

Chapter 11: Internship in Jerusalem (1979-1980)

In the summer of 1978, after a couple months of intensive studying, we took our final examinations: a written and oral one in each clinical subject. I scored best in Internal Medicine and worst in Surgery, where the examiners were probably irritated with the many therapeutic options I offered —I didn't know then how dogmatic surgeons could be.

What followed was a year of the mandatory rotating internship, required prior to obtaining the M.D. This I elected to do at the Hadassah Hospitals in Jerusalem. Heidi joined me by driving from Switzerland to Jerusalem: when she embarked on the ship in Venice, Italy, with her blue Opel, it was almost dismantled by Israeli security men suspecting her a lefty-radical terrorist. But where was Heidi until then?

During my medical school years Heidi had been living in Switzerland, studying in a nursing school in Zurich. Our romance had simmered on a small fire, which intensified a few times a year, when we visited each other, spending together long vacations, particularly in Switzerland and Europe. In between we led separate lives and both enjoyed, privately, any tasty fruit we could pick up. However, deep inside we perceived, but never spoke about it, that eventually we would be united. At some stage my mother had sent envoys to me with this message: "Why do you need this *shiksa*? Aren't there enough good looking Jewish Israeli girls?" But eventually she had come to terms with the prospective daughter-in-law, who, in turn, attempted to convert to Judaism —she studied the Hebrew language and Jewish Laws— but failed the examination in front of a panel of the Orthodox Rabbinical Court in Haifa. I had discouraged Heidi from trying again—whether she was a Jewess or not was not an issue for me.

In Jerusalem we rented a tiny and damp flat. In fact it was a converted storeroom, in the basement of a dilapidated apartment building, which opened to a neglected, rat infested, back garden. The single small room represented our bedroom, dining room, lounge and study. Over night guests were placed on the floor in the kitchenette; the shower posed a

constant danger of flood. Heidi worked in a hospital for retarded children while I started my internship.

Equipped with a solid fund of knowledge and a swollen ego, I enthusiastically plunged into the role of being a doctor. On the first day of the internship, I walked the corridors of Hadassah Hospital with my chest over-inflated, hoping that everybody would notice the freshly embroidered, in red, "Dr. M. Schein" on my new white coat.

I started to cherish the ability to make independent crucial decisions, the pleasure of alleviating suffering, and the occasional glory associated with saving lives. The three months in internal medicine were particularly enjoyable: while the senior residents spent the nights in the emergency room, we interns were responsible for the floors. During an average night, I had to admit and treat at least ten patients: the usual mix of old people with pneumonias and cardiac failures and complex co-morbidities. I remember the satisfaction of being able to solve problems—how *Harrison's Principles of Medicine* and the *Washington's Manual*, so well memorized, easily applied to these patients. I carried around in my pockets three fully loaded syringes: *morphine*, *lasix* (a diuretic), and *aminophylline* (a bronchodilator), using them liberally. I learned how a small dose of morphine alleviates all kinds of suffering. In my chest pocket I carried an *intra-cath* (this was the catheter used for insertion into large central veins; a potentially deadly device: a large 14-gauge needle was inserted into the vein, and the rigid catheter was threaded through the needle, which was then retracted and fixed onto the skin with a plastic device called by us "*sefer torah*"—book of Torah) which I aggressively, and too often, popped into the Subclavian veins of anyone I judged may benefit of it.

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Here is a case scenario that stays fresh in my mind. Early one morning after a heavy night, I admitted a middle-aged man with chest pain and a large left *pleural effusion*—the accumulation of fluid in the thoracic cavity. Listening to his heart with the stethoscope I heard a loud rhythmic

crunching sound —like the sound of crumpled paper. I inserted a needle through his chest wall into his effusion, removing two liters of bloodstained fluid, and did not forget to send it also for estimation of *amylase*. In my admitting notes I entered: "*Homan's sign*, probably *Boerhaave's Syndrome* (spontaneous perforation of the esophagus). Will need a contrast esophageal study."

