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Our Most Unforgettable Patient

SISTER M. REGIS POLCINO, S.C.M.M., M.D.

The *Reader's Digest* has a "most unforgettable character." We in Holy Family Hospital have our most unforgettable "patient." This patient involved not only all of Holy Family Hospital, but also practically all of Karachi, West Pakistan.

How well I remember the day six years ago when June was brought to the hospital. It was a memorable day for Karachi. We had just returned from witnessing the first Ordination of the Seminarians in Karachi — it was January 17, 1960. As I entered the hospital lobby I could see that there was much ado and things were astir. The resident doctor confronted me with the news that an emergency patient had been admitted — a twelve-year old girl bleeding profusely from practically all orifices. We had not had our supper, but all thoughts of food were laid aside as we immediately went to the ward to see the patient. There was this child, extremely pale and vomiting profuse amounts of blood. She also was bleeding from the nose and eyes and had numerous petechiae over her body. In the meantime, Sister M. Joachim, our laboratory technician, at once typed the patient, and much to our chagrin, had found that she was B Rh negative group. The Rh negative factor is a rare entity out here in the East and to find someone with this type of blood would be like looking for a needle in a haystack. The child's hemoglobin at this time was six grams.

The mother said that the child had fever in the past week, but prior to this she had been well and never had had any episode of this sort. From the history and our clinical findings we felt that this was a case of idiopathic thrombocytopenia purpura. The cause of this is sometimes attributed to certain drugs or infections. With this knowledge of her disease and the rare type of blood, we knew we had a difficult time ahead. Where were we to get the amount of blood needed? The patient was losing blood continuously. Sister M. Joachim looked up her list of emergency donors and was able to find one American of this type. Fortunately, we were able to get this donor to come, and we were able to transfuse the patient and sedate her, so that subsequently that night, bleeding did stop for a time.

The next day we found on examination of her blood that the hemoglobin had not come up but had dropped to an even lower grade. We spoke to the family and they made all efforts to bring in friends and relatives for typing, but this was not sufficient. Then with the help of some friend who worked for Radio Pakistan, an S.O.S. was called out and various programs were interrupted with the emergency call for donors of this type of blood to come to Holy Family Hospital. The same appeal was placed in the Karachi newspapers. This began an

avalanche of people who came for typing. Of course, this went on for several days, because out of one hundred maybe one or two people could be found to have B Rh negative type blood. People from all spheres responded: Muslims, Parsees, Goans, the priests from the Franciscan Friary, Seminarians, other Missionaries, Americans and English people, and others from the various Embassies in Karachi.

There were many human interest stories associated with this patient. One evening at about 11:30 a Parsee lady-doctor came rushing in all breathless. She said she had just returned from a movie and put on her radio and heard the urgent call for blood. Knowing that she was Rh negative herself, and having children of her own, she knew the need and felt that at once she should come over and give her blood. I can remember we were very happy to see her because all day, in spite of the many people we typed, we were unable to get one pint of blood.

There was another interesting story of a Muslim man who had also heard the appeal for blood. He also felt the urgent desire to come immediately because he also had young children of his own. Although he did not know his type of blood he felt within him that it must be the same. He told us that as he left the house to come to Holy Family Hospital there was no means of transportation. The bus which ran that course was long since gone and no other bus would be expected for several hours. But Providence had

it otherwise. As he was walking along, the bus which should have left much earlier appeared at that time. When he was typed it was found that he was the same type as the patient. To this man it seemed all miraculous. It seems people from all walks of life — doctors, sweepers, office workers, priests, ministers — all responded. It was certainly edifying to see such a response.

