

**PART III:
JUNIOR YEAR**

SOME LESSONS
DO NOT NEED REPEATING

340. Surgery — The object of the course is to instruct the student in those methods of physical diagnosis particularly referable to surgical diseases. The student is instructed in the methods of physical examination of the abdomen, spine, joints, deformities, and other areas of the body.

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I WAS ROTATING ON GENERAL SURGERY AS A JUNIOR student, and had been assigned to Rupert Mullins. Mr. Mullins was completely demented and incapable of giving any accurate history. He rambled on about his farm and his daughter, Rheet, with whom he lived. Rheet would show up from time to time to visit. From her, I pieced together her father's full medical history.

Mr. Mullins had been a tobacco farmer with a small patch of acreage in one of the surrounding rim counties. His wife had died about a year before, and he continued to live with his spinster daughter on the same farm. Both were on some sort of welfare, with no other income since Mr. Mullins had been sick. Rheet had to ride the bus to visit her father or catch rides into town with a neighbor. They had no phone, electricity, or running water.

Mr. Mullins had been admitted after falling down the back steps and breaking his hip. His hip had been stabilized, and he had been

convalescing in the hospital for more than a month when he was assigned to me. Long hospital stays were common in those days since there were no alternatives—no nursing homes, no home health care, and no rehabilitation units. His daughter had no way to care for him until he became more mobile.

Each night, Mr. Mullins would become more confused, loud, and at times combative. This nocturnal confusion is called the “sundowner syndrome.” When the sun goes down, some hospitalized people lose all familiar references in their surroundings and become overtly combative and confused by the shadows and dim light. Every night the staff tied him down at the wrists and ankles. The restraints intensified his confusion, and he would scream out. Every night there was a continual effort to keep him in bed and restrained. The poor lone nurse and one aide, with thirty other patients, had their hands full. The whole scene recalled the Frankenstein movies of my youth, where the mob thinks they have the monster corralled and tied up. In the very next scene and unbeknownst to the town people, the monster begins to untie himself in the basement of the castle.

Late one night, I was sitting at the nursing station writing up my admissions for the day. The ward had been darkened, and the hallway lights were dimmed low. There was light only at the nursing station, where the charge nurse and I sat. We were the only staff present when I heard a commotion down the hall. Mr. Mullins came limping out into the nearly dark hall.

“Rheet, Rheet, for God’s sake come git me. They done tied me down. Rheet . . . Rheet . . . come on out the field.” His call was loud and plaintive.

Somehow, he had untied the restraints on his arms and legs. He still had the white cloths dangling from his feet and hands. He was stark naked except for the white restraints and the Ace bandages on both legs. He had a long tube attached to his Foley catheter. The tube ran down between his legs and lay out behind him like a string. There was a urine bag still attached to the tubing, being dragged along on the floor several feet behind him. He reminded me of a World War I

soldier who had been blown out of the trenches with nothing but his leggings on. This scene was repeated night after night. Nothing the nurses did could keep him in bed.

For some time the intern had been concerned about Mr. Mullins's failure to have a bowel movement. Despite trials with a variety of increasingly strong laxatives, Mr. Mullins had not had a stool in two weeks and had developed a fecal impaction. Fecal impactions were the most dreaded of developments for medical students. First of all, they were completely preventable and were deemed errors in medical management. Second, an impaction would trigger "domino delegation." Upon discovery, the head resident would harangue the junior resident, who would push it off on the intern, who would then "teach" the medical student how to remove the impaction. I was the last domino. There it was, written on the student's yellow sheet, "Remove impaction ASAP and don't let this happen again!" This would be my first experience with a fecal impaction, and I dreaded it.

The next morning I approached Jane Corvil, an instructor from the nursing school, for help. Jane had graduated a year earlier and had dated one of my classmates. She thought it was wonderful that I was going to remove an impaction. Calling it a "teachable moment," she said she wanted her four nursing students to learn about impactions. Whatever she wanted to call it was fine by me. "You know the old saying, 'See one, do one, teach one,'" she said in her unusually cheerful voice. I welcomed her offer to help.

"Miss Corvil," as I called Jane on the ward, had everything set up for me. We were quite formal then, calling each other "Miss" and "Doctor," especially in front of patients and student nurses.

Mr. Mullins was in one of the four-bed rooms down the hall from the large sixteen-bed ward. They kept all the demented patients in the four-bed ward, which kept them sequestered from the other patients. When I walked into the room, the four nursing students had already pulled the curtain and prepared Mr. Mullins for the procedure.

The nursing students stood two on each side of the bed. They had on starched white aprons over light-blue starched dresses, with little

white caps pinned to their hair. Little tufts of hair hung down from the backs of their necks. For a moment my mind shifted. I was standing in a garden filled with lilies and hyacinths and rosebuds. The smell of perfume and powder filled the air with the aroma of roses and a hint of jasmine. For the briefest of moments, I was standing in a garden with four beautiful girls at their peak of adolescent beauty.

Jane Corvil stood at the head of the bed, patting Mr. Mullins's head and smoothing his hair, like a mother with her child before an operation.

This was my first time directing nursing assistants, and I felt like a surgeon about to do an important surgical procedure. This was my team, and Miss Corvil was my charge nurse. My team was ready. I felt a sense of command. Despite the context, I mused, this must be how a surgeon feels when he enters a room filled with scrub nurses and assistants. The student nurses stepped back slightly as I entered the curtained-off bed. The perfume intensified.

