

CHAPTER 12

The Missing Patient

Soon after I arrived in Dixon, Dr. Bowen and I worked out a system that we hoped would prevent our going to a home delivery too early and being out of the office longer than was necessary. We gave each prenatal patient a slip of yellow paper on which was typed in both Spanish and English four questions:

“What time did your pains start?”

“How many minutes between each one?”

“Has your water broken?”

“Are you bleeding?”

The patient was to write an answer to each question and send the slip to us by the person who came to fetch us. (And someone did have to come. As I said before, there were no telephones.) Usually they did this, but sometimes a person would bring the yellow slip with no questions answered. We would send them back to get the information.

Just after breakfast one summer morning, an eight-year-old boy came to the hospital with a yellow slip. No questions had been answered but the mother had written a note: “I

from his home in Canoncita about four miles away. How long that had taken him we did not know, but we figured we had better hurry. It was our new nurse, Pearl Drack's, turn to go on a home delivery with the doctor. We quickly tossed the obstetrics pack (a big package containing sterile sheets, instruments, doctor's gown, gauze squares, and dressings) and packages of sterile gloves into the car and sped away to the patient's home. We knew where it was, but had never been there before. It was a big square house with three doors on each side.

We knocked on door number one; no one came. We got the same result for doors two and three, and around the corner, for doors four, five, and six. We were getting nervous. We went around the next corner to doors seven and eight. Still no response. Door number nine was opened by an elderly Spanish woman who in Spanish told us to go around to door number twelve. She went through the house to that door, opened it for us, and graciously welcomed us in, telling us to please sit down. She then disappeared. We were in a fairly large room furnished with a chest, two straight chairs, and a freshly made bed, but there was no sign of the patient.

Completely mystified, we sat and waited, getting more and more nervous by the minute. Finally I said to "Drackie," "Open that door," pointing to the one behind where we were sitting. It opened into a closet. We sat and waited some more.

Then I said, "Try that door," pointing to the one where the elderly lady had exited. When that door was opened,

she came rushing back into the room, and in a torrent of Spanish and with many gestures again asked us to sit down. I tried to ask the whereabouts of Mrs. Padilla, but all I understood of the Spanish was, "Sientese, sientese, por favor, sientese." [Sit down, sit down, please, sit down.]

We sat a while longer and then decided to try another door. It opened into an added-on lean-to fitted up to serve as a bathroom. There was no running water, but there was a mirror, several pitchers, basins, and waste jars, and also our patient. She was leisurely combing her hair, having just had a bath and a shampoo. I urged her to get into bed, but she was not to be hurried. When she had finished with the hair, she got into the bed, gave two pushes, and delivered a ten-pound baby girl.

I questioned her about her note.

She said, "I knew how long it would take Alfonso to walk from here to the hospital. I meant that I would be ready for you one half hour after he gave the note to you."

That is just about the amount of time that had elapsed between the delivery of the note and the delivery of the baby. How she knew so exactly, I will never know.,

We always made several home visits to the newly delivered mothers and their babies to make sure all was well. On one of these visits we would bring the new baby a layette. These little kits were supplied to us by various missionary societies throughout the country and consisted of

six cloth diapers, a shirt, a receiving blanket, and a sweater set (sweater, cap, and booties). In one of the packages we had received several months before the arrival of the Padilla baby there was a bright red sweater which was too large for a newborn baby. We had put it back in the storeroom. Now we had found the perfect recipient. It was exactly right for the ten-pound Padilla baby. I had said she was almost big enough to start school and now she looked ready to do just that.

One cold winter evening I was summoned about 9 p.m. for a home delivery. I took a quick glance at my OB notebook and saw that the baby was not due for another two or more months. From the information on the yellow slip there was no doubt; the mother was in active labor. In the moonlight, as I drove over the rutted road to the patient's home, I tried to think of a way to improvise an incubator. I came up with a workable idea. Upon arrival at the patient's home, I set the young husband to carrying it out. I explained that the baby was coming too soon and that we needed a special bed to keep it warm. He looked puzzled but did all that I asked him to do. He was to get two cardboard cartons, and I showed him the sizes. One was to fit into the other, leaving room between the sides for ten bottles which we would fill with hot water.

