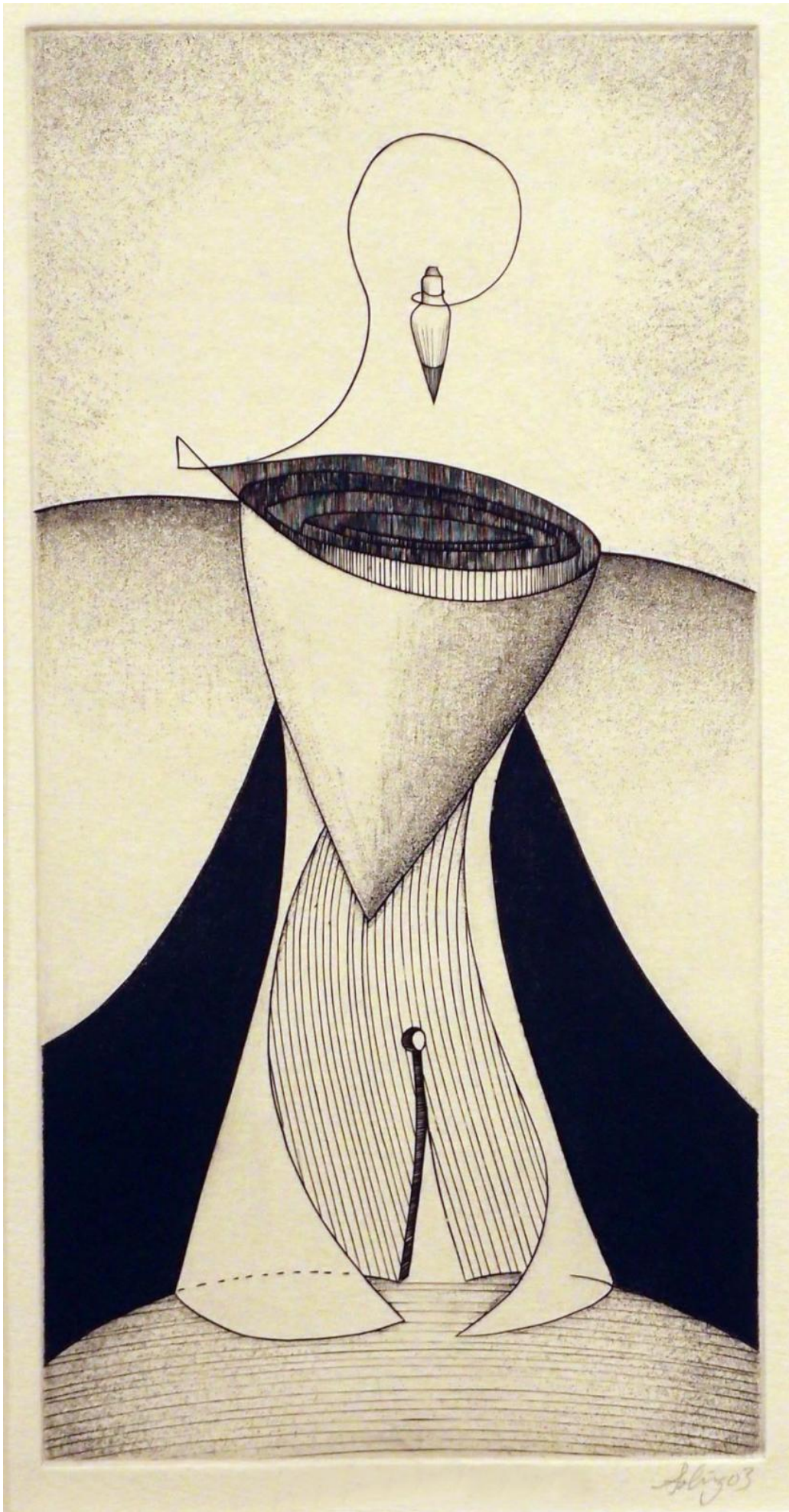


# The Plumb Bob



Plumb Bob Woman, John Saling, 2003

**Dr. Michael Waxman arrived home** from a hectic day. He walked through the TV room. His two younger children had the volume up and were watching a Sponge Bob cartoon fantasy. They ignored his greeting. He saw his wife in the kitchen.

“Barbara, don’t the children have homework or something? They’re mesmerized by that artificial square sponge character. You know, that Sponge Bob.”

She looked up at him and started to laugh. “Sponge Bob.” She stood up laughing and then kissed him on the cheek. “Had a long day, huh? Want supper?”

“I’m not even on call today. I think I chose the wrong specialty. I should have gone off duty early, but we had an overload of emergency cases.”

She gave him a hug. “Oh stop feeling sorry for yourself. You love being an anesthesiologist.” She began laughing again as she walked by the children still glued to the cartoon.

Michael stared at her, “What is so funny?”

“Everything time I see or hear that Sponge Bob program, I think of what happened to you in Landstuhl, Germany when the Army sent you to replace the Chief of Anesthesiology.” She broadened her smile. “You remember that character you met?”

