

AA Grapevine, February 1977



I Remember Dr. Bob

*As a student nurse, she worked with him
and learned to love him
long before she joined AA*

IN THE WORDS of the legendary Sister Ignatia, "He always seemed different from the rest...." And as a student nurse at City Hospital in Akron, Ohio, during the early thirties, I felt precisely the same way about Dr. R—H. S—. He *was* different from the rest, wonderfully different.

For one thing, he was neither pompous nor condescending. He didn't ignore me or, for that matter, any other student. Obviously unimpressed by either rank or status, he had the same greeting for every female on the staff, from first-year student to charge nurse or supervisor — a democratic "Hiya, woman!"

And in those pre-women's-lib days, when we'd step aside at an elevator or door so that doctors

could precede us, we all knew that Dr. R. H. S. would push us ahead of himself, just as he'd glare above his glasses and growl, "Sit down, woman!" when we'd automatically start to rise upon his entrance to the chart room (nurses' station, in today's jargon). Most unusual of all, he'd thank us after we'd made rounds with him or helped change a dressing.

These characteristics and memories came flooding back into my mind years later when I became a member of Alcoholics Anonymous and realized that my wonderful Dr. R. H. S. and AA's beloved Dr. Bob were one and the same man.

His now-famous admonition to "Keep it simple" was a pre-AA innovation. Dr. Bob always kept things simple, and the nurses who

scrubbed for him loved him for it. His surgical skills were admired and highly respected by nurses and doctors alike, yet he used fewer instruments and other operating-room paraphernalia than any other surgeon.

And never once did I see him exhibit the prima donna behavior employed by many surgeons when unforeseen or disturbing situations arose. Instead, on such occasions, his somewhat raspy voice would become soft and low. Orders were given quietly. The rougher the going, the more calm he became, and this attitude infected us all. A good many years went by before I learned that many times that remarkable man had been suffering tortures known only to us alcoholics all the while he had been relieving the tensions of those who were assisting him.

Most of all, he was kind, with an innate kindness he didn't have to work at. He possessed an inner strength, yet never threw his weight around. He never fawned in the presence of prestige or wealth nor patronized those whose position in life was less than his. He told us students that pain was the greatest leveler and that our suffering patients were all the same and should be treated with equal solicitude and compassion regardless of the location of their beds — charity wards or posh private rooms. And he practiced what he preached.

One incident reveals character

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traits of Dr. Bob that I believe had a positive influence on the providential principles of AA. During my third year, I had completed the most rigorous part of my training and was at last permitted to wear a black band on my cap. Now, more was expected of me, and I worked in constant dread of making an error and losing my coveted black band.

I had been ordered to assist Dr. Bob with a lumbar puncture on a patient who was not only uncooperative, but irrational. He thrashed around violently, making it difficult for me to hold him, while Dr. Bob, unruffled and speaking quietly to the patient, removed three cc's of fluid from the spinal column.

Dr. Bob grinned at me in his lopsided way and said, "Well, we did it, didn't we, woman?" Handing me the test tube, he added, "Better take it to the lab yourself, so we can be sure nothing happens to it. They'll need every drop for the tests."

Full of pride because he trusted me so much, I started for the lab. The tube slipped from my fingers and shattered on the tile floor, splattering the light yellow fluid in all directions.

Dr. Bob was in the chart room getting his notes up to date. Haltingly, I told him what had happened, certain he would, as a matter of procedure, report me to the director of nurses—and gone would be my

black band. He went on writing a long time, then looked up at me over his glasses.

"Well," he said quietly, "we'll just have to get some more. Set it up again, and let me know when you're ready."

Despite his gentle manner, I didn't dare hope I was off the hook. The patient must still be attended to. As I again struggled to hold him in the proper position, into the room walked my supervisor! In a low, suspicious voice she asked, "Didn't I see you doing this same thing to this patient a half-hour ago?"