He went to the nearest bar for his materials and soon returned with the necessary supplies. The bottles were whisky fifths, flat like a flask, and perfect for the task. He said by way of apology that he was not much of a drinking man and therefore did not have the required bottles on

hand. We had the "incubator" all ready by the time the baby was born. Much to my surprise, the baby weighed about 6 1/2 pounds and was not the least bit premature. I put him in the incubator anyway and told them to leave him there for two hours. I am sure they often wondered about the doctor asking the husband to do such a crazy thing.

We always tried to get the women who were having their first baby to come to the hospital for delivery. We had an understanding with each and every patient that if problems arose, we would take them to the hospital. I fail to recall any time that that situation arose.

On one home delivery I was amazed to find that the patient had set up her bedroom as much like the hospital as possible. She had really been observant when she had had her first baby. She even had a bedpan. Back in 1939 and the early 1940s, women stayed in bed for ten or more days after childbirth.

One morning in late spring I was called to deliver one of our patients, Mrs. Roybal. The Roybals lived on the west side of the Rio Grande. The only way to get there was via a swaying suspension foot bridge. I reached that by taking a steep, narrow road off the highway to the river bank. In the bedroom I was pleased to find a trunk at the foot of the bed which made a good table. I opened my sterile pack, spread the sterile sheet, and laid out my instruments.

Thinking that I would give the nervous husband something to do while we waited, I asked him to get the



Roybal's suspension bridge

baby's clothes. Before I could utter another word, he rushed to the trunk and grabbed up everything I had laid out in order to get the baby's clothes out of the trunk. There was not enough time to go back to the hospital so I had to resterilize the instruments by boiling them in water on top of the wood-burning range.

I recall another home delivery on a hot summer afternoon when I spent my waiting time swatting flies. There

were no screens on that house. The patient had a posterior, which meant that the baby's head would be born with the face-uppermost instead of the more usual back of the head up. That always made for a labor twice as long as usual. I thought it would never end.

One spring morning when I went over to the hospital for breakfast, Dr. Bowen said, "I delivered Mrs. Ruybalid early this morning. She had another boy and another breech. I broke the baby's femur [thigh bone]. Take care of it, I'm going to bed."

Take care of it! With what? There was no hospital central supply to order from. I decided to rig up an extension apparatus and looked around to locate what I would need. We had a small baby bed on which the head and foot sections were of equal height. I went to the garage and found an old broom. The sawed-off broom handle was long enough to extend between the head and foot sections of the bed with several extra inches. I found three empty thread spools to use as pulleys, some clothesline rope, a cloth salt bag to hold sand for my counterweight, and a small 1/4" thick piece of lumber from which I sawed and carved a foot plate. One of the nurses and I applied strips of wide adhesive tape to the baby's entire leg with a loop over the foot like a stirrup. We attached the foot plate to the "stirrup" with the rope going through a hole in the center, running over the three pulleys and tied to the bag of sand. The "pulleys" were tied to the broom stick with a screw inserted to hold them in place. We made one mistake—too much sand in the salt bag. When we released it, the baby was

pulled right off the bed. That was soon remedied. He healed nicely and later x-rays showed a perfect result.

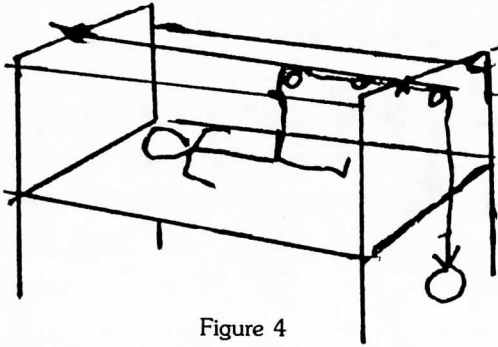


Figure 4

Traction apparatus