

THE BATTLE OF THE BULGE

DR. DORIS WALDSTEIN, MASSACHUSETTS

A big personal experience is vividly told here. An appendix removal was done with all customary routine. Seventeen years afterward the job needed a repair. Under homœopathic guidance this time, healing was swift, uncomplicated and complete.

Because the case did not require medicine, all it did require was to free it from routine and give full scope to natural healing process. Natural healing may in other cases be marred by sickness. The crisis of surgical cutting provides a time when personal individual symptoms, if there are any, come sharply to the fore and that is an excellent time for homœopathic prescribing which promotes healing and allays complications to the lasting benefit of the patient. For this there is a wealth of proven remedies to choose from if the doctor knows his Homœopathy and the case is not obscured by drugging.—Ed., The Layman Speaks.

They say that women usually don't get hernias; that this sort of difficulty is reserved, so to speak, for men. But when a woman develops a hernia, she sure does it, if I'm any example. Well, I got one. I think I know what did the rupture, and if I had used any of the sense I was born with, the whole thing would never have happened and I'd have been shipshape instead of being shaped like a ship.

To keep it or not to keep it—that was the question. Whether it were nobler in the mind to suffer the slings and arrows of outrageous scorn by blanching at the prospect of another incision (my appendix surgery of many years before still made me wince), or to face up to it as the only way out—or better, the only way in. I took the matter to my good friend Dr. Alonzo Shadman of Forest Hills. He is an eminent homœopath, a physician and surgeon, retired, and he agreed that the

rupture needed attending to and that I could undergo the operation easily and without any of the usual hospital medical procedures and formalities ("routine").

So it was agreed. I was finally to part with that bulge located on the starboard side forward, close to my timbers, that travesty on my original design and, incidentally, a rather uncomfortable accessory to carry around. It was neither cargo nor trimmings and I needed it as much as ship needs barnacles.

Before heading for drydock, Dr. Shadman and I discussed the choice of a surgeon to perform this slight alteration in my design. I did want to be sure that the engineer who tackled the job was in sympathy with Dr. Shadman's procedures. Being a well-trained homœopathic layman and a graduate of the Course for Laymen sponsored by the American Foundation for Homœopathy, I knew that there is a distinct difference between drugs and medicines (remedies). I had also read numerous articles on medical and surgical techniques of the day and was greatly impressed by what Kord Lagemann said in his article, "Anaesthesia—Round Trip to Oblivion," in the March, 1957, *Coronet*:

"The more drugs used the less resistance you have to the shock of the operation and the more slowly you recover. It may be news to you that most surgical patients take longer to recover from the effect of the drugs than from the initial shock of surgery.

I was reminded of the portion of Dr. Shadman's book, "Who is Your Doctor and Why?" where he reveals hundreds of people die from drugging in otherwise successful surgery.

Voila! So Dr. John Seth was consulted and chosen to do the job. I liked him on sight. Everything about him indicated he was perfect for the job—his manner, his examination technique and his quiet, clean good looks.

I went to the hospital he recommended. Shad was there when I registered, or whatever it is you do when you enter a hospital. I tried to look upon it at a nice, quiet hotel. So now the ship was in drydock.

Dr. Shadman was, by this time, being admiringly greeted by the various members of the hospital staff. Some were nurses

he had trained years before and some of the doctors former colleagues. Shad saw that I was reasonably comfortable and left this final admonition:

"Now you are perfectly all right. I don't want you to take anything whatsoever, no pre-drugging, not anything but a little food if you are hungry. I'll see you in the morning."

"Those are your orders, Dr. Shadman? Then I'll stick by them. Thanks a lot for everything. See you in the morning."

No sooner had my guardian angel started his car outside when there were soft footsteps in the corridor accompanied by an unmelodious tinkling sound. Here was the ceremonial entrance of white-frosted, meticulously starched figures with a veritable armamentarium of needles, pills, tubes, razors, vials instruments, "etc., etc., etc.," to quote the King of Siam. It was time to prepare the area, to put it in my most dignified, semi-professional language. One of the nurses was going about her business, making marvelous promises of an enema and the necessary pre-operative drugging.

"Excuse me please," I said. "I don't wish to seem obtuse, but I am in the hands of my good friend Dr. Shadman, whom I notice you so much admire. When he left just a moment ago, he told me very explicitly that all he wished me to have this evening is a little food if I feel hungry."

