

My First Patient

by [Peter Glassman](#) (July 2023)



In the Gardens of the Military Hospital III, Fritz Friedrichs, 1915

I finally finished my MD, PhD program at Boston University School of Medicine in 1968. It was a six-year program. I got

married in my second year of medical school. My son David was born in 1967. Life looked good. I even received an Assistant Professorship in the Department of Pharmacology. It looked like everyone wanted me. In January of 1968, I received a letter from Selective Service endorsed by the President of the United States. The Vietnam War was raging and I was drafted!

I almost panicked. The Dean of the Medical School advised that I contact my Selective Service Board via the Senator representing my home of record in Medford, Massachusetts. Senator Ted Kennedy resided more in Washington than he did in Boston. However, I did manage to get an appointment.

Ted Kennedy looked my age. I asked about deferment due to my medical research, my new baby, my chronic anemia, and lack of an internship due to my MD, PhD degree program.

"Okay, you have a definite out. You haven't completed your internship and therefore you don't have a medical license. President Johnson cannot therefore use you in an MD capacity." Kennedy was sincere and calm.

"What about my family status, Senator? I have a new baby. Don't they draft single men first?" I wanted more than just a no internship deferment. "And remember my operation when I was nineteen. I had half my stomach out for bleeding ulcers. I have chronic anemia now and I have certain food intolerances."

"I'll try a few things, Dr. Glassman. There's a war going on and during wartime certain restrictions to military service are waived."

My wife Barbara seemed less anxious than I was. Barb was just under 5-foot with a perfect figure even after the first pregnancy less than a year ago. She was more stable about what I perceived as a domestic crisis. She also believed that "what will happen will happen whether you agonize over it or not—so just don't bug me."

Barb would never develop ulcers.



I was a bundle of nerves until Monday and more so when Kennedy's admin contacted me and said, "You're in luck, Senator Kennedy's Aide called and verified a solution is afoot."

I was sweating, passing gas, and about to face Senator Ted Kennedy who had survived worse social problems than having a wife and a child. Kennedy smiled as he stood up to shake my hand across his neat dark mahogany desk. He looked at his watch after the handshake. "I have to catch the DC shuttle in two-hours. I made a few phone calls on your behalf and here's where we stand." Kennedy motioned for me to sit down in the chair to the right side of his desk facing him.

I was excited, "Senator, I outlined the list of reasons again for my possible draft exemption." I pointed to the documents in front of him.

He gave me a time-out sign with his hands. "I read everything and already talked to the draft board. I also called several people at the Bureau of Medicine and Surgery who deal with these issues." He folded his hands and his smile turned to frankness. "The Vietnam War needs your MD not your PhD. It's why you got your notice."

I raised my hand to interrupt.

"Let me finish. I put a lot of work in on your case. It's my job to look out for my constituents." He sipped from a Harvard coffee mug. "Your job at Boston University is on hold until we resolve everything—which we will do this morning. Let me talk about your health issues. During wartime, doctors are not waived from military service unless they have a terminal illness, which you do not. However, with any medical condition which requires special needs as to diet, medication or

monitoring, your health status will render you not a candidate for front line, under fire, tactical, or combat orders.”

I swallowed hard and could feel the sweat slowly moving down from under my arms. I was trying to concentrate on farting in silent mode. The air around my chair was getting ripe.

Kennedy folded his hands, “Marital status is not a deferment issue for doctors. So we’re left with the matter of your not completing an internship and therefore not eligible for a medical license. The law states categorically that to practice medicine in the military you have to be licensed by one state in this country.” He sat back and tapped his pen on his desktop. “Here’s the good news, Dr. Glassman. Your country needs you in your MD capacity. Ordinarily you would report to the Department of the Army Medical Corps, however, they have no open internships—nor does the Air Force. We are fortunate that the US Navy has one opening and it’s close to Massachusetts.”

“What are you saying?” I could contain myself no longer. I wanted out, not a military solution.

“St. Albans Naval Hospital is in Long Island. They have one intern slot which is perfect for you. Because you received your MD last year your date of rank is one year longer than any of your intern class. This means you outrank everyone in your class and will be their ranking officer and chief of your intern class.”



