

## CHAPTER 57

## DAVID FREUDENTHAL'S ILLNESS

We now come to the year 1963, when we went in February of that year on a vacation trip to Florida with Nancy, whom we still had with us. The Freudenthals were there and inspired us to join them. They found us a nice room in the Hotel Shoremead, not far from the Hotel Fountainbleau. It was a most pleasant vacation and we were happy to have Nancy with us, who was then only four years old. We had the beach and a nice swimming pool there, the weather was gorgeous, I had rented a car and we were all the time on the go.

Nancy had her nap always in the car. We went every day to a different place, to the monkey jungle, to the parrot jungle, to the zoo together with the Freudenthals, also with them on a visit to our old friends, the Scharlins, who had there a gas station, or to Fort Lauderdale, where we went to a fine restaurant. We often visited the Freudenthals, who had a beautiful apartment on one of the islands in the Biscayne Bay. We also went with them to a Hialeah game at night, had to get a babysitter for Nancy. Once the Freudenthals had Selma's brother Freddy and his wife Emily Genauer as guests, and they invited me to a fishing trip, going out from Coral Gables. I should also mention trips with Nancy to a Serpentarium, to the Seaquarium, to the Miami Wax Museum, to the Biscayne Castle, to the Everglades, etc.

Once I had an emergency call at night. David Freudenthal had an attack of severe shortness of breath. It took me not more than 20 minutes from the time Selma called to be there.

I had no instruments with me, so I examined his chest with my ear like in olden days and I had no doubt that it was an attack of acute pulmonary edema (overflow of blood in the lungs) and not bronchial asthma, from which he had suffered in younger years. I put immediately tourniquets around both arms and one lower leg. Would I have had my instrument bag, I would have used a big needle to take a pint of blood from a vein, which I had used often very successfully in such cases of emergency. But we did not lose much time. It so happened that Selma had taken along from home the name and telephone number of a good internist, Dr. Becker, and we called him immediately. He got him a bed in the Mount Sinai Hospital in Miami, and we also called for an ambulance and were soon on our way. I followed the ambulance in my car. Dr. Becker, who lived outside the city, arrived a little later. I don't remember what kind of medication he gave David, but the pulmonary edema was soon under control and at the end, since there was an acceleration of the pulse rate, he gave him an injection of Digitalis. Since he felt much better, I could leave and found easily my way back to our hotel in Miami Beach. I found Hedy and Nancy in the cafeteria at breakfast and joined them.

We had planned for that day an excursion, went for a second time to the monkey jungle. There was an enormous gorilla there, the biggest in the world, weighing over 1000 pounds, and we wanted to see him again. I called Selma from there and she told me that David was feeling fine. I told her that I will visit him in the evening. We returned late from our excursion and we went first to the hotel for dinner. Nancy had to be put to bed and I left for the hospital. When I arrived there, the special nurse,

which David had, told me that David was sleeping and she thought that I should not wake him up. She told me that she had just called Dr. Becker and had told him that he was alright and that his pulse rate was 80. When I opened the door only slightly, he was awake and I went in. I took his pulse and found it very accelerated and very irregular. I counted about 150 pulses per minute. I did not tell David anything and went outside to the nurse, who was preparing herself to go home. I asked her whether she was sure that his pulse rate was 80, and told her to check it again. She went in and came out and told me that it was still 80. I went in again and counted again 150. When I told her that, she was fresh to tell me that she disagreed. Here it was: A nurse who did not know how to count the pulse. I asked her for the telephone number of Dr. Becker and she refused to give it to me. I had to call the head nurse to get the number and called Dr. Becker. He told me that he will be in the hospital within a short time. He knew what had caused it; that it was a reaction to the Digitalis, which he had given him, and loss of potassium. He asked to talk to the head nurse and told her to monitor the heart continuously with the electrocardiograph till he arrived and to have a bottle of Potassium Chloride ready for intravenous infusion.

When he arrived, many yards of electrocardiographic paper had been used up. One short look at the electrocardiogram showed him that he was right, when he suspected excessive loss of potassium, due to the administration of Digitalis, and he immediately had the intravenous needle inserted into a vein and a slow flow of the fluid started. I watched with him the electrocardiogram and it did not take long and a sudden change of

the electrocardiographic curve set in, showing that the potassium had become effective, and everything became normal. How lucky David was that I had visited him in the evening! He probably would have died during the night, would have gotten into a coma. One or two days later, he was at home again.

He may have seen Dr. Becker afterwards perhaps once or twice again for check-ups. Our vacation came soon to an end and we as well as the Freudenthals left for home. David came then again once in a while for examinations to my office, as he had done before for many years, since his kidney operation, and I sent him usually to the laboratory for examination of his blood. I also sent him twice a year for an X-ray examination to make sure that there was no metastazation in the lungs or bones, and since he had only one kidney, frequent laboratory tests for blood urea nitrogen. He was supposed to have stopped smoking after the kidney operation, but he cheated and smoked, usually in the bathroom. Anyway, he was well all the time. They lived then already in Massapequa in Long Island, had a beautiful house built there.

