

## **Chapter 15 - A Surgeon At Last**

At home in late November, shortly after I completed my surgical residency, the telephone rang. "This is Arvid Lundin of South Burwick, Maine. We have a small 50 bed hospital in York Harbor, Maine and need a surgeon. Our present surgeon became addicted on narcotics due to the pain of jungle rot on both feet, a carry-over from the war in the Pacific. We had to withdraw his privileges. Do you want his position?"

I asked a few questions and found they had thirteen physicians on staff.

"I am interested," I answered. "Tomorrow is Wednesday. Why don't you come down to the hospital in Boston and we can talk it over. We'll have coffee at 8:00 a.m."

The next morning the entire staff of thirteen physicians showed up in the Boston hospital and we chatted. They seemed to be honest, frank and really good people. There were no specialists on staff, however. They offered me the job as surgeon. I explained that I could not decide so swiftly, I was married and had four children. However, I agreed to drive the 100 miles to York Harbor and to do any surgery they wanted done on Saturdays. I would do this for six weeks and decide after that time. They were pleased and agreed with the arrangement.

I went home to Frances, told her, "Do you know, I liked these guys. I am truly interested. How do you feel about it?"

Frances was quite practical about family decisions, and she knew how long and difficult a surgeon's training was. She knew how much my profession meant to me.

She answered, "I know a little about York Harbor, Maine. It is a tiny town, less than 1,000 people, I'm sure. It is a seashore town, with good sandy beaches, some huge rocky beach areas, a very picturesque town. I think we could be happy there. But would the schools be adequate for our four little darlings?"

"Fair enough," I said. "Let me tell you what commitments I have agreed to. I said I would be in their operating room at 9:00 a.m. this coming Saturday and be prepared to do any surgery they needed done. They are to call us each evening to request booking a case so I will have a little control of the day's work."

"Fine," said Frances, "then I will accompany you with the four girls. While you are working in the operating room, I'll canvas the town, visit the schools, the churches and meet as many of their wives as possible. By the time we leave, I'll know how we'll fit in."

So each evening, Dr. Lundin called from Maine and asked permission to book a case. In each instance, the referring doctor had agreed to be my first assistant and they had not booked any cases that required equipment they might not have. Actually, it sounded like a wonderful thing. I hoped the schools and churches were adequate, because I had no concerns about the hospital. After all, one O.R. was quite the same as the next.

At 7:00 a.m., the Snider family sat down to breakfast all excited about a trip to Maine!

In the meantime, I sort of challenged Frances. We had just moved into a new house. My surgical practice was establishing itself very well in Boston. The children were all established in good schools. Everybody but me sang in the choir of a nice little Episcopal church.

We had it made. Did she really think a move was wise?

"Let's keep an open mind" said Frances. "We've not made any decisions yet. This is just exploring, it could be fun."

"O.K.," I said, "but just remember, I'll not make a permanent decision without your complete agreement."

The drive to Maine was exciting. It was December, the snow got deeper as we drove, but the turnpike was clear of snow. It was piled four to five feet deep on the edges.

Arrival into York Harbor was nice. The main street, the only commercial street in town, was clean, with good trees lining the street. We drove on until we located the Harbor Hospital.

The physicians had been expecting us. They all came out to welcome us in the parking lot, and the hospital looked nice, like a large, two-floor clapboard mansion.

We went inside and convened in the little lobby, had coffee and doughnuts (home-made) for the adults, milk and doughnuts for the girls.

Then I said good-bye to my little family, and we doctors prepared ourselves for the day's work.

"Well, Dr. Lundin, where do we stand?" I asked.

"Let's go into the x-ray department and review the films on the first case, a possible caesarean section."

We followed Dr. Lundin downstairs into the basement and saw the films with the radiologist, Dr. George Draper. We agreed there was a disproportion between the head of the fetus and the pelvis from which it must exit.

Then, up a flight of stairs to patient rooms. I met the little woman who was to be operated upon by a stranger, a big, Boston surgeon! I felt anything but a big, Boston surgeon, but staff and patient were impressed!

I met the scrub nurse and we chatted for a moment. Then we scrubbed up, gowned up, and went into the O.R. Dr. Sandy MacFarland, the anesthetist, started a spinal I.V. just in case a little sedation would be needed.

We draped the patient and proceeded to operate. All went well. We delivered a big, healthy nine and on-half pound baby boy. I found out after the surgery that the scrub nurse, due to her nervous tension, plus a little deafness on her part, didn't hear a word I spoke during the surgery (I have a normally soft voice anyway).

We all, then, convened in the small staff dining room, had coffee and sandwiches, and discussed the next case, which was to be a hysterectomy. The hysterectomy was followed by a gall bladder case then a colle's fracture on a wrist of a fourteen-year-old boy. (As the only resident-trained specialist on staff, I would be responsible for general surgery, but also trauma, tonsillectomies, simple fractures and any obstetric cases where the family practitioners might need help.)

