

The Last Wave Of U.S. Interns

RICK GRAVROCK



Our French superior, in that modern day of 1950, did not believe in penicillin.

By Henry Blackburn, M.D.

By the end of our first winter, the six American interns on the house staff at the American Hospital of Paris in 1950 were a bit jaded by the excesses of Paris. We had long since decided that the bottle of St. Emilion placed before each of our plates at the hospital lunch might better be milk or mineral water. But actually, we were more worn down by the need to carry out medical orders with which we often did not agree, in an atmosphere where discussion of cases with the awesome "Grand Patrons" of France was usually out of the question. While on the one hand we were charmed and awed by their clinical acumen, on the other, we were frequently horrified by their inability to consider alternative diagnoses or therapies, to acknowledge error, or to correct obvious mistakes.

For example, one young American woman had cycled through France fighting a nagging cystitis for days, and finally arrived at the American Hospital with a spiking fever. We were soon able to identify a penicillin-sensitive streptococcus but found that we were "not allowed" to prescribe penicillin simply because the grand old gynecological consultant, in that modern day of 1950, did not "believe in penicillin." We interns then decided to alternate the risky job of administering her penicillin in the dead of night.

There was the case of another young American cyclist with a nasty fracture of the humerus. The fracture required open reduction followed by setting in an upper body cast. The patient's jagged afternoon febrile spikes turned by the third day into soaring peaks and by the fourth to delirium and profound sepsis. Again, the consultant, the most noted of orthopods, insisted on more serial tests for fevers of unknown origin, including, as I recall, the relatively new Widal Test for typhoid. Finally, after the third day of being refused permission to inspect the wound, the American interns took fate in hand in the middle

of the night. With knife and saw we opened the cast at the shoulder and drained the anticipated deep wound abscess. To our amazement we were neither fired nor reprimanded. But that particular Grand Patron never returned to visit his case, sending thereafter his junior partner.

The American Hospital in Paris attracted as patients the great, the near-great, and the notorious, and we interns watched with wonderment as they recovered and departed with their huge entourages. One Sunday morning, my sleep was interrupted by a sharp call from the chief nurse to run, not walk ("Vite, vite, docteur!") to the emergency room to attend the Ali Khan. There, I found his wife, Rita Hayworth, insistently vocalizing a long series of annoyances. The Ali Khan himself was writhing in pain from a compound fracture of the tibia. The rest of that long Sunday was a battle against bone and cloth fragments and unending muscle spasm, in the intimidating presence of the "Lady in Red."

Over time, we learned to balance our view of French medicine of the late '40s and early '50s at the American Hospital. We observed much individually brilliant diagnosis and treatment and some unbelievably skilled surgery. Particularly, there was the grand old man of French vascular surgery, Professor René Leriche, who had the novel idea that atherosclerosis was, in fact, a localized arteritis. He proceeded to attack it directly and effectively with segmental resections and grafts. The American interns assisted with his first series of aortograms in patients with aneurysms, aortic, renal, and peripheral artery occlusive disease.

We also came to favor that marvelous custom in French hospitals, as elsewhere around the world, of the live-in family. The family presence greatly enhances the level of personal care, and when the inevitable arrives, the suffering patients experience the close comfort and sustenance of their loved ones.

In the end, we Americans finally decided that the honorable thing for us to do was to practice medicine as our conscience and our U.S. training dictated, but to inform our superiors about each independent order or act as soon as it was done. Thus, our intern class survived and actually retained the respect and affection of our senior colleagues. Unfortunately, the next class of American interns at the hospital could not make this accommodation and went on strike,

protesting a medical system they could not accept. They were summarily fired, and since that time there have been no American interns at the hospital.

We Americans felt fortunate indeed to have studied at the feet of many superb French consultants, while giving them a glimpse of our U.S. medical *liberté, égalité, and fraternité*. We also were pleased to be able, on the side, to do a few good turns for fellow Americans.

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