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THE DAY THE FUSE FOR THE PROCTOSCOPY ROOM BLEW

The executive physical examination, so I used to think, is a relaxing interlude in an internist's day. It generally provides pleasant company, good remuneration, and relatively little stress.

I've learned, however, that it doesn't always work that way.

I had set aside a sizeable block of time to examine Mr. J. H. He was an executive directly in charge of the Persian Gulf operations of a major international oil corporation, and had three weeks in the States before returning to his middle-east headquarters. During that interval, his company had requested that he obtain a full physical. He'd been referred to a large multi-specialty group in Southern California; however, one of my patients, a lesser executive with the local branch of his corporation, had recommended that he see me.

I was pleased. I pictured a relaxing stress-free two hours before I'd have to return to the real world of sick patients, obscure diagnoses, and pains that should but wouldn't go away.

I met Mr. H. in my consultation room as my first afternoon patient. He was a man of pleasant but dignified demeanor, fifty-four years of age, casually dressed in a fitted velour shirt and checked trousers. His voice was soft but deep, with a quiet, commanding quality. He handed me a letter from his company stating the requirements of the exam: history and physical, lab, chest film, electrocardiogram, exercise stress test, proctosigmoidoscopy, and written report.

At this stage, I have to digress by describing a quirk of mine, one that I suspect is not unique. Even after many years in practice, I'm still overly-impressed by a certain executive type. Oh, the average executive, the hale-fellow-well-met, I can handle fine: the hearty handshake, casual banter, then the brisk and business-like exam. But--well, the super-executive, the staid and imperturbable kind, the one I see in a Robert McNamara or David Rockefeller image--this I have difficulty handling. I tend to talk too much, to explain

too fully, to have this embarrassing need to fill in the silences.

Mr. H. was just such a person. In his calm, low, self-assured voice he answered all my questions briefly, simply, and to the point. He was essentially symptom-free. Taking the history, I felt uncomfortably that I was doing much more talking than he. And during the exam, I found myself explaining in intricate detail why I was checking his fundi, what I was feeling for under his right and left rib cage, why I was feeling for pedal pulses--all the while feeling foolish for my uncharacteristic gabbiness. Throughout, Mr. H. maintained his quiet, unflappable, self-confident composure.

We were almost through, in fact down to the final procedure; and, even though it hadn't been one hundred percent stress-free from my point of view, things were still going along swimmingly. Then came the first hint of a break in Mr. H.'s sedate self-assurance. I said, "If you'll slip on this gown, we'll move into the proctoscopy room."

"What's that?" he said.

I explained that it's a room with a specially

designed table that's more comfortable for performing proctosigmoidoscopies.

"What's that?" he repeated.

"Oh, it's just a rectal exam with an instrument. Actually, it's more commonly simply called a proctoscopy. I'm sure you've had one before."

"I have not!" I pictured his using that same tone in a boardroom as he tells a junior vice-president that he's just made an absurd suggestion.

I escorted Mr. H., bedecked in a loose-fitting krinkle-cloth gown, down the hall to the room with the Ritter proctologic table. He walked slowly but stolidly, clutching the folds of the gown together behind him. I gabbed on about the incalculable diagnostic merits of the procedure, wishing all the while that I could shut up.

We entered the room. The proctoscopy table was already set up in its offset Z position. Actually, I was pleased with this newly acquired electrically operated table. I had a bad back, was just getting over a recent flare-up, and the acrobatic capacities of the table served as a great solace to my tight quadratus lumbori. To Mr. H., however, I pointed out the comfort it provided for the patient. He was more interested in other contents of the room.

"Where is the instrument?" he asked, his voice deeper and more commanding than ever.

I uncovered the 25 centimeter disposable sigmoidoscope, again feeling it necessary to over-explain its relative comfort, the sterility advantages of its disposability, and other trivia that could well have been replaced by a discreet professional silence on my part. Mr. H. stood stiffly. His composure had definitely changed.

I helped him position himself on the table. He clutched it like a contestant preparing to ride the artificial bull at Gilleys. "Please relax," I said, "it's only a routine exam." He clutched the sides of the table still harder.

After draping the executive buttocks and tightening the leg strap, I pressed the appropriate foot-pedals and the table rose, then the head tilted part-way down. I did a simple rectal exam. "I'm just doing a simple rectal exam," I said.

He said nothing.

Then I pressed the intercom button, and by our usual pre-arranged routine my nurse quietly and discreetly entered the room. I lowered the head of the

table further and his buttocks protruded upward toward the ceiling. I inserted the sigmoidoscope. My nurse turned off the lights and started the suction.

Mr. H. maintained his silence. As I proceeded, I continued my unceasing monologue about what I was doing, how excellently prepared was his colon, how normal were the findings so far. In the dim light from the draped window I noticed that his skin was moist.

I was at 15 centimeters when he interrupted me. "It's cold in here," he said.

Actually, I was sweating. Still, that voice, even though it had added a quaver, retained its commanding quality. "Get the heater," I hissed at my nurse.

She ran off and quickly returned with the small portable electric heater we keep for temporary use. She plugged it into the wall.