As we took the blood we were able to transfuse our patient, and after five or six transfusions her hemoglobin had come up to about ten grams; she had stopped bleeding and we thought perhaps she would become better. However, she again began to bleed profusely from the urinary tract and also from the gastro-intestinal tract. I had started her on hydrocortisone, this being one of the latest measures for treating the disease, but in spite of large doses she did not respond. The other alternative was to remove her spleen, but the patient was in no state for surgery, her hemoglobin having dropped to eight grams again. I was in a quandary as to what to do, when I decided to consult with Doctor Cash, professor of pathology who was at the Basic Medical Science Institute at Jinnah Central Hospital. This is one of those joint aid programs of the United States through Indiana University. The Institute gives post-graduate courses in the basic sciences for the Pakistani doctors. I went over to see Doctor Cash and told him of our patient and the problem. We combed the literature and found that one of the latest treatments for this disease was to transfuse the

patient with fresh platelets, but the equipment needed for obtaining such blood was not available in Karachi. However, Doctor Cash was able to help us in another way. We also found in the literature that by siliconizing bottles into which the blood is drawn the platelets are not broken and remain whole and were thereby more beneficial to the patient. Since this was his department, he asked Doctor Minton to do this for us. With this method we were able to draw fresh blood which kept intact the platelets. Also at this time the American Embassy offered their help to wire the States to have fresh platelets sent in, but this would have entailed too much of a problem, so we did not follow through.

But now that we had the siliconized bottles, our next problem was that we did not have any more donors. All I could think of at this moment was to look up two donors from whom we had taken not a full 500cc each. One of them was a Franciscan priest whom I contacted and he was willing to be bled again. A Protestant minister, a friend of the patient's family, had offered to pick Father up by car late that night. (This is one of many examples of help from numerous sources.) The other donor was an English sailor who also had given blood within the past week. He willingly came and again we bled him, although almost to the detriment of his own health; he fainted. However, with rest and advice to take iron tablets, he recovered fully.

So June was transfused with at least 500cc of blood taken in siliconized bottles. She was still only eight grams of hemoglobin and felt that I had to take courage in hand and operate. It was now or never! Various doctors who knew of the case felt that she was doomed and that they would not take the chance of surgery. I could not watch her die without that fifty percent chance of operating. I remember asking our anesthesiologist, Doctor Rahman, if he were willing to stand by me and give the anesthetic. He agreed as he was not afraid to take the risk. The parents also acquiesced for this slim chance of recovery. It must be noted that June was their only child and they loved her very much. Through all her illness, although June was still a child in many ways, she complied with our many requests to transfuse her and to give her many injections without much murmur. I remember before operating I went in and sat down and spoke with her as though she were an adult. I explained to her the illness and how serious the condition was and that only surgery would cure her, and asked if she would let us perform it. She listened to us quietly and said she had complete faith in us.

With much prayer and moral support of our staff, we made the incision and opened the abdomen, and within forty-five minutes, removed the spleen and had her sutured. All went well with anesthesia and surgery.

Post-operatively we knew we still needed more blood and also there

was the hazard of her bleeding beneath the wound. Again we had to send appeals for more blood donors, and again many responded. After a few days the bleeding subsided completely and her hemoglobin began to rise, as well as the platelet count. When we added up the number of bottles of blood that she had received, we found the total to be twenty-two!

As the days passed, all bleeding was definitely stopped and her convalescence progressed satisfactorily. There was much rejoicing when we were able to get June up and into a wheel-chair and out to the garden. Finally, she was discharged. We followed her case throughout the months and noted there was no recurrence of any bleeding and blood studies always showed sufficient number of platelets. With the passing of six years June has done well and has grown to be quite a young lady.

Here is indeed an unforgettable patient. We have often wondered what the design of Providence has in store for her for having spared

her life. Also, here was a patient for whom all the hospital personnel, both administrative and medical, responded with their unstinting and dedicated efforts. All rallied to her care, besides fulfilling their routine duties, and worked beyond the call of duty. Here also was manifested brotherly charity, when all people from all walks of life, regardless of their color, creed, or nationality responded not only in giving their blood but in many other ways. The prayers of Christians and Muslims, and Parsees reached to God for a cure. Certainly only Christ can reward all for their service to the sick, because it is He who has told us that whatever is done for the least of His brethren is done for Him. Thus at the end of time we will hear Him say, "Come, you blessed of My Father, possess you the Kingdom prepared for you from the foundation of the world." (Matt. 25:24.)

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