"Dr. Meador," Miss Corvil said. I could feel my face flush ever so slightly on being called "doctor" by someone my own age. "Dr. Meador, please tell the class what procedure you are going to perform."

Though caught a bit off guard, I was determined to make the most of the opportunity. "Well, I am going to manually enter my finger into the rectum and digitally remove the fecal impaction until I remove all that I can palpate. This procedure should not take long." I had no idea what she wanted me to say, so I put all the big words I could into my effort. "I will need Mr. Mullins in the knee chest position, please."

With some effort, all four student nurses, Jane, and I pulled Mr. Mullins onto his knees. He was nearly limp. It took two student nurses on each side leaning against his body to keep him up on his chest and knees. One student on each side held onto his knees to keep them from slipping back. The other two braced to hold his chest down on the bed. This allowed full access to his rectum. Also, the two nurses closest would be able to have a full view of the "operative site," as I was now calling the area.

As I pulled on the rubber gloves and lubricated the rectal area, I maintained what I hoped was a professional tone, describing for the

nurses each step as I did it. Mr. Mullins did not share my professional detachment. On entry into his rectum, he screamed, “For God’s sake, Rheet, come he’p me, Rheet!” His screaming got louder and louder.

“Rheet, they killing me, Rheet. Come on out the field. Come on to the house. They got me . . . here . . . now . . . Rheet, Rheet, don’t leave me.”

I was beginning to sweat. All I could feel was concrete—as hard as any cement I ever felt. I dug and dug with my finger, and, little by little, extracted one small piece after another, letting each one fall into a metal basin between Mr. Mullins’s legs. Each one hit the metal bowl like a rock.

Each digging brought more yells. “Stop. Stop. You killing me!”

Suddenly everything changed. At first, I could not figure out what had happened. I felt a sudden hot *something* hit my chest. Then there was an explosion of foul hot liquid. A torrent shot up my sleeve, underneath my shirt, and onto my bare chest. I could feel it running down my chest into my pants. *Oh my God, I’ve ruptured his aorta*, was my first thought. Then I realized I had hit a pocket of liquid feces. In a seemingly unending torrent, two weeks of failed laxatives worked their way past the broken dam. I tried to stem the flow, but it was no use.

I pulled back, hoping it would stop, but it kept coming like water from a dropped fire hose, spewing out onto the bed and onto the floor. My entire body was drenched with steaming hot liquid feces. I then made the error of all errors: I put the palm of my hand against his rectum hoping to dam up the flow of feces. It did the opposite. My hand created a spewing spray, sending the feces outward and directly onto the student nurses. As the student nurses backed away, Mr. Mullins fell sideways into the pool now filling the bed.

Strangely, in the midst of the screaming and spewing, I was aware of the other three patients in the room shuffling toward the door of the ward. All visitors were gone within seconds. The ward emptied. There we stood. The student nurses were splattered with feces, their starched white and blue uniforms ruined. They still looked like flowers, only now they were long dead and putrid in a vase. I was covered in feces

from my shoulders down to my shoes. Jane Corvil, who had stood by the head of the bed, escaped.

The student nurses started to cry. They held their hands out to their sides and shook them in little circles, not knowing what else to do. I wanted to cry, but medical students don't cry. Not ever. I stood there for a moment. The only sounds were the moans of Mr. Mullins and the whimpering of the student nurses. All efforts at professional discourse were abandoned. The students continued to weep as we moved Mr. Mullins into a chair and removed all the sheets and bedclothes. Strangely, even Mr. Mullins had gone silent, too. As I left, I could hear Miss Corvil trying to comfort the students.

I wandered out into the hall still dazed and found a bathroom. I cleaned my face and hands and threw my lab coat into the trash can. My clothes were soaked down my entire front. My shoes squished when I walked. I borrowed a long white coat and started the two-block trudge to the Phi Chi house. I wondered if I would ever be clean again.

I walked down the street and imagined myself packing, calling a cab, getting on the train, and going home. Why should I work eighty to one hundred hours a week to end up like this? I became determined to quit, to leave, to forget the dream. I wanted out. I did not want to spend the rest of my life cleaning up feces. If this was medicine, I wanted no part of it.

When I got to the Phi Chi house, I threw all my clothes into the garbage can and walked naked up the stairs to the shower. I scrubbed and re-scrubbed. No matter how long or hard I washed, the fecal odor seemed to remain. I sat on the floor of the shower and let the hot water run over me. I sat there a long time.

There is nothing quite like an explosion of shit to dampen desire and ambition. It was the lowest of low points. After some time, the faces of all those who knew I was studying to be a doctor began to drift across my mind. First my father, then my dead mother, then my brother, my doctor/uncle Sam, and then old Dr. Stabler, my childhood idol. Every teacher or grown-up who knew I was going to be a doctor came into my mind. What would I tell them? How could I tell them

that I was quitting because a fecal impaction had exploded in my face? Gradually, the weight of the indignity I had suffered began to lessen, my loss of face before the nursing students faded. This was the only time in four years of medical school that I ever considered quitting.

I dressed and headed back to the hospital. I ran into Hank in the hall. “You won’t believe what just happened to me,” I said, already thinking about how I would get the most out of the story.

In the fifty years following, I never let another patient get impacted. Some lessons do not need repeating.