An hour later, Professor Elyakim —the Director of Medicine, a tall, bald man with a huge forehead, who was known as *the* national guru of Medicine—arrived for his weekly Grand Rounds. His rounds were grand indeed: for four long hours he would walk like a pontiff in Rome —extremely serious and never smiling—followed by a huge crowd of disciples, admirers and ardent believers. The patients were presented to the master by residents—we interns were almost never allowed to open our mouths in order not to irritate the great man.

Within an hour or so the long procession arrived into my patient's bed. After the resident who had seen him in the emergency room eloquently recited the case history, according to a specific formula advocated by the Director, the later placed his *Litman* stethoscope on the patient's chest, closed his eyes, concentrated by contracting his forehead muscles, and listened. Deep silence in the room; an old man in an adjacent bed moaned "*oi vei*" but was immediately hushed down by the head nurse. The professor unplugged the stethoscope from his ears, scratched his forehead, looked down at his congregation and said this: "Acute *pericarditis*. Probably infective. Start antibiotics and wait for cultures. If proven viral he may need steroids." We moved to the next bed. The God has spoken.

As always, between the male and female sections of the ward the Professor and senior staff retired for tea and sandwiches of cream cheese and sardines, while we juniors hurried to continue with the scutwork. I called the lab for results: the *amylase* levels in my patient's pleural fluid were sky high. Now I was sure that this is a *Boerhaave's Syndrome*—perforation of the esophagus with the *amylase* deriving from the patient's saliva. I rushed to the responsible resident: "Ethan, this is a Boerhaave's. I was right! He

needs a contrast study, he has a hole in the esophagus, and we have to rush.”

“Stop blabbering, Schein, the Professor said it is *pericarditis*.” The resident shrugged his shoulders and re-joined the rounds.

A few hours later the patient dropped his blood pressure. Repeated chest X ray showed air in the mediastinum. Gastrografin contrast study demonstrated an esophageal leak— *Boerhaave's syndrome*. The five professors of surgery who were summoned to discuss how to treat this rare entity decided to drain the esophageal hole through a posterior thoracic approach. When the patient survived, after a three month of stormy hospitalization, a special medical-surgical conference was conducted to discuss this amazing case, that was subsequently published in the Israeli Journal of Medical Science. Of course, I was not a co-author. This was my early introduction to medical-surgical academics and how medical decisions are often reached—adding to my early but growing skepticism.

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Towards the end of internship, I started to think about the next step which— I had no doubt—would be a surgical residency. The question was where?

In Israel of those years, as it is still today, there was no organized system for applying and matching to residency programs. Instead, each applicant had to negotiate his own position directly with the head of the Department. Commonly there were (still are) two or three surgical departments in a hospital, each of 20-30 beds, and each accepting separately its own residents—no more than one per year. The common pathway to being selected was to form a “personal bond” with your department of choice: do an elective clerkship during the final year at medical school, try to serve in it as an intern for a few months, help the boss to do a study (e.g. kill a few rats for him) and above all—“keep in touch”, which means spend any free time you have during medical school and internship, trying to look interested and helpful. In brief—bury your nose up their asses.

As the above listed methodologies were not part of my armatorium, I did not even bother trying entering any surgical residency in Israel. Training abroad was something which I had thought about for years: the foreign fields always seemed greener to me than those at home; I memorized the names of the surgeons who had written all the surgical books which I hungrily read, and the exotic places where they practiced. I believed that the surgical training they provide is probably outstanding, not the dogmatic slavery I saw around me. This is how I perceived it in my immature medical mind. I was also adventurous, with an incessant *wanderlust*, and I knew that Heidi would follow me anywhere.

Towards the end of the year I got offers from three residencies: Buffalo, New York, Vancouver, Canada, and Johannesburg, South Africa. The Canadians even asked what size uniform I would need. A difficult choice: Buffalo so cold and bleak; Vancouver charming but so faraway; and Johannesburg? At that time there were many ex South African professors on Hadassah's faculty; all seemed so knowledgeable, astute and polite —the kind of colonial British politeness so unlike the prevailing harshness of their Israeli counterparts. I asked for their advice which was unvarying: "Go to South Africa, Schein: good teaching, superb weather, cushy life and Man, you *will* cut...they'll send you to Baragwanath Hospital and you will be sick and tired of cutting." They were speaking about cutting humans of course—mainly blacks.