Before I had a chance to answer, that kind, beautiful man looked up and said, in his New England twang, "Ayeh, we did. And this young woman was so concerned about the specimen, she volunteered to take it to the lab herself. But I dropped the damned thing before she could get hold of it."

As I stood stunned with astonishment and gratitude, Dr. Bob shed his surgical gown, mask, and cap, dropped them to the floor, muttered over his shoulder, "Thank you, woman," and strode out of the room.

A few months later, I was doing "three to eleven" on a posh private-room floor, a place not usually assigned to student nurses. I don't know why I was chosen for this

very special privilege; I only know I shall cherish the experience as I do no other in my life. It was the fall of 1935, a date significant to me now, but not then. It was only a few months after Dr. Bob's last drink.

I was passing the elevator when its door clanked open (elevator doors didn't glide in those days), and I was startled to see Dr. Bob shove, and not gently, a dirty, unkempt, unshaven, and obviously intoxicated man out into the hallway. I'm sure my surprise showed. This type of patient was never seen on M3. He obviously belonged two floors below in the charity ward. But Dr. Bob, steadying the lurching figure by the scruff of the neck, peered at me over his horn-rimmed glasses and said, "Now listen to me, woman! I want you to do *exactly* what I tell you to do. *Exactly!* Forget all about those things they've been teaching about admitting patients. I don't care what your charge nurse tells you. Don't undress him. Don't give him an admission bath. Forget about the urine specimen. Don't do anything—do you understand? Nothing! I don't care if he wets the bed or pukes all over it. Don't change it. I don't care if he lies on the floor. Leave him there. Just one thing. He's gonna want a drink—I mean whiskey. Tell him he can have all he wants, just as long as he drinks an ounce of paraldehyde

before he has the whiskey. Remember, one ounce of each, whiskey [he didn't say *spiritus frumenti*] then paraldehyde. And, remember, woman, forget you're a nurse. I'll write the orders so you won't get in trouble. Put him in 306. They know about it downstairs. I'll be around tomorrow morning." With that, he strode down the corridor, his wild socks, as usual, showing below the cuffs of his blue serge trousers.

The offbeat patient did just as Dr. Bob predicted. He started to yell for a drink in a very short time. He got the paraldehyde and whiskey, then curled up on the floor, started to snore, and was incontinent of bladder. Three hours later, the procedure was repeated, and just before I went off duty, I looked in on him. He had somehow gotten into bed, but waved me away, saying, "I'm not gonna drink any more of that damned white stuff!"

And he didn't. I was told to stay out of the room unless he lit his light, but each day I'd look in, and there was always someone at his bedside—sometimes several people, including women. Then one day he walked into the utility room where I was rinsing out syringes. Surely this wasn't the same man! He was clear-eyed, shaved, and smiling. Not only that, he was courteous and obviously well educated.

The most peculiar thing about this man, however, was the fact that he talked about his "drinking problem." He didn't seem unhappy,

either. He said now he knew he was going to get better. He had hope! He told me, too, that he was a lawyer and had been born in the South. I don't remember what state, but I do remember that he said he belonged to Tau Kappa Epsilon. (I guess I remember that because I'd gone with a member of that fraternity in college.)

I don't know to this day any more about that patient, but I do know that I had the rare opportunity to see my beloved Dr. Bob in action – carrying that miraculous message just as it was carried to me not quite five years ago!

As I put these memories down on paper, I'm again overwhelmed by the conviction that everything about our program has been providential. From what I've read by and about Bill W., and from what I know from personal experience of Dr. Bob, I'm sure no two men could have been more different: Bill W., the impulsive, competitive power-driver (by his own account) and the unassuming, idealistic Dr. Bob. Yet, in my opinion, this was exactly as it should have been. They learned from each other and profited by their mistakes and shortcomings. They discarded their weaknesses and combined their strengths, and thus AA was born and has been kept alive and growing by members who follow the God-given guidelines set down by these two. God bless them both.

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