CHAPTER 8

Excitement in the Delivery Room

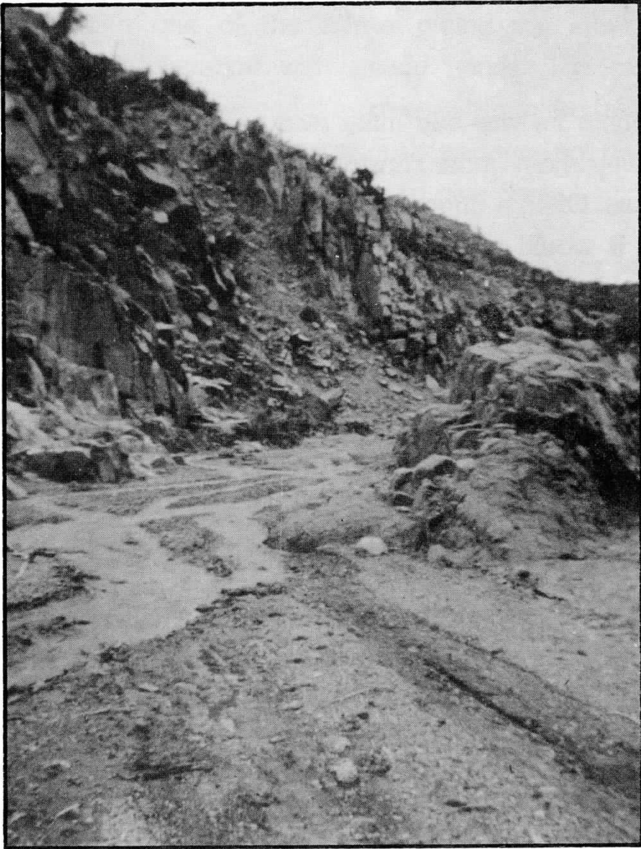
A large part of our hospital work was obstetrics. Most of the women delivered without any difficulty, but we also had quite a number of complicated deliveries to manage. It was a far cry from Woman's Hospital in New York City. At that hospital, each delivery had been attended by a nurse anesthetist, a scrub nurse, a "floating" nurse, an extra nurse, an obstetrician, and a resident. At Brooklyn Cottage, it was a different story; there was one doctor and usually one nurse who could give the patient ether if needed. Sometimes we had to call on the dietician for this service. Uncomplicated deliveries took place on a low lying cot in the delivery room. If forceps were required, we moved the patient to the operating table. At one time, there was only one such table and it was in Room A, our waiting room/examining room/drugstore/operating room. It was a real boon when we acquired a second operating table. The table was a fold-up army field hospital operating table equipped with stirrups. It was kept readily available in the delivery room. We were pleased to have it, but it once folded up with a patient on it. She was uncooperative and noisy. She had been screaming from the moment she arrived at the hospital. She screamed when she should have been pushing, and we had finally had to put her to sleep and deliver her by forceps. She started screaming again as soon as she woke up. It was necessary to massage her uterus through the abdominal wall

to keep her from bleeding. She kept pushing us away and continued to scream. In order to do what I needed to do, I braced myself by putting my foot on the cross piece of the table. She pushed at me and I pushed back. Suddenly, with a terrific clatter, the legs of the table folded up and it all crashed to the floor with her on it. I had been threatening the patient with dire consequences if she failed to behave. After this mishap, she became very docile and did not utter another sound while she was in the delivery room.

Most of the operations performed in our little hospital were emergency appendectomies, but a few tonsillectomies and hernia repairs were done as well. Neither Dr. Bowen nor I were surgeons. We probably could have performed many operations ourselves, but we realized that if a patient died, the confidence and trust Dr. Bowen had so patiently built over the years would quickly be destroyed. Orval Nesbit, M.D., a general practitioner in Espanola where there was no hospital, was our surgeon. When a patient of ours had appendicitis, one of us would drive the one and one half miles to the telephone to ask him to come. When it was his patient, he would send the patient to us with a note saying what time he would like to operate. Dr. Bowen and I took turns being assistant surgeon or anesthetist.

There came a day when Dr. Bowen and I were forced to operate. About eight o'clock one morning, a very sick woman, Mrs. Sanchez from Ojo Sarco, was brought to the hospital on a mattress in the back of a spring wagon. She, her husband, and a neighbor had left their home in Ojo Sarco around 4 a.m. to make the twenty mile trip down the

mountain over a narrow, twisty, rocky road, parts of which were in the stream bed. Fortunately, on that morning there was very little water in the stream.



Road from Ojo Sarco

It took me only a few minutes to make the diagnosis—internal bleeding from a ruptured ectopic (tubal) pregnancy. This emergency required immediate surgery. But what could we do? Dr. Nesbit was on vacation in Indiana. I drove the one and one half miles to the telephone and phoned a surgeon in Santa Fe (who shall remain nameless) asking him

to come to Dixon to operate on this lady. He said he was too busy to come and suggested that we send the patient to him. Later, we heard via a detail man that he had said there was no way he would go to Dixon and "operate in that hell hole."

Santa Fe was fifty miles away, with a large part of the highway again under construction. There were many bumpy detours. Often a driver had to wait when there was only one lane. It would take at least one and a half hours to drive there. Then once the patient was there, the Santa Fe doctor would have to examine her to confirm our diagnosis. After that, he would have to arrange to use the operating room and find an assistant surgeon and an anesthetist. We knew that all of this, at a bare minimum, would take another hour and very likely would take much longer. *There was no way the patient could survive that much delay.*

When Mrs. Sanchez had arrived, Dr. Bowen was out on a home delivery, but she returned soon thereafter. We decided that we would have to perform the surgery ourselves.

With the aid of an interpreter so we could be certain that Mr. Sanchez understood, we explained that his wife needed an operation immediately.

We said, "We are not surgeons. If we operate on your wife, she may die. If we do not operate right away, she will die."

With only a moment's hesitation, he told us to go ahead.

While two of the nurses readied the room for the operation, Dr. Bowen and I took a quick peek at our anatomy books. As we scrubbed up our hands we prayed fervently. With one of the nurses giving the ether, we performed the operation with steady hands. The patient made a perfect and uneventful recovery despite the fact that she did not receive fluids intravenously and was not given a blood transfusion. (We had no way to give these.)

Another time that I had to act as surgeon was in the case of Zebedea Romero, a young man from Llano, twenty-two miles away. He was brought in with a terrible cut on his lower left leg. He had fallen into a mowing machine around noon, but it was six hours before the family could find a car to bring him to us. His wound extended through the fibula (little leg bone), tendons, and muscles, and a short way into the tibia (big leg bone). I repaired the wound and put on a splint, but he had lost lots of blood and the interval between the accident and the repair was too long. Infection set in, and the healing took a long time. We knew that he would require more surgery to repair the tendons, which never heal in the presence of infection, but his leg had been saved and he was able to walk.

During the weeks that Zebedea Romero was in our hospital, he spent many hours reading the Spanish language Bible that was on his bedside table. He asked to take one home with him. At the time, there were no extras, but a nice big one was ordered and taken to him at one of our monthly clinics in Llano. His smile lit up his whole face when he saw the gift.