I was a wreck. What will I tell Barb? I told her the truth. Our life was taking on a new direction.

She gave me a hug. “We’ll be close to New York City. We can go see the Broadway plays. It sounds like fun.”

I frowned. It didn’t sound like fun.



Our housing wouldn't be available at St. Albans for three months. I had to report to the Executive Officer of the Navy Hospital who sent me and my entire Intern Class to the US Navy Uniform Shop in New York City. My mentor for leading my 27 interns was the Chief of Urology, Commander Edmund Mitchell.

Mitchell and I had daily one-on-one meetings to discuss how I would manage my classmates. "Peter, we get over 40 stabilized wounded soldiers admitted here each day. Your interns are responsible for their admission history and physicals. You are responsible for triage. You must make sure every patient gets to the ward their diagnosis warrants. Remember, St. Albans has 2100 patients, most of whom are military casualties. The rest are military dependents and retirees.

In actuality, my interns had more recent experience in treating patients than I did. They came directly from graduating medical school to continuing hands on medical care. I, on the other hand, got my MD in 1967 and spent 1968 finishing my PhD dissertation on high blood pressure research. I had been away from treating patients for a whole year. And the US Navy put me in charge!

The first day in our fresh, crisp, white uniforms, I faced them all with CDR Mitchell in attendance. We had two females in our class. "Ladies and gentlemen, as Dr. Mitchell has said the chain of command for our internship class is through me to Dr. Mitchell. That means I get all problems, questions, and complaints from you, and about you. I channel them to him if needed."

Most of the interns seemed attentive. One of the females was polishing her nails. Two of the men were asleep. I raised my voice, "I want all eyes and ears on what goes on at this meeting to focus on our job as doctors." I woke up the two sleepers and started down to the nail polisher.

I cleared my throat, "You all have assignments. Those who are in dependent medicine—obstetrics, pediatrics, retirees—are still required to assist in the admission of air-evacs from Vietnam." I paused, "That includes me."

Dr. Mitchell then gave a pep talk about welcoming the injured troops and ended with, "Unlike civilian internships, here at St. Albans, any fever of unknown origin in wounded patients is malaria until proven otherwise. Similarly, infections may be due to organisms unique to Southeast Asia. All Interns must confer with their Residents when you complete your patient admissions. You will learn much from them."

I dismissed the class sending them each to their respective medical specialty. Mine was orthopedic surgery. I was nervous. As soon as I left the conference room my pager light flashed. We didn't have beepers. With our daily census so high, the beeps would be constant. My number was 580. It seemed to flash with a sense of urgency. Off I went to the orthopedic ward to see my first patient after a year of writing and defending my PhD thesis.



Orthopedics (ortho), plastic surgery, and general surgery patients were the most numerous of Vietnam returnees. Ortho casualties were classified into fractures, infections, and semi-acute care admissions. Initial combat injuries were mainly from Claymore mines, shrapnel fire, bullet wounds, and grenade detonations. St. Albans had four ortho wards in the main buildings and six ortho wards in the minimum care unit for recovery and chronic care. Dr. Jacob Douglas was the ortho surgeon of my assigned ward, D-4, and I was the Intern in charge of it.

Douglas motioned me to a curtained enclosed bed as soon as he saw me enter D-4. He stared at my name plate as he donned a sterile gown and motioned me to do the same. "Dr. Glassman, we

need to do a bedside debridement on this Marine's leg injuries. Tomorrow morning we take him to the OR. Your job after we finish here is to call the OR and schedule him for the infected surgery room. We'll be last on tomorrow's schedule like with all wound infection cases."

The corpsman drew back the curtains for our entrance and immediately slid them closed to continue to isolate the patient. I was introduced to Marine Lance Corporal Martin Prentice. He was laying on his back with thigh leg pads raised on pulleys and ropes to keep them raised off the mattress. Prentice was missing his legs below each knee.

