my hand in both of his. Pumping furiously he asked with eyes glistening with restrained tears, “Pleasa, Doctore, helpa my Maria, helpa my little girl.”

“Please sit down Mr. Napolitano,” I said pointing to a chair as I touched Mrs. Napolitano’s hand with my own. Angela took the lead.

“Doctor, why don’t you tell me what’s going on and I will try and interpret for my parents so they will understand.”

“Look,” I said in what I hoped was a compassionate voice, “your sister has had a terrible car wreck. Most of the trauma centered on her head. Her brain is swollen and she is in a deep coma.”

A tear erupted from Angela’s eye and ran down her cheek, her lip quivered. “Will she pull through?” she asked.

Maria, Angela’s sister, the daughter of this anxious couple was near death. In fact no living being could have been more injured and still be counted among the living.

“She is terribly, terribly injured, and I just don’t know right now. What I do know is that I will do all that I can to help her.”

As I turned to leave, Mrs. Napolitano startled me by saying, “We will pray for you, Doctore”

“And with you I will pray for Maria,” I said as I exited the room.

I was the neurologist on call, when Maria had been admitted to the emergency room. My duty was to lead a team of physicians in caring for patients suffering from multiple traumas when brain injury was involved. In Maria’s case a motor vehicle accident had resulted in severe brain trauma and resultant coma. She was unresponsive to voice commands.

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“Maria, open your eyes. If you can hear me, try to open your eyes . . . Maria, grip my fingers . . .”

Maria did not respond to tactile stimulation either. Not even when a knuckle was violently ground into her sternum or when her skin was roughly pinched.

Maria’s CAT scan revealed evidence of massive head trauma, unfortunately the type of head injury that surgery would not correct. There were tiny hemorrhages scattered throughout the brain, but no area had a pool of blood that could be successfully drained. Her brain was swelling due to trauma and shock. The only treatment available was to reduce the swelling, stabilize her vital signs, and help her fight off any infections her hospital stay might cause. We had no idea how long her stay would last, when she would wake up, if she would wake up.

Maria spent the ensuing nine months in the intensive care unit where she remained in a comatose state. Pinching her, slapping her, shaking her, screaming at her, nothing worked. Maria simply was not capable of waking.

Comas, even to a neurologist are mysterious conditions. Just because a patient is unable to respond, we cannot assume that he or she is in a coma. A coma is a state of unconsciousness that is so deep, so profound, that the patient cannot be awakened. Are comatose patients able to dream? Do they hear? Is it possible that they can see when their eyelids are open but are incapable of response? Even doctors don’t always agree. Some of us believe that comatose patients are like sleepers, unconscious but connected to and susceptible to the outside world. Others believe they are lost—dead to our world unless they can wake up. But these kinds of questions can only be addressed after we have a sure diagnosis—and this in itself can be a mysterious and



difficult challenge. Before assuming that a patient is comatose, we must first be certain that he or she is not locked in. Locked-in syndrome is a terrifying condition in which patients are aware of their environment but physically paralyzed and unable to move or communicate. Patients both in coma and locked in are completely helpless and rely totally on others for nutrition, fluid replacement, and often oxygen since some cannot breathe on their own and require a respirator, but there is a vital distinction. Comatose patients have no blink reflexes, nor do they possess the ability to move anything voluntarily. Locked-in patients may blink or move a body part voluntarily, spontaneously, or on command. Maria's was a true coma. She moved not a single thing voluntarily, neither eyes nor limbs.

I am among those neurologists who believe that, as in sleep, the unconscious mind of the comatose patient can still absorb its surroundings. Music, voices, positive re-enforcement might work to help them emerge from coma. At least I believe that. So around all of my comatose patients, including Maria, I speak as if they are listening. In case they can hear me, I want to give them hope. But not all doctors believe this precaution is necessary. About four months into Maria's hospitalization, I was at her bedside discussing her case with her pulmonologist. Maria, whose condition had been stable but unchanged after months of paralysis, had developed a white, foamy secretion surrounding the tracheotomy site in her neck.

