

One Lucky Patient—Two Lucky Doctors

In the Emergency Department

In 1957, four of us were practicing in St. Croix Falls, Wisconsin, about 60 miles northeast of the Twin Cities. I happened to be the surgeon of the group. One January day, a call came in that one of the city's workmen had collapsed while shoveling gravel. His partner was to arrive with him momentarily. Our clinic building was located next to the hospital, so I ran for the emergency room.

The 49-year-old man was literally black with cyanosis. Tucking an endotracheal tube down his airway was our first priority, with the chief nurse set to ventilate him with 100% oxygen. A quick listen with stethoscope revealed no heart sounds, so unscrubbed hands and scalpel opened his chest at the fifth interspace. The diagnosis of cardiac standstill was easy, as was immediate cardiac massage. Other personnel had called the clinic's other physicians, and shortly we were conferring as to what intravenous medication might be helpful for the patient. At that time, the patient's heart began to fibrillate.

This clear sign of life was cause for anxiety because the only defibrillator we knew of existed in the operating rooms at the University of Minnesota and Mayo Clinic. My partner, senior to me by a year, quickly urged our nurse to find a lamp cord, tear it off the lamp, and bring it to us immediately. She brought the lamp cord, and he stripped off the ends of the wires with his knife and wrapped them around 20 gauge needles (all steel in those days). I was prepared to step back as he pushed a needle into each ventricle. At the last moment, I reminded him to don rubber gloves so I would not have 2 pulseless patients!

I stepped away from the patient, my partner inserted the needles, and the nurse shoved the electric plug into the socket and yanked it out a split second later. My partner retrieved the needles in the next second, and I looked in at a quiet heart. I prepared to resume massage when the heart gave a weakened beat, then another, and suddenly the heart was beating with a strong and regular rhythm. The patient became pink in seconds and started to move. To finish the procedure, I dusted the patient's pericardium and chest cavity with penicillin powder. Closing the patient's chest was simple but hampered by our exuberance!

After a few days our laboratory/radiograph technician performed a Stanford-Binet intelligence test on our patient. No significant problems were found, and within a few days our patient was ready to return home.

Time magazine picked up the story, and we received messages from as far away as Germany. My partner and I were invited to report our experience to the State Medical Association of Wisconsin.

A few weeks after the procedure, I sat down with the patient at our office and told him that I had no good idea what we should charge him for the unorthodox procedure. He quickly countered with, "Doc, you received so much good publicity from all of this, you don't need any of my money." I agreed, and we wrote it off.

—Joseph C. Belshe, MD
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