A friend of the Freudenthals, a Dr. Zwerling, an ear nose and throat specialist, who lived also in Massapequa, suggested one day to them to consult a doctor who lived out there in their neighborhood and let him get acquainted with David's condition. He said that an emergency could arise, similar to the one in Miami Beach, and that they would need then a doctor out there, who would be available right away, whereas I, living far away in Brooklyn, would not come out fast enough. They asked me and I said that this was correct. Dr. Zwerling had also recommended a certain doctor who lived there on Merrick Road, and they went

there and from then on I was out. But that doctor was very negligent, and never sent him for a blood chemistry test to a laboratory. All he did was taking his blood pressure. One day he examined his urine and found that there was sugar in the urine. He told him that he was a diabetic, and gave him anti-diabetic tablets. The diagnosis of diabetes on the basis of one urine examination, and prescription of an anti-diabetic medicine, without a blood test for sugar, was something extraordinary. This doctor called himself an internist.

Soon afterwards, early in the morning, David felt dizzy, fell on the bed and became unconscious. They called that doctor, who said it must be a stroke, and had him transported into a hospital out there. He did not come to the house, nor did he go all day long to the hospital to see him. Hugo, his son, called me up late in the afternoon and told me that his father had a stroke and was in the hospital, and that he was going to see him. He was lying there all day without any real care, and only in the afternoon, when Selma came, an intern came to examine him. It could be that he was seen before that by a doctor, when he was admitted. That I don't know. But when Selma came, the intern asked her many questions, and he then found out that David had been taking daily tablets for diabetes. Now a blood examination for sugar was done and it showed that he had an enormously low blood sugar. An intravenous injection of sugar was immediately given, and in a short while David regained consciousness. He was the next day out of the hospital. But the shock, in which he was for almost the whole day, had a deleterious effect on his one kidney, had caused irreparable damage, a so-called shut-down of the kidney, and from then on



he was not feeling well anymore. Of course, he never was a diabetic.

One morning, soon afterwards, Selma called me up to tell me that David was not acting right, that his speech was slurred, and that he was unable to button his shirt or jacket. I told her to take him immediately to a good hospital in Manhattan. She knew a Dr. Shils in the Memorial Hospital, called him up, and he got him a bed there. When he was admitted and his blood examined, it showed an enormously high amount of blood urea nitrogen of 160 mg% (normal 15 mg%), which toward the evening rose to 200 mg%. They started immediately a peritoneal dialysis, and within a few hours cleared his blood, and the urea nitrogen came down to almost normal levels. When I came to the hospital the next day, I met Dr. Shils, and he told me that I had "picked him up by phone in the right moment, when the blood urea nitrogen was so enormously high." He was fine then, but every few days the dialysis had to be repeated. This went on for a while. He could even leave the hospital for about one week, since he had urgent things to do at home. The only way out of that situation was a transplant of another kidney. His mother, as his closest relative, was the best donor, and when she was asked, said, that she was willing to give him both kidneys. But she was at that time a very sick person, had a cancer of the stomach, which was ascertained by an operation somewhat earlier before. It was an inoperable cancer, too far advanced. But as far as could be known, her kidneys were not affected, and one day, at the end of February 1964, the operations of both of them were done, after thorough studies and much preparatory work. But, unfortunately, the doctors who did that work had

no real experience with kidney transplantations. This was a new method and only few physicians had done kidney transplantations successfully at that time. But in the Memorial Hospital, although it was one of the most famous hospitals in the country, they had no practical experience. They knew from other published cases what had to be done, but David was the first case for them. The most important failure, rejection of the transplant, had to be prevented, and they did everything known then to avoid a rejection. It implied the administration of a certain drug, Azathioprine, to destroy the lymphocytes in the blood, which were blamed in the rejection-mechanism. They knew that the drug would also destroy other white blood cells, also platelets, but expected to be able to stop the administration of the drug in time, before it affected the white blood cells too much. It was a hazardous game, but it had to be done, especially since the patient would otherwise be doomed anyway on account of his kidney failure. The normal number of white blood cells is about 5500 per cubic millimeter. On the day they performed the operation, the blood count showed a catastrophic drop to 500 white blood cells. This is fatal, even in cases, where there are 1000 white cells.

The operation was done successfully. But the white cell count showed a continuous drop for the next few days, in spite of numerous blood transfusions and reached zero on the fifth day. That is called agranulocytosis.

The last two days were dramatic: A heart attack and a perforation of a stomach ulcer with severe inner bleeding complicated the picture. He had to be operated on again, to close the hole in the stomach. I met the surgeon, Dr. Lawrence, be-

fore that last operation, who had performed the kidney transplantation. He told me that David had severe arteriosclerosis of all the arteries, and that the kidney had to be implanted way down in the pelvis, where he could find one artery, which was a little better. Two days later he died, on March 6th, 1964. This was the end of a great person, a great loss for his family and for his friends.

These were two sad cases. I hesitated to describe them, as they shed a bad light on my profession. On the other hand, they are instructive, as they show that human life depends often on minor mishaps, but sometimes on poor judgement of doctors, like the diagnosis of diabetes by a doctor and administration of an antidiabetic drug, where there was no diabetes, causing a train of serious complications, kidney failure with uremia, kidney transplant, and finally the sad end. The doctors and surgeons, who treated the patient afterwards, are not to be blamed for anything. These were excellent scientists, trying all they could to save the patients life.