"Will you look at that," the pulmonologist said, pointing at the white goeey substance. "I think those black things in the white foam are maggots," he said with unveiled disgust. "Why the hell don't you just pull the plug? Can't you see she's toast?"

Before I knew it I had grabbed him by his jacket and hauled

him out of the room. Once in the hall, nose to nose, I said, “Don’t you ever talk like that in front of one of my patients again,” punctuating each word with a stiff finger in his chest. “What if she can hear you?” I hissed.

“She can’t hear a thing,” he said.

“Do you know that for sure?”

“Look, you’re crazy. I’m off this case,” he said pulling away from me. “Find another pulmonologist.”

Standing there, glaring at his back, I heard a gentle voice behind me.

“Thank you Doctor. Thank you for being here for us.”

I should have known Angela was around. She and her parents were there every day. During Maria’s many months of hospitalization, I spoke with them on a daily basis, and while at the onset the conversations were clinical and informative, over time we began to talk about many more personal things. Mr. Napolitano liked to garden and would give me tips on how to grow tomatoes as large as melons. Mrs. Napolitano loved to knit, and must have made a scarf for every nurse in the ICU. She even sent one home for my wife. They brought me coffee and homemade Italian delicacies. They told stories of Maria and Angela as little children growing up in Queens and then Long Island. And when they announced that Angela was pregnant, I felt like a proud uncle, as if our little family formed out of a shared tragedy at last had something to celebrate. This was to be their first grandchild.

“My Angela, shesa gonna have ana angel!” Mr. Napolitano said, bursting with pride.

If not at Maria’s bedside, they could be found in the hospital chapel, praying in Latin. Deeply religious in an old mid-European

way, they lit enough candles to heat St. Patrick's Cathedral in January.

“In Nomine Patris, et Fillii et Spiritus sancti.”

“Et cumspirito tuo .”

Each time I passed the chapel, I would stop to listen. Their prayers reminded me of my Italian grandparents and our old church in Ridgewood Queens. I could almost smell the incense burning and see the priests black robes. I knew that if my grandparents could see us from the beyond, they would also pray for Maria.

Maybe the prayers worked. All I know is that Maria's condition began to improve. Seven months into her coma, I started to note signs of improvement. It began as a feeling. I felt her coming back. Then one day during a routine bedside exam, I was sure that I saw her blink.

“Maria, open your eyes . . . Maria, if you can hear me, squeeze my fingers.”

And she did.

And that was the beginning of her long recovery. Each day I visited her, she showed signs of progress. At first she began to blink more frequently. After a while she could blink once to indicate yes and twice for no. Her hands began to respond appropriately when summoned. When first admitted, any movement was purely reflexive and involuntary, but with her improvement she could move her extremities on command. At first she would flex her arm at the elbow. After a few days she was moving her legs at the hips and ankles. After several more days her breathing became strong enough to allow us to extubate her.

Once she was well enough to be released from the ICU, Maria was transferred to the rehabilitation unit for arduous therapy.

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Angela was there daily, her pregnancy becoming more and more obvious as each week passed.

As Maria's long rehabilitation effort approached its termination, Angela delivered a beautiful baby girl, right in the same hospital where Maria successfully fought for her life. Angela and her baby girl, her little angel, were discharged about one month before Maria.

On the joyous day of Maria's discharge, Angela placed her one-month-old infant in Maria's loving arms and wheeled Maria into the hospital chapel in order for her to baptize her baby daughter. A celebration greeted with joyful tears from all of us in attendance. I must say, I could not have been happier or more proud. Angela, her parents, and Maria all openly expressed their gratitude and affection for me. I had done well. I had kept their baby girl alive and their family together. I was their hero.

"In Nomine Patris, et Filii et Spiritus sancti."

"Et cumspirito tuo."