"It'll be warmer in no time," I said cheerily.

"When will you be through?" He was getting almost loquacious.

"We're almost past the worst part." I was perspiring more heavily. There was a mucosal fold at 16 centimeters that blocked my view. I used my foot to

press the "Head Down" control further. His buttocks once again began their ascent toward the ceiling.

Then the sigmoidoscopy light went out. I could see nothing.

The bulb must have blown. What a hell of a time for it, I thought. What a hell of a time!

I jiggled the controls and nothing happened. At the end of the tube was only the primordial blackness of the unexplored lower bowel. The sole illumination in the room was the faint light coming from the drawn drapes. I paused, wondering desperately whether I could manage to change the bulb without relinquishing the already achieved 16 centimeters.

"Is anything wrong?" His stentorian voice seemed to rise from the floor and fill the darkened room.

I decided to cut my losses. "No, no, we're through now," I sighed.

I pressed the "Head Up" control.

Nothing happened.

I shifted my foot and pressed the "Lower Table" control. Still, nothing happened.

I became aware that I no longer heard the soft whirr of the portable heater.

"Turn on the light," I said.

The room stayed dim.

My voice rose. "I said turn on the light!"

"I did," said my nurse. "It won't go on."

With an unearthly feeling, it finally dawned: nothing electric was working. I'd never operated the table and electric heater simultaneously. The damned fuse had blown!

"What's happening?" intoned the voice from the floor.

I withdrew the sigmoidoscope. "I'm afraid that we blew a fuse.....But, we're through."

"Get me down!"

"It'll just be a minute. The table's electric. We'll have it operating as soon as we flip the fuse."

My nurse drew open the drapes and light flooded the room, revealing Mr. H., his head to the floor, his buttocks and legs pointing skyward. I pictured the Titanic in just such a pose as it prepared for its final dive.

I opened the door. "Get Dr. R.!" I yelled. The receptionist ran down the hall, and my partner appeared.

"The fuse blew," I said helplessly. He stared into the room and assessed the situation. He started to smile, but had the sense to suppress it.

"I'll fix it," he said, and ran off.

He reappeared. "Where's the fuse box?"

My heart sunk. I didn't know. We'd been in the same office for years and no one had ever needed to use the fuse box. He dashed off again.

"I can't find it," he called. "We'll get the janitor.

I heard my receptionist's excited voice on the phone as she spoke to the building business office. "Well, if you can't find him, at least tell us where to find the fuse box.....Well, find him, then!"

Mr. H., once again maintaining his deadly silence, was making struggling motions on the table.

I thought of my bad back, and of lifting him down from the inverted table. "Try to relax a minute longer, Mr. H.", I said shakily. "We'll get you down." There was enough light to see his face suffused deep red down below.

My partner reappeared, panting. "No janitor, no fuse box," he said.

"I'm getting down," came the voice from the floor. His legs struggled in the restraining strap.

There's no help for it, I thought, as I miserably considered my undependable back. "Okay, everybody in," I called. "We're lifting him out."

My partner and our three office assistants gathered with me around the table. One grabbed each knee, two others held the armpits. I slid my arm under his belly.

Then, a voice came from the doorway. "You need me?" It was the janitor.

"Oh God, do we need you! The fuse blew--we can't find the fuse box."

He surveyed the situation, and had the poor taste to laugh. One look at my expression and he stopped. "Hell, it's right by the stairwell," he said, and disappeared.

We stood around the inverted Mr. H. like figures frozen in a portrait. I visualized an old photo I'd once seen, of astronomers clustered around the base of the Mount Wilson telescope, with Mr. H.'s legs and buttocks pointing skyward, majestically scanning the stars.

Then, the heater started whirring, the lights turned on, and the sigmoidoscope in the sink lit up.

I pressed the "Head Up" control and slowly, elegantly, Mr. H.'s body began to level. Then, abruptly,

the lights went out and the table stopped.

"The heater, turn off the heater!" I cried. My nurse yanked the cord from the wall.

I screamed for the janitor. "The fuse, switch it again!" The receptionist ran out into the hall.

The lights turned back on. Once again Mr. H.'s body began to level. His now undraped buttocks tilted slowly downward. His reddened face, which once harbored that unflappable executive visage, reappeared at eye level. Our eyes met.

"Let me lower the table before you get off," I said weakly. The room emptied of all but him and me. The table slowly descended.

I loosened the leg strap. Mr. H. stood up. His face, shaken, was no longer suffused with red.

I was drenched. "I'm sorry," I said. "Really, this has never happened before."

I think he smiled weakly.

Two days later, he phoned to learn the results of his lab work. I reviewed it with him, assured him he was in excellent health. I explained that the sigmoidoscopy was okay as far as we got, and if he wished to complete it, we could arrange another appointment.

He didn't think he'd have a chance before he had to leave for the middle east. I breathed more easily.

His voice had regained its calm, commanding quality. "I appreciate your courtesy and your evaluation, Doctor," he said. "Next time I'm in the States and require an exam, I'll make an appointment with you."

I think I can wait.