Michael gave her a peck of a kiss on the cheek. “Dr. Hoeckle Schlinger, yes.” He laughed with her.

Later in bed awaiting sleep to happen he reflected on that time in Germany. It was on his 39th birthday that he got the call from Army General Walton, the head of all Army Reserve Units in Delaware. Michael enjoyed his one Army Reserve weekend a month and the two weeks every year of annual

training with the Army. If nothing else it made him more appreciative of his home life. His service in the Navy during Vietnam took him away from domestic life for months at a time. He could hear the General's words from that phone call as clear as when it happened that warm June in 1985.

"Major Waxman, a situation has occurred. The Army needs you for an immediate temporary assignment. It will take the place of your two week annual training, sort of."

"But sir, I have obligations to my current hospital practice and my research at DuPont Pharmaceuticals."

"Major, if you accept this assignment, I will never forget it or your devotion to duty to your country."

Michael knew what that meant. If he didn't take whatever the Army requested, he could be activated and sent to the worst Army outpost on the planet. "I'll certainly do this, sir—once I make arrangements here in Hockessin. What did you mean by 'sort of' take the place of my two weeks annual training?"

"You're a good soldier, Major Waxman. You leave for Landstuhl Army General Hospital in two days. I've already made the adjustments with your Anesthesia department and DuPont. Tomorrow morning, a car will take you to the reserve center for your passport. This duty may extend beyond two weeks.

"Passport, sir? Where is Landstuhl Army Hospital?"

"Landstuhl, Germany, of course."

Michael arrived at the Frankfurt airport and then endured a four hour Air Force bus ride to Ramstein Air Force Base. He was the only passenger. The Air Force driver handed him a large envelope.

"Where's Ramstein, Corporal?"

"It's adjacent to Landstuhl, sir. You'll be staying at the Bachelor Office Quarters at Ramstein Air Force Base. The details should be in that envelope, sir."

Michael was amazed at the size of Landstuhl Army General Hospital. It was the main military receiving hospital for the entire US European theatre of military operations. He was introduced to his anesthesia staff and given the tour of the OR suite. During a hot breakfast the assistant chief of anesthesia led the briefing on the day's cases. Major Frederick Creadle summarized the schedule.

"Dr. Waxman, you're allowed off duty at 1400 hours to catch up on your jet lag. One thing that's important for your indoctrination is to meet and supervise one of our civilian anesthesia staff. For local public relations the Army and Air Force employ local MDs as part time healthcare assistance. We have one such for anesthesia. His name is Dr. Hoeckle Schlinger. He's a GP who's been giving anesthesia part time at Landstuhl for over ten years. The Chief of Anesthesiology, which is you, is responsible for overseeing him."

Waxman looked around the conference room and back at Major Creadle, "Does this Dr. Schlinger need such oversight?"

"Well, he does have some unorthodox techniques. Some of our surgeons won't have him for their anesthesiologist. Schlinger is here this morning and you'll be with him." Creadle smiled, "Don't worry, no patients have been harmed from his work here."

The surgeon assigned to Schlinger's cases this morning singled Michael out before starting his scrub. "Dr. Waxman, this German GP doesn't really relax the patients. They're asleep but sometimes they move like they're going to wake up. I'd

appreciate it if you can smooth out his anesthesia technique.”

Michael nodded, “I’ll be with you and Schlinger all morning. I have yet to meet him.”

A tall man with some white hair sticking out from his scrub hat and what appeared to be a sharp-pointed nose behind his surgical mask motioned Michael over to him. “I am Dr. Hoeckle Schlinger. It is with pleasure to meet with you. I understand you will be with us for two months, perhaps?”

They shook hands and went into the OR. Schlinger continued, “I use primarily the technique of barbiturate anesthesia—Pentothal®. Do you know it?”

Michael maintained eye contact, “I know of several Pentothal® methods. In the US we use it just for induction...for first putting the patient to sleep.”

Schlinger checked out the anesthesia machine and sorted his drugs for a sequence of administration on the wheeled anesthesia cart.

Michael watched as the first dose of Pentothal® put the patient out and a combination of oxygen and anesthesia gases was dialed in from the machine. The surgeon made his first incision. The patient moved.

The surgeon stopped, “Dr. Schlinger, please, I can’t operate on a moving target.”

Schlinger gave another Pentothal® dose and the surgery proceeded. A total of twelve doses of Pentothal® were given, each one after the patient made a purposeless movement. Michael approached him in the recovery room.

“Dr. Schlinger, you gave a lot of Pentothal®. This patient may not completely wake up for another twelve hours.”

Schlinger’s brow furrowed producing the only wrinkles on his

otherwise youthful fifty-year-old face. "Ah, Dr. Waxman, is that not good and better than waking up to pain right away."

Michael remembered his advice to nurture and not criticize this civilian GP. "We should talk later. I'm familiar with other Pentothal® techniques that I'd like your opinion on."

"Ah, gut, we can have lunch."

Michael found Schlinger to be intelligent and very knowledgeable about general medicine, anesthesia, and pain management.

Schlinger thanked Michael for his professional presence, "I would very much like you to spend a day in my private practice. You can meet also my family at dinner on that day. You will do this, yes?"