As I left the chapel I reflected on the miraculous recovery of Maria and how odd that she recovered while another young girl, whom I admitted the very same day that I first saw Maria, had remained in a coma. The latter had taken an overdose of her antidepressant medication, and initially we all thought she would do just fine. Instead she remained in a chronic vegetative state and Maria, who most treating doctors thought would not survive, did and in fact walked out of the hospital carrying her infant goddaughter.

Early on the following Sunday morning, I was again on call, when a pediatrician called me at home. "Fred, I have a critically ill infant in the pediatric ICU. I admitted her two days ago. I'm treating her for meningitis, but I don't think she is responding

very well to therapy. Would you see her this morning?"

"Sure, I'll meet you there in ten minutes."

"I have to drive my daughter to her grandmother's house. Why don't you get started, and I will meet you there as soon as I can," he said.

It was Sunday morning, and as usual, the hospital was very quiet. In fact I was the only doctor in the house. I went directly to the pediatric ICU and was greeted by a young agitated nurse. "Thank goodness you're here, Doctor. I don't know why it took him so long to call you," she said with wide-eyed concern. Speaking rapidly she informed me that she thought the baby was having seizures.

"I don't like her color either, and her pulse rate is way too rapid," she said.

I approached the crib and saw a tiny, dark-haired baby girl. She had an unhealthy blue hue and occasionally her right arm and leg would twitch. Even more alarming was the fact that she was unresponsive. A glance at the monitor revealed that indeed her pulse was very rapid.

"She's convulsing," I said and ordered a dose of anticonvulsant medication to be given via the intravenous tubing. I looked down at the infant, marveling at the tiny size of her hands, no bigger than quarters.

Before the nurse left my side to get the medication, the monitor began to wail. It screamed that miserable high-pitched tone that signifies cessation of vital functions. It screamed death as loudly and obnoxiously as possible. We began cardio-resuscitative measures. A mask with a bag and oxygen supply was clamped over the tiny little mouth and nose. A nurse was compressing the baby's chest with her finger tips while yelling for someone to call

a code blue. Inhalation therapists and nurses from all over the hospital began to fill the room. As I feverishly worked on the infant I could barely perceive a nearly hysterical mother in the hall demanding to know, “What’s going on in there?”

Did I recognize the voice? Did I? I then heard kindly Sister Martha speaking to the baby’s mother. “Come child, sit with me and pray.”

“In Nomine Patris, et Filii, et Spiritus sancti . . .”

Oh God, help me. Help me help this tiny baby, I prayed. I was terrified, looking around the room, hoping to find a pediatrician—any pediatrician—someone who might know how to run a cardioresuscitative arrest on a tiny, precious infant. The only drugs I knew how to administer were anticonvulsants. I had no idea what dose of cardiopressor agents were appropriate for a ten-pound infant. How the hell was I supposed to intubate someone with an airway the size of a drinking straw?

My prayers echoed those of Sister Martha, but no pediatrician appeared. The urgently assembled team of inhalation therapists, nurses, and I worked on the baby until we were physically and emotionally exhausted . . . to no avail. I kept at it, not wanting to give up. Not wanting to have to tell the baby’s mother I had failed. Eventually a kindly nursing supervisor, eyes glistening pulled me away. “That’s enough, Fred. Please stop. Call off the code. It’s over.”

The child was dead. How terribly unfair. I then had the unenviable obligation of informing the baby’s mother. What the hell could I tell her? How was I going to say the words, “I’m sorry but your baby is dead?” Bracing myself for what I suspected would be a difficult encounter, I took a deep breath, exhaled slowly, and opened the door. As I entered the waiting room, the baby’s

mother looked up, stopped pacing, and her face, once lined with worry, brightened as she recognized me.

“Doctor Mendelsohn,” Angela said, relief filling her voice. Her eyes said she knew everything was going to be all right. I felt my heart sink. In an instant she knew the truth. She could see it in my face and my defeated, barely perceptible, negative nod. I couldn’t say anything; I simply could not croak out a single syllable. Angela collapsed against me, buried her head in my chest, sobbing and shrieking. I held her as we wept bitter tears together. “In Nomine Patris, et Filii, et Spiritus sancti . . .”