"But, my dear girl," said the nurse in charge of all the gory details, "this, you know, is *routine*."

"Then would it be out of place for me to suggest that you reach Dr. Shadman on the phone? I feel sure I have his instructions correctly."

Luckily for me, another one of the nurses appeared and reported that she had just talked with Dr. Shadman, and I was spared the medication.

Alice, in the bed next to mine, was in because of a very bad heart. All through the night the periodic shuffle of feet in the corridor as nurses brought sedatives to wakeful patients, and the noisy hospital plumbing as the nurses drew water and shut it off, were just enough to keep me stirred, but I did not worry so long as they passed me by with their pills. But Alice! She would be blissfully sleeping (I even heard her

snore) and in they would come and *wake her up* so she might have more sleeping pills! "But, my dear girl," went through my mind again, "this, you know, is *routine!*" Then at breakfast time, they would serve her coffee, which is a stimulant, and, I would presume, has the opposite effect of the sedatives.

O-day for me started at 5:45 a.m., the crack of dawn on Wednesday. I walked the nurse with a bottle. I'll give you three guesses what she wanted. A sample. It was an hour after that before she came back for her precious sample. I might have been able to sleep that whole hour. "But you see, my dear girl, this is *routine.*" At the end of my stay in hospital drydock I spotted sure enough an interesting little item on my final bill: for my sample, a routine \$8.

Next came a version of Akim Tamiroff, wearing a starched white uniform and a bright, friendly smile. With him he had some ominous equipment. He wanted a sample of my blood.

"Blood? What for?"

"Merely *routine.*"

By this time I was a little irked. "I've got just enough blood for me, all I want, no more and no less, and I'd appreciate keeping it. Besides, if Nature intended for doctors to take blood from people as a necessary precaution for good health, wouldn't there have been a special orifice or spigot supplied leading out of the human anatomy?"

"But we have to see if you have sugar in your blood; if you have diabetes, there are only certain medications and anesthesia that you can have."

"My dear man", says I, "if I had sugar in my blood, Dr. Shadman or Dr. Seth would have told you or have it on the report of my case."

"How else are *they* going to find out if they don't take a sample?"

"I don't know, but I always thought the skin was for protection, not injection."

"You sound like a Christian Scientist," he said.

"I'm not, although I went to the Christian Science Sunday school as a child. And I understand they are healthiest

people, as a group, in this nation. Not because they are Christian Scientists—they stay away from doctors!”

Next came another nurse, who asked, “Are you going to have a spinal?”

“No, I think mine is to be a general anesthetic.”

“Well, I’ll check with the anesthetist for his instructions. You’ll need special drugs beforehand.”

“Oh, I’m sorry,” I put in, “but Dr. Shadman left strict instructions for no drugging whatsoever.”

“Well, this has nothing to do with Dr. Shadman’s instructions. The anesthetist always has special orders for each patient before undergoing anesthesia. It’s *routine*.”

“I can’t take anything without Dr. Shadman’s permission. I’m sorry. I’m not to have any antibiotics, either, I understand.”

By this time I was getting pretty tired of their pressure. On the other hand, I didn’t want to resort to mutiny. Then I walked the anesthetist.

“I understand you have refused pre-operative drugging.”

“Yes, sir. I am very pleased to know that is understood.”

Obviously used to going unquestioned, he softened a bit and said, “Since you have mentioned that you are allergic to antibiotics usually employed in a precautionary way before surgery, we will forego the antibiotics. I sense too, that beyond that you have an emotional dislike for injections.”

“Of course, Doctor, I’m certain you can readily appreciate that nobody likes needles if they are pricking through the skin. I would not sit on a porcupine by choice, would you?”

“But the hypodermic needle and the porcupine quill are two different things.”

“Yes, but both make punctures. Doesn’t the skin naturally rebel? Isn’t the skin an important organ of excretion? Isn’t the skin purposely full of nerve ends and thereby extremely sensitive? Is there anything about the skin that does not proceed from within outward? Don’t your hypodermic punctures heal from within outward? Suppose you were to stop the outward-flowing activity of the skin altogether, wouldn’t I die? Don’t you think you may be going violently against the natural

course of the skin when you go inward from outside with your drug by forcing it through a hollow needle?

He had one more argument in reserve. "It is necessary and customary to give atropine before administering ether, to dry up the secretions. We don't want you coughing up mucus in the midst of the operation and we have to keep you relaxed, and we are afraid of pneumonia."

