

"Aggie fell again!"

The Nursing Assistant stuck his head through the office door with the urgent news. For the Physician, who was interviewing a family, it was a call to action. "Excuse Me! "he said, getting up and striding out in one continuous swift movement.

Aggie, (not her real name) lay in the small clinic room down the corridor, fitted out as a mini-ER, protesting as always. The nurse who was stauching the flow of blood from her nose ignored Aggie's advice that what was needed for epistaxis was ice cubes down her back. She knew the medical term for nosebleed by now; she had suffered many, all resulting from falls during the past few months. Most of the time she had a "shiner" too, with perhaps a patch over her cheek or chin from the last encounter with the brick surface of the floor.

As the Physician packed her nose with gauze, then cleaned up her face, he tried to find out how she fell, but somehow the details were not clear. She knew she was walking down "The Mall" from her unit to the restaurant, unaccompanied, of course. She always refused people aiding her. The nurses had rounded up a couple of eye-witnesses, and these were on hand. The Physician grilled them closely, and had them describe the incident step-by-step.

"She was just going along fine, asking a few returning diners what the menu was, adding some savory comments about the choice, producing laughter as usual. Then suddenly she seemed to go down." said one.

"She didn't trip or lose her balance. Just down like being hit by a stray bullet." added another.

"Was she unconscious?"

"Well, if she was, it was only for a moment, then she was struggling to get up, and people were holding her, telling her to keep still, and wait for a wheelchair." Aggie hated wheelchairs.

Turning back to his patient, the Physician began a careful palpation of all the places she might have injured, but this time no more were found. He asked again about any transient evidence of concussion, or nerve weakness and came to the conclusion that she might have been "out" for a few seconds at most. With a sigh he reached for the radiology request form, and simultaneously had his nurse call the local hospital ER, six miles away.

"We simply have to play it safe!" he said.

The Physician and his two part-timers care for the residents of the State Veterans Home, which has over 200 skilled nursing and assisted living beds, one of over 150 state homes in the United States. Every state, including Alaska and Hawaii, and also the District of Columbia has at least one; large states, California, Florida, Texas, and even Maine have a half dozen or more each. The first ones were built just after the Civil War, and now that the last WWI vet. has died, today's residents include veterans who served during all the years since then. Often being a significant employer in small towns and rural settings, they constitute a significant element in the country's nursing home system for veterans, rivaling in capacity that of the Veteran's Administration , which only date from 1930. Many state homes have some diagnostic and therapeutic facilities, but most use local hospitals for acute care and specialized

treatment such as Aggie needed now.

With Aggie on her way protesting, the Physician stepped out into the long corridor to make a brief report to the Director. The arrival of an ambulance, though a daily event in this State Veteran's Home with over 200 beds, always drew interest. Aggie was a 'character' and the Director had a keen interest in her welfare. Female veterans of WWII have increased in numbers in nursing homes recently, considered to be a result of women's greater longevity. And there are fewer men from that war around any more; most of the new men admitted had served in Korea or Vietnam. Aggie had been a well-known General's jeep driver during the European Theater Operations, so she had assumed the air of being a 'Special Soldier' because of that. Of course, she had an extensive fund of unpublished war reminiscences, and a good memory, too! There was always an appreciative audience for her tales. But the root of her popularity was her concern for her comrades and others, too.. Children are encouraged to visit the residents in her home, and Aggie had 'adopted a diminutive three-year old minority child living, not always happily, with a white family, . On her visits, the little girl would run to Aggie's room, hoping to find her in bed; if so she would climb in for a 'cuddle'. Both 'girls' benefited enormously from this affection, and Aggie showed more shy residents one way love can conquer loneliness. .

Walking up the corridor, treading the rows of reclaimed bricks with which it was paved, the Physician reflected on the controversy which began when the architect of the new Home chose bricks to avoid the "nursing home feel" of asphalt tile. On the one hand, tile floors are notoriously slippery when wet from spilled drinks or other leakages. On the other hand poor vision and an uneven surface are not good for walker-frames and shuffling feet. Yet the predicted falls had not seemed to occur. It was as if the ever-present challenge was met by people taking more care. That is, not until Aggie's falls began. He accurately predicted that the Director would say that she could withstand the demands for a"proper floor" for only a little longer, and if there was an improvement after retiling, it could spark criticism that the delay in making changes amounted to neglect.

The Physician, who was a career geriatrician, had always supported architectural and administrative efforts to soften the clinical impact of the nursing home. A recognized pioneer in the de-institutionalization movement, he believed that for those who really needed such facilities, every effort should be made to create community presence, and a homely atmosphere. He believed that the right of choice which all patients have should be respected by those who care for them. Aggie, a brave soldier, and a stubborn citizen, presented him with a familiar dilemma. She was not admitted to hospital, and after her return, fully restored except for some new adhesive dressings on her face, and beautiful black eye, insisted on going it alone to meals marching down the mall with a soldier's pride. The radiographer had seen no fracture, as expected, but added that her ancient right carotid artery showed some flecks of calcium- the arterial hardening of age. Perhaps, the Physician thought, she was having"little strokes" and falling because of these. He played with this idea in his mind for a while, then suddenly saw what he must do.

He called Aggie into the office and asked her to re-enact her encounters as she passed her friends in the corridor. She made some unconvincing little acts, but there was none of her spirit in it.

"O.K. Now they have passed you by and you think of some funny crack to make about the cook. Say it! "

Aggie looked to the right, and delivered a characteristic expostulation, while walking forward. For the crowning remark, she turned her head over her shoulder, but before she said another word, she pitched forward, saved from a fall by an alert nurse. As she subsided to the floor, the physician shone his light into her glassy pupil. It was widely dilated. But Aggie was recovering rapidly, as a string of parade-ground oaths testified. She said: "I must have blacked out!"

So the Physician sent her for a consultation with the vascular surgeon, who agreed with his diagnosis, and offered her a graft to replace the kinky carotid, reassuring her that the falls would probably disappear. However, not quite to the surprise of those who knew her, she declared "No surgery for me! I came out of the Service in one piece despite everything Hitler threw in my direction. It is my responsibility to safeguard the precious body the Almighty has given me. I am sorry I have banged it about a bit, but it is still essentially intact. I won't have anything to do with any spare parts!"

At this stage the Physician, despite his brilliant analysis, felt robbed of his triumph! Foiled his chance of dramatic success, he looked for the next best thing. He showed Aggie a cervical collar which would support her neck gently, and prevent extreme rotation of her head. She accepted this guardedly, but wore it compliantly, like the good soldier she was. In fact on her daily march to the Restaurant there might have been a little enhancement in her image of being a "Special Soldier". What pleases the Physician still is that she never fell again! So even though he may not have been much of a hero in the reader's eyes, he was to Aggie's! And from mending so many broken soldiers over the years, he wasn't too taken with this "Hero" stuff anyway!

But if you were to ask the Physician whether he himself felt his treatment was successful, he might surprise you by his enthusiastic response that it certainly was. He would point out that instead of supinely following traditional routines which would have consisted of confining Aggie to a wheelchair "for her safety", and the consequent complications of pressure sores and potential injury from wheelchair mishaps, together with the inevitable depression and the side-effects of medication, maintaining her independence was his FIRST consideration. SECONDLY, he preserved her ego, and sense of self-worth, by sharing his findings with her, and respecting her choice.

He would smile as he imagined the next conversation between Aggie and her little three-year-old friend!