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Limelight

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Frank Forster sat behind the desk in his office, his head down, concentrating on the letters he was signing. His dark brown leather chair matched the grandness of the mahogany desk—in both quality and scale they were right for him. The aroma from the smoldering tobacco in his pipe filled the room. On the wall behind him, a framed autographed portrait of President Eisenhower dominated the office. Frank had provided consultation when the President had a small stroke while in the White House and he took pride in the association.

Frank cut an imposing figure. He was tall and generously sized, always flawlessly dressed with shining shoes and black hair meticulously combed. His closely cropped moustache framed a warm, amiable smile.

He looked up as I knocked lightly on his open door. I was the senior ward resident and he had called me.

“Lud, I need your help,” he said. “At 2 o’clock today I have to present a patient to the first-year medical students as part of their neuroanatomy course. They need to know that what they are learning about the brain has some practical applications so we need someone with some interesting physical findings. Do we have a patient on the wards you think might be instructive for them to see, someone who would be willing to come?”

I thought about it for a moment. We had 15 patients at the time, but none with anything unusual. “We may have a problem finding a patient,” I said. Frank leaned back in his chair and reached for his still smoldering pipe. He lit it afresh and took two long puffs. I felt uneasy and anxious by my inability to identify a patient. Frank smiled, his equanimity undisturbed.

“Let’s go over each of one of them,” Frank suggested. “Tell me their stories.”

I described each patient to him briefly and, when I finished, he said, “You’re right. There isn’t much to show. Are you sure you haven’t forgotten anyone?”

He took another puff and smoke slowly cast a thin cloud over Eisenhower’s face. I began to realize that Frank would manage a solution. I remembered rounds earlier in the week when he examined a patient with epilepsy. Sitting on the examination table,

the patient had a brief partial seizure. He became unresponsive, stared straight ahead, and fumbled with a shirt button.

We saw a patient having a momentary seizure but Frank saw more. “Look,” he exclaimed excitedly, “The patient was completely out of contact with us but not with his environment. He remained seated. He didn’t fall. He was sufficiently aware of his surroundings that he maintained his position on the table and knew where to find his shirt button.” Frank could always see deeply into a situation.

I went over my list more carefully. “Actually,” I answered, “we do have one more patient. She’s 35 and has severe cerebral palsy. She’s been here for 2 weeks and she’s badly depressed. I’m afraid we’ve not been much help to her.”

“Tell me,” Frank said.

“Well, she’s lived all her life in a little town in northern Wisconsin and her family has always looked after her. She can’t use her arms because they’re spastic and uncoordinated and it’s hard to understand her because her speech is thick and slurred. This is the first time she’s ever been away from home. For the last 2 weeks she’s just been lying around crying. Physical and occupational therapy haven’t done a thing.”

“Poor lady,” Frank said, “no wonder she’s depressed. She must be a total invalid without useful arms. She couldn’t possibly do anything for herself. Eating, dressing, going to the bathroom must be impossible.”

“No, not really,” I said. “She does a lot for herself. She uses her feet. She’s actually pretty good with them.”

Frank suddenly sat up, bristling with excitement. He was out of his chair, reaching for his white coat. “Let’s visit her,” he exclaimed, hurrying out the door with me rushing to keep up with him.

Margaret was lying quietly in bed, staring at the ceiling as she did most of the time. Her straight, mousy brown hair was cut short, as if someone had put a bowl over her head and chopped away at it. She was wearing no makeup and her arms lay awkwardly at her side. I introduced Frank to her and he sat down next to her bed. He told her that he’d heard what a hard life she’d had and how brave she was and

how she could do all kinds of things with her feet. He gave her his broad, engaging smile. "Would you show me?" he asked.

Frank seemed to awaken something in her. She nodded and reached for her comb with her right foot. Grasping it deftly, she combed her hair. "I can feed myself, too," she said, pronouncing the words slowly and with great difficulty. He was genuinely impressed and Margaret could see his delight.

He took her useless hand in his. "Margaret," he said, "my young medical students need to understand from the beginning that patients can do surprising things on their own behalf. You could help me show them how a remarkable woman can take care of herself by doing things in a different way. They need to see the way patients can rise to a challenge. Will you come?" She seemed pleased with the request and nodded her head, yes.

At 2 o'clock I wheeled her into the big amphitheater. The nurses had dressed her in pretty flowered pajamas and placed two red ribbons in her neatly combed hair. She sat propped up on pillows on the gurney, her comb and brush and lipstick lying neatly next to her right foot. Frank was already there, talking to the 120 students seated in the rows of seats rising up from the amphitheater floor. As soon as he saw Margaret, he turned his full attention to her. He stood beside her, his arm around her shoulders, beaming down at her. "Thank you so much for coming," he said.

Then, his arm still around her shoulders, he turned to the students. He told them about this brave woman from a town of 100 people in northern

Wisconsin. He told them about how she had been born at home, with the umbilical cord wrapped around her neck, about how blue she had been, and how hard the country doctor had worked to keep her alive.

"She's never had much schooling and she could never use her arms, but she learned how to help care for herself, using her feet," he announced. Turning to Margaret, he asked, "Can you show them?" And Margaret did. She combed her hair, then brushed it and applied her lipstick skillfully.

"I understand you can feed yourself using your feet," Frank said to her. That was my cue. I walked over and placed a bowl of red strawberry Jell-O and a spoon at the foot of the gurney. She grasped the spoon handle with her toes and then, deftly, used the spoon to eat the Jell-O, not spilling a single little jiggling cube. Frank beamed and thanked her. Almost on cue, all 120 students rose from their seats and clapped enthusiastically. Now Margaret was beaming too, while I was trying to keep from crying. There were tears in the audience, as well. Later, when we transferred her from the gurney to her bed, Margaret was still smiling.

The next morning on rounds, she was sitting up in bed waiting for us. For the first time in weeks she greeted us. The happy smile I had seen yesterday was still there. In her slow, thick speech, pausing between each word, she said, "I feel so much better. I want to go home. You taught me that I really am somebody after all, that I have done something with my life—that I do matter."

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