

# The Thin Line of Life

BY EILEEN HIGGINS DRISCOLL

**I**n the winter of 1944-45, I was a first-year nursing student at St. Mary's Hospital, Brooklyn, NY. When I compare the medications, techniques, and machines that are available today with what we had to work with then, it seems like a miracle that anyone survived. World War II was raging, and although we had sulfa drugs, penicillin was allocated for men in service. It was not always available, even for critically ill civilian patients.

I was assigned to an 18-bed men's medical ward. One day I was told to set up an isolation unit in the ward for a 16-year-old young man who was being admitted from the emergency room. The diagnosis was spinal meningitis, almost a death sentence in 1945. I was only 18 myself, and I felt very keenly for this boy.

When he arrived in the ward, I saw a vigorous, strong body that was almost unable to move. He gave me a pleading look from glassy, sunken eyes that showed the panic he must have been feeling. He was chalk white and covered in perspiration. He watched every move I made. His speech was slurred, but he understood what we said to him. I wanted to cry for him but that wouldn't have been professional. His poor mother was beside herself with alarm. We explained to Ted (not his real name), that our hospital chaplain would bless him and then his mother would have to sit in the waiting room while we gave him his treatments. After a tearful blessing, his mother left reluctantly.

Fortunately, the hospital had a dedicated new intern on staff. He placed frantic calls for penicillin for Ted to key agencies. The answer that always came back was, "We will try, but we cannot promise you anything." We never did get penicillin for Ted, and the only drugs we had to treat him with were the sulfanilamides.

The treatments were difficult, consisting of a spinal tap every four hours to remove spinal fluid and replace it with sulfa solution. I assisted the intern with the spinal tap twice on my shift by preparing the spinal tap set and supplies. We didn't have disposable materials; we cleaned and



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reused clumsy rubber tubing, which was fitted to a spinal manometer. We recycled needles, which we sharpened on a whetstone. We had to wash, dry, and powder our surgical gloves. Everything was sterilized in an autoclave.

To administer the spinal tap, we turned the young man on his side, and I held him in position. The procedure was painful for Ted, and we gently comforted him with encouraging words. He was a trouper.

When my shift was over at 3:30 pm, I didn't want to leave, and the sister in the office allowed me to stay for the next shift. Ted and I were now unspoken buddies, and I unwillingly left for bed at 11:00. I doubt if the doctor got any sleep at all beyond an hour or two in the doctors' lounge.

The next morning, my day off, I was back in the sister's office bright and early. I begged her to let me work with Ted, and she granted my wish. We continued the spinal taps, and Ted responded well. When he recovered, we all rejoiced.

About 15 years went by, and I married, moved to another town, and found work in a hospital. Just before my shift ended one day, I was called to the office to bring a patient up to the floor for admission—a courtesy we did in those days. The patient was a young man who looked at me with a big smile and said, "Hello, Miss Higgins."

"I'm sorry; I can't place you," was my response.

"I'll never forget you. You saved my life. I'm the kid that had spinal meningitis."

Oh, what a thrill. It was like finding a long-lost relative. I told him I was on my way home and promised to visit him the next day. He was in the hospital to have surgery for a hernia the next morning.

The next day, while walking down the corridor of my unit, I overheard a snatch of conversation between two doctors. "You never lose a hernia. They are trying to figure out what happened."

I never visited Ted. I couldn't let myself know if the "lost hernia" was my Ted or someone else. I still find myself hoping that it was someone else. □