

THE SAD CASE OF DR. SAM WONDROUS

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The item in the society column was short. It said only that Dr. Sam Wondrous was a patient at Bankbreaker Memorial Hospital. That was all.

A brief sketch of Sam Wondrous is probably in order. His college and medical school professors recalled him as an intense and aggressive student, quick to react, and at times disarmingly personable. Although he failed to make the honor societies by only a few points, many considered him brilliant. Sam, ever the realist, always felt that the time he led the protest group into the dean's office probably had something to do with his missing out.

Sam pursued his postgraduate training relentlessly and impatiently in the field of gynecology. He had once dreamed of professorships, but his restless energy and drive were too great for the confinements of academic medicine, and after seven years at the University Center, he entered private practice where he soon prospered. Sam fancied himself a student of medical history, but the great accomplishers of modern times—like the Mayos, Ochsners and Criles—really impressed him most. He was an excellent surgical technician and a tireless operator.

At fifty he was a trim, energetic, handsome man, with distinguished iron gray hair. Women loved him. In spite of an addiction to clichés, Sam was a glib and dynamic speaker; he always found time in his crowded schedule to lecture for those American Cancer Society programs. On the advice of his auditor, he gave generously to community charities and to his church. He sang in the choir, once served on the Draft Board and was a director of two banks. As a long time civic-clubian and member of the Chamber of Commerce, he took his civic duties seriously.

After the first years of practice, Sam's interest centered on the ovary. The challenge of ovarian cancer had always upset Sam. The insidious killer that lurked undiscovered in apparently normal ovaries was almost impossible to diagnose until it burst forth too late for anything but palliative measures. His efforts to discover ovarian cancer in its incipiency led Sam to pioneer the use of the Biphasic Omnipotential Ovariometer, and as the community's first, true ovarian specialist, he was an expert on reading the Omnipotential Ovariometer tracings (OOGs). In addition, he popularized the technique of laparo-ovariography (LOG), whereby through a small, transverse, low placed incision below the pubic hairline, both ovaries could be visualized and injected with a semi-isotopic, para-radioactive (harmless, therefore, to germ plasma) solution having a special affinity for cancer cells, and which when interpreted on Sam's Phlebophotoscanner, could

localize a minute area of potential malignancy deep within ovarian substance. Sam was often fond of saying if he could save just one woman a year from the horror of ovarian malignancy, all his demanding work was not in vain.

Women complaining of pain in the ovaries flocked to him. (How many times had he heard that warning signal, "It's my ovaries, Doctor!") As his practice grew and his renown spread, Sam was forced to limit himself to out-of-town and referral work only. Many times, in order not to deny some deserving case the benefit of Biphasic Ovariometry, it was necessary that Sam's office staff direct drop-in patients to other physicians where they could be checked over and referred properly. Sam always managed to find room for them. Although some patients (and a small number of envious colleagues) occasionally grumbled about the hospital and surgical bills, Sam did his utmost to keep his fee at a reasonable minimum consistent with his special training. (It was evident from the diplomas on the wall that Sam had had a lot of special training.) Yet Sam had never been known to turn away a charity case. "I see them one and all, rich and poor alike," he would say. "Cancer is our common enemy. It behooves each and every one of us engaged in this noble art and calling of medicine to mount the ramparts and put our shoulders to the grindstone. Irregardless of inconvenience, we must do our meager bit for humanity." Sam's work often kept him busy 18 to 20 hours a day. He was a dedicated man.

It was chance alone that brought tragedy to Sam Wondrous. On a routine visit to Bankbreaker Memorial by the Hospital Accreditation Committee the examiner, looking over the statistical tabulation of operative procedures, noted that 1053 LOGS were recorded for the year. The number was high, he thought. He was perturbed also, after comparing the Committee's Relative Frequency Incidence Scale, by the fact that LOGs (1053) had surged ahead of PEGs (992), vaginal hysterectomies (874), D&Cs (808), T&As (721) bronchoscopies (584) and cystoscopy-KUBs (321) to become the hospital's most frequently performed operative exercise. Sam, of course, had been scrupulously honest and conscientious about his work. His secretaries made a point of keeping his records up to date and in top order. Also Sam was a great respecter of normal tissue and, indeed, all of the four ovaries he had removed during the year had been confirmed by the pathologist as showing definite suspicion of possible early premalignant change. Still, that was a lot of LOGs. Unfortunately, too for Sam, on 18 occasions he had been forced to remove a normal appendix when it had popped into the incision and obscured the field. This fact had been duly noted by the Tissue Committee, but was considered irrelevant by the Executive Committee and Sam, who was Chief of Staff at the time.

It was inevitable later that the examiner's report (which hinted at possible loss of accreditation) came before the new Executive Committee. The Committee's hand was

forced, and some action had to be taken. (The eight man committee, in Sam's judgment, was unfairly weighted by the presence of a neurosurgeon, a thoracic specialist, an ordinary gynecologist, two ENT men and a urologist).

Although the suspension of Sam's operative privileges was for only three months, it was a crushing blow to his pride and morale. He began to worry about those hundreds of women walking around with undiagnosed cases of possible ovarian premalignancy. In a few weeks, women complaining of painful ovaries became an oppressive burden to Sam. He became listless and depressed, and lost all interest even in reading his office Omnipotential Ovariograms (OOGs). Recently he developed an annoying cough, urinary frequency, a nervous tic and headaches.

Sam is scheduled for bronchoscopy, KUB and cystoscopy, PEG and angiogram in the morning.

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