Vancouver seemed so appealing but it was at the end of the world; Johannesburg was only half the distance away from Israel and Switzerland. So we decided: let's go to South Africa.

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In Jerusalem Heidi and me lived an almost parallel life. I worked day and night and had no social life, which forced her to find her own friends and social activities about which I knew little and it was better so. One afternoon I returned to our damp "dump" after a 36- hours shift to find a scribble on a tiny piece of paper: "I flew to Switzerland, will be back in two weeks. Heidi." It is then when I met Y. —not yet another insignificant affair but something

that could have influenced the future. It was the first day on my rotation through the “general intensive care unit” when I noticed her stooped over one of the patients. Tall, slim, black hair, high cheekbones, well made face—her sex appeal shining through the nurse uniform. Luckily, she was responsible for my patient and this provided me with the opportunity to come near her.

“Oh, good morning, I guess you’re the new intern, I am Y.” She spoke a BBC English with a slight lisp. I noted her small white teeth, the deep blue eyes, and inhaled her perfume. She must be one of the British ICU nurses, I thought. Hadassah Hospital was short of trained intensive care nurses and had to import them from London.

Who is she?” I asked a junior resident during a coffee break.

“Oh, forget her. She’s a princess. Three months here and nobody have managed to come near her, including all the professors, she’s untouchable, believe me...no chance.”

Next morning Y. was helping me to turn the patient on his side so I could examine his buttocks. “Y. this is not an English name?” I asked.

“No, no. It’s Polish. My father’s Polish, Mom `s Ukrainian. I was born in England, the Midlands, you know.” Now I understood the origin of this wild Slavic face. She turned me on. Not since I’d met Heidi six years prior have I desired a woman so badly; I had to have her.

“You speak Polish?” I asked and said something in that language. She straightened herself to her full height, smiled charmingly and spoke back in perfect Polish. Not a trace of Anglo-Saxon contamination.

On that day, just before she ended her shift I gathered confidence, and asked: “would you come for dinner with me tomorrow night?”

“Of course.” It was the Polish language! I knew it—it caught her.

During dinner at a Chinese restaurant the Anglo-Polish princess was rather formal but later at the cozy Jan’s Tea House in Ein Kerem— Persian carpets, candle lights, classical music —she said “please come nearer” and wrapped her long arms around me. Stormy weeks, which turned into

months, followed— Heidi returned and I was cheating on her —in our flat, in the cold alleys of the Old City and in Y.'s room, where the walls were covered with icons, for she was an ardent Catholic. What impressed me was that when she was reaching climax she would shout "*Holy Maria*", in Polish.

I enjoyed the occasions when her night duties in the ICU overlapped with mine. At four in the morning, I would retire to the adjacent doctor's duty room for a brief nap, she would then take her 30 minute tea break and quietly crawled into my bed...this was the nearest I ever came to the TV stereotype of the horny young doctor.

Yet, this could not continue forever. I had to decide. Heidi suddenly announced that she's pregnant and started to talk about the need to get married—before moving to South Africa and before our child is born. So I made the decision, a good decision. No, here I'm embellishing the story: in fact, it was Y. who correctly sensed in what direction the affair was developing and abruptly stopped seeing me. But the outcome was favorable.

Over the years Y. kept updating me about her whereabouts. She left England for Cambodia where she worked with injured refugee kids. She moved on to Lebanon and spent the 1980 war in a cellar of a Beirut Hospital— shelled by the invading Israelis. In Beirut she met and married an elderly divorced Swiss UN administrator with whom she moved to Geneva. After divorcing him, she worked in a hospital in Geneva, converted to Judaism and married a banker—a Moroccan-Swiss Jew. In 1993 she suddenly appeared with her new husband in our house in Haifa. She was in her last month of pregnancy. We managed to catch a minute or two alone in the kitchen, away from our respective spouses; we did not say much but just looked at each other and smiled—we knew that we still liked each other. Last I heard from her she was in Geneva, divorced again, with two dark Moroccan-looking sons. The orthodox Catholic girl is now a devoted orthodox Jewess. No more "Holy Maria."

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See pictures below...



Heidi: Corsica, Sinai Desert, Haifa (1975-6).



With Heidi. Eilat, Red Sea, 1975



With Y., Jericho, 1979