"Well, Dr. Shadman is not afraid of pneumonia. I'm not afraid. I'm perfectly relaxed—if you leave me alone!"

"But the hypodermic needle and the porcupine quill are two hospital, I have my reputation to think of!"

"Your reputation! What about me? Dr. Shadman says I don't need any pre-drugging. I am not to take anything without his say-so and not until he gets here."

As soon as he disappeared, startled and indignant I am afraid, I clambered out of bed, put on a robe and raced for the telephone booth.

"Please get over here right away!" I pleaded with Dr. Shadman. "I don't know how much longer I can hold off the troops, but I sure need reinforcements!" I told him of my battles with the hospital staff who plainly were intending to violate Dr. Shadman's explicit instructions.

"I'll be right over," was his immediate reply.

I was content to let my captain take the helm.

The moment finally arrived. I was wheeled into the operating room. There Drs. Seth and Shadman greeted me. I wasn't the least bit afraid of the operation. With Dr. Shadman there to shield me I was as calm as a ship on a glassy sea. I asked for a kiss and Shad, once he got over the momentary shock (through the help of the anesthetist's remark, "Go ahead, it's part of the medicine") kindly obliged, and I was on my way to "Temporary Oblivion."

One hour later I was back in my "semi-private" room, about as semi-private as Grand Central Station.

Of course, coming out of ether is never the most pleasant experience, and one does have to be careful about one's stitches. But one doesn't need the morphine and strychnine that Dr. Shadman steered me away from up there in the operating room

Oh, yes, the hospital had planned *them* too. I remember my appendix operation of 17 years ago. I was given everything in the book then and had a special night nurse. I was miserable in spite of all that, or because of it. And it cost more too. When I got my bill for this spell in drydock, I was pleased to see the pharmacy column blank.

The hospital had asked Dr. Shadman what his suggestions were for post-operative drugging. "Absolutely nothing," was the reply. "Let her eat some food, if and when she asks for it."

When I was coming out of anesthesia, Dr. Shadman was there. I asked him to call my folks, for I had told no one I was going into the hospital. I didn't want to worry my parents and the less other people knew about my indignities the better. Mom and Dad knew I had the rupture, but had no idea I was about to have it reduced and I didn't want them to spend an uneasy night thinking about the projected operation.

Wednesday—O Day—was almost over. That night, I couldn't put up with being in bed any longer. My posterior is not amply padded and it wasn't used to such inactivity. Not wanting to disturb my roommates by ringing for the nurse to get me fresh water, I got up and gingerly walked out to the corridor and asked one of the nurses on duty for a fresh glass of cool water. I sure was thirsty. In fact I had been thirsty all day. Oh, for something to drink! The nurse wasn't very keen on the idea of my being out of bed so soon, but I left before she could argue.

Next day—Thursday—Dr. Seth came and took my pulse, said my pulse was good, that I looked good and that they'd get me up on my feet tomorrow.

"I'll tell you a secret—I was walking last night."

He had the kindness and sweetness to smile. He evidently didn't consider my small breach of the rules beyond understanding.

All went well from then on. The various nurses offered me pills to relax me, "if you need them," but I didn't, although to be courteous I allowed them to be left in the table drawer.

Before I knew it, the nurses were coming in and asking, "Where's the girl who has refused all medication?"

After that we all got along just fine, although it took them long enough to figure out I meant what I said when I refused the coffee and tea on my trays. At first I just politely said that I don't drink coffee and tea and would much prefer plain hot water instead, but most of the time they forgot to come back with the water. Finally I pointed out that coffee and tea, after all, were of no nutritional value. "What constituent of the body do coffee and tea contain? Will those beverages build up my tissues?" No more coffee and tea after that, and I got my hot water. I took issue with the white bread too, and my last two days at the place brought forth wheat bread, a much better substitute.

The operation took place on Wednesday and I left on Sunday. Fast work, eh? I even presided at a meeting on Monday. I had simply kept after both of my doctors to sign me out, and they cheerfully did. Not a bit too soon for me! When I arrived home I immediately wound the clock in the front hall, but I didn't have to move the hands. The clock seemed to know when to expect me for the hands showed the exact time of my arrival at home port. A nice welcome for me. Like saying, "I was expecting you!"

—*The Layman Speaks, Aug. 1958.*