"Yes, I would enjoy that, I have off one week from today. Does that fit your schedule Dr. Schlinger?"

"Ah, yes, and please to call me Hoeckle when we are alone. I will arrange for you to be picked up at eight o'clock." They shook hands.

"I look forward to it. Please call me Michael. I would also like to show you my technique for Pentothal®. A continuous intravenous Pentothal® drip plus low dose muscle relaxant throughout the surgery keeps the patient from moving. I never use more than two grams. We can compare results."

Michael had several adventures while at Landstuhl, but he'll never forget his day with Hoeckle Schlinger, which came all too soon.

Schlinger took him to his office, which was in a community

hospital ten miles from the Army facility. Schlinger's waiting room already had several patients, which included women in various months of pregnancy. Michael sat next to the large dark wood desk in Schlinger's private office.

"I see your office is just off the delivery room area in the hospital."

"Yes, Michael, never do I miss delivering a baby, being so close. My first patients this morning are mostly pain management complaints. And then I have pregnancy visits to me until noontime."

Michael smiled, "Hoeckle, I am greatly interested in this infrared light technique you told me of to detect pain trigger points and assess success of treatment."

"Ah, yes, you see in Germany we have such devices for many years now. Come, you will see on the first patient."

A young nurse opened the door for them to a treatment room and introduced the patient. "This is Mr. Schroeder. A ceiling fan fell some weeks ago glancing his head." She pointed to a shaved area of the patient's left scalp. "I have prepared the site, Dr. Schlinger."

"Very well, first I apply this infrared sensitive solution over the entire scalp. Now, and before I ask Mr. Schroeder to point to where is his pain, we look through this lens after we shine an infrared light on the prepared tissue."

Michael's eyes widened, "There are several different colors shining bright. What are we looking for?"

"The bright red spot has concentrated in the area of pain." Schlinger confirmed this was the pain trigger point by asking the patient to point to where it hurt. "Now, I give the local anesthetic into the red spot."



The red spot disappeared. The man's pain disappeared. "How does this work? It's not in the American literature."

"Ah, Dr. Waxman, the pain from the trauma is from a kinin which absorbs heat where the tissue is damaged. When Mr. Schroeder comes back tomorrow, we will inject 100% alcohol into the spot for permanent relief. We cannot do it now because the anesthetic has too much water in it. The alcohol works to deaden the tissue by totally dehydrating the affected sensitive area."

Schlinger's next unique demonstration was a method for determining the sex of an expectant child with his obstetric patients. His first one was in her last weeks and wanted to know the sex of the baby for her family and friends to provide the correct baby gifts.

"Ah, Mrs. Goetter, I can do this after today's examination." Schlinger went through the obstetric health check list and found her well. "Okay, I must now turn the table slightly to the left." He signaled the nurse who tilted the examination table and handed him a small box.

Michael kept silent. He hadn't a clue to what was coming next.

Schlinger removed a long shiny wire from the box, pulling it out slowly to a two foot length. Attached to the other end was a two-inch, bright, shiny, silver-gold arrow-shaped object. "This is a plumb bob," Schlinger said. "You may have seen such used by surveyors or construction people to determine level of structures. I suspend the plumb bob over her belly button, underneath which is the amniotic fluid. The plumb bob will move to the right or to the left depending on the type of genitalia."

Michael, the nurse, Schlinger, and the patient watched as the plumb bob rotated to the left. Schlinger smiled, "It is a boy."

The woman produced tears of joy. Michael said nothing.

When Michael returned home after two months, Barbara asked him about his experiences. He had had several but none so unusual as the plumb bob incidents. Once doubtful as to its real efficacy, he had to submit to Schlinger and now Barbara that the technic worked. The plumb bob had been correct in its sex prediction 100% to the thirty deliveries Michael had witnessed. Amazingly Schlinger's patient records showed sex accuracy for his 800 deliveries from the past five years.

Barbara asked, "Don't we have something like this in the US, dear?"

"No, but the use of ultrasound is being investigated to do the same thing."

She smiled, "Leave it to US Capitalism to develop something expensive. Have you told your OB friends about the plumb bob?"

"Yes, I even bought one and it worked. Eric, the Chief of Obstetrics laughed and told me not to use it anymore because it was not scientific. I was right every time, too." He sighed, "They all laughed whenever I used the plumb bob. And some of the patients were afraid of the thing." He touched her shoulder, "And before you ask, the infrared pain technique was never approved by the FDA because they couldn't agree as to whenever the technique was a device or a drug."

Michael woke up in the morning not thinking about his nighttime reverie. Two days later, however, he arrived home to the same TV domestic noise. Barbara started giggling when she saw Michael.

"What's so funny?"

“The kids are watching that ridiculous TV cartoon about Sponge Bob again. I still can’t stop thinking of you trying to sell the plumb bob sexual determination method to the hospital.”

They both laughed.

Michael touched her hand, “I can tell more stuff about Landstuhl, especially about a nerve stimulator I used.” He shot a glance to the TV room. “But we’ll have to wait until the kids are asleep for that one.”