I had never seen anything like this. I forgot my anxiety and being on the pity pot. I was now obsessed and eager to help this poor soul. He had red hair, a freckled body, a Marine insignia tattoo on his left shoulder, watery blue eyes wide opened and searching for some words from Douglas.

Douglas handed me a syringe, "Prentice, your pathway to get new legs begins now. Dr. Glassman will give you some pain medication while we clean up your wounds. Before you get too sleepy do you have any questions for us?"

"Yes, Doctor, why do I feel like my legs are still there? Will I still be able to be a Marine with new legs? I want to go back to Nam and get those suckers."

I gave the intravenous morphine and watched as his freckled eyelids got heavy. Douglas looked at me and motioned he would answer. "Prentice, your brain right now only remembers where your legs were before the Claymore mine was triggered by the enemy. Your combat days are over. We'll discuss your options for the future after we finish tomorrow's surgery."

Prentice seemed to digest the first statement but his eyes were closed and he was soon asleep from the morphine and missed the latter. I was to learn that all wounded Marines seemed to remain in combat mode and want to return to the

front lines. In fact, Douglas later told me that Marines never give up, but reinforcement as to their continued value and importance as non-combatants was paramount. Most wounded warriors responded well to redirection if their sense of worth is reinforced.

My D-4 Navy Hospital Corpsman, Jackson Feeny, was of considerable help. He anticipated our needs and helped with cutting the dead tissue remnants from Prentice's traumatic stumps. We found bits and pieces of his uniform and Vietnam vegetation during our tissue debridement.

Later that night, after assisting in the admission and examination of a 45-man Air Evac I visited Prentice. The curtain on his ward bed was open. The head of the bed was raised and a covered tent over his lower body kept his wounds free from any pressure. I had written for a pain dose of morphine for every 6 hours around the clock until we took him to the OR. He was arousable and remembered my name.

"You're my other doctor ... Dr. Glassman?"

"That's right Corporal Prentice." I added, "From now on you can call me Doc, Lieutenant, or anything else that isn't profanity. Do you go by Martin or Marty?"

This produced a slight grin. "Okay, Doc, Marty will do fine."

Douglas told me to always be up front with the casualties, especially severe ones like Marty. "You had your first visitors today. How did it go?"

Marty shifted his head on two pillows and again an attempt at a smile was forthcoming. "My mom and dad were glad to see me alive. My younger sister asked me if I'd be able to walk again." His voiced then turned to an almost whisper model. "And my fiancée asked if I'd be able to still have sex and produce children."

Somehow, I didn't feel awkward with this conversation. I still search the answers for why I no longer felt sorry for myself and the abandonment of my academic medical research career. I faced Marty eye-to-eye and said, "I asked Dr. Douglas the same questions and the answer is yes to all, especially the last one. After all you'll always be an ex-Marine, and you didn't get your testicles shot off."



After two hours in the OR, Douglas and I mobilized large flaps of skin over the lower parts of each intact knee joint. Antibiotics, pain management, good nutrition, and above all else, good attitude, would put Marty, and me, on a pathway to returning him back to society.

At my daily Intern meeting, the importance of positive thinking and open interaction with the wounded returnees was stressed. I gave Marty as an example. His stumps healed well enough to transfer him to a VA hospital for rehabilitation and leg prosthetic fitting. I made sure that his visitors included other former wounded Marines with prosthetic legs. They infused a sense of positivity for his future. Marty engaged in active conversation with them and his attitude changed from revenge to recovery and plans for the future.

I followed his progress with the VA and Marty actually called me the day he took his first steps. I can only say that the egocentric world I lived in prior to getting my draft notice was gone forever. No matter what I'm doing in medicine, in my specialty of anesthesiology and pain management, I always treat patients like humans. They all have a life. We all have a life.

I'll never forget Marty, who went on to become a Lawyer with his total schooling and new legs paid for in his support of his country. As for me, I still maintained my interest in treating patients and used my medical research PhD training by

directing clinical trials for those patients for whom current therapy is not working. My experience has taught me that hope, is one of the most important functions of being a caregiver and care receiver. We can, and, should, transmit hope and encouragement to each other as part of being alive.

[Table of Contents](#)

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