Dr. Lundin expressed his thanks, said he was pleased, then said he would get back before we left town, to discuss future plans. I said, "Let's get our discussion over, then Frances and our tired little girls could head for Boston."

The entire staff of thirteen physicians met with Frances and me. Coffee was passed around. I inquired, "Where are the girls?"

The reply was, "One of the nurses has 10-year-old twins. She just added your four to her family until you are ready to go."

Dr. Lundin was the spokesman. "We have all scrubbed with you and observed your surgery. We would like you to stay here and become our surgeon."

"Frances and I appreciate the offer – however, she is not entirely certain of the school situation. I'll consent to be here every Friday night, Saturday and Sunday for the next six weeks. During that time, I can keep up your surgical responsibilities and we all can be sure of our compatibility."

That six week trial idea clicked. We said our goodbyes. On the way out of the parking lot of the hospital, we drove by a little cottage right on the beach. This was to be our weekend retreat.

On the way back to Boston, the girls were very quiet. They were tired. In fact, they slept most of the way.

Frances and I had a chance to talk it over. She was delighted with the wives and the other people she had met. Everybody seemed so friendly. She felt the schools were adequate, but I used them as a delaying tactic so we would have time to think it over.

As far as I was concerned, it would be ideal. I would be in complete charge of the surgery department, with no senior man to criticize my actions. In fact, I was the only resident-trained physician on staff. After his internship, the anesthesiologist had taken short courses in anesthesiology, and was really good. The radiologist also just had an internship, but had gained some expertise in attending clinics. I did all the rest. I would make the decisions about whether a case should be done in the little Harbor Hospital, by me, or transferred out.

The next Friday, I closed my office in Boston about 4:00 p.m. went home, had an early supper and a few hours with the family, then took off, all alone this time, for the state of Maine. Remember, this was all done in December. Some of those trips were with clean turnpikes, as this one was, and sometimes there was snow.

Usually I stopped for a full meal along the way. It was midnight or thereabouts when I arrived at Harbor Hospital and picked up the surgical schedule. I reviewed it and acclimated myself to the responsibilities in the operating room the next day. Then I drove to the little cottage on the beach, went to bed and slept soundly until the telephone rang at 6:00 a.m. It was the call from the hospital switchboard. I

had requested this, just in case!

Saturday morning, I got up early, visited patients, and ate breakfast with the doctors who were to assist me on their surgical cases. The second day of surgery was even smoother than the week before. All the tension of strangeness had left. We were busy, not only in the O. R., but I had a few office patients. To the nurses at the tiny hospital, I was a "Boston surgeon." I considered myself just a raw graduate from a four-year surgical residency.

I slept well again Saturday night, had breakfast in the hospital, made rounds, chatted with the nursing staff, and then took off for Boston and home.

This routine was carried out each Friday and Saturday. Frances and the girls came along on alternate trips. During these trips, I began to formulate some rather positive ideas. One was that I would have sufficient referred surgery and consultations to make a living.

Back to Maine on New Year's Eve, Dr. Lundin and his charming wife, Sheila, had a staff party. The entire group of physicians attended. I tapped a glass with a spoon and all conversation stopped. With my wife by my side, I made this announcement, "Frances and I have had a wonderful few weeks with you and your families. We have decided to join you on the staff of the Harbor Hospital."

We were congratulated all around. The evening became quite boisterous and happy. We had a good feeling about our decision. "Now beware of these Maine people, if they don't like you ..." we were cautioned.

"Fellows," I said, "I will not put on airs. I shall just be myself. If that satisfies you, then you have a surgeon. If we don't jell, then we'll just take a walk."

I had wrapped up all my responsibilities in Boston except about fifteen surgical cases that I had booked. I called a fellow physician on staff in Boston, and asked if he would assist me on the fifteen cases and do all the post-operative follow-ups. He consented.

On one case we worked together, a big goiter, he must have sensed that I needed some help with thyroid surgery. He suggested that when I got these fifteen cases successfully done, I should come into Boston and attend the surgical cases at the Lahey Clinic.

"Just arrive at one of the Lahey Clinic Hospitals before 8:00 a.m., sign in, and change into surgical gowns," he said. "Then you'll be free to stand on stools behind the operating surgeon, keep your mouth shut and observe."

I thought it was an excellent idea, and from that day on, for the six years I was at the York Harbor Hospital, every Wednesday I was capped, gowned, masked, and standing behind the operating surgeon at 8:00 a.m. with my mouth shut.

Can you imagine what observing probably the best surgeons in the world could do for a recent four year surgical resident? Not only was I learning by observing many surgeons on a vast variety of cases, but I could compare that with what I had learned by assisting my mentor, Dr. Karnig Tomajan at the Massachusetts Osteopathic Hospital. I am sure my surgical technique benefited greatly.



