

# A REPORTER AT LARGE

## THREE BELLS AND A JINGLE

**Y**OU see a lot of people with something that's hurting them, and you bump into a lot of nuts, and an ungodly amount of dirt—you get millions of dollars' worth of experience that never will be worth a nickel to you, because the rich people you intend to have for patients don't chop each other with meat cleavers or have babies in the middle of the kitchen floor—and that's seeing life from the hind seat of an ambulance."

This was an interne talking: a boy out of some Maryland county whose march toward a career in the science of medicine had brought him to ambulance duty in a New York hospital—

"And don't use my name, because they would say I'm advertising myself, and that is unethical. I'm not allowed to say I'm a good doctor. Which is right, because maybe I'm not."

He was sprawled on a lumpy bed with a grayish counterpane, against which the brilliant starched whiteness of his uniform was a little dazzling. The uniform, too, made his face seem very pink and very young indeed, and the stethoscope was hung around his neck with a touch of swagger. There was no conviction in his suggestion that perhaps he was not a good doctor. He borrowed a cigarette.

"You see the same things from an ambulance that make police reporters think they know all about life. You see gangsters—I was on the bus when they called somebody to pick up Frankie Uale when they shot him over in Brooklyn, and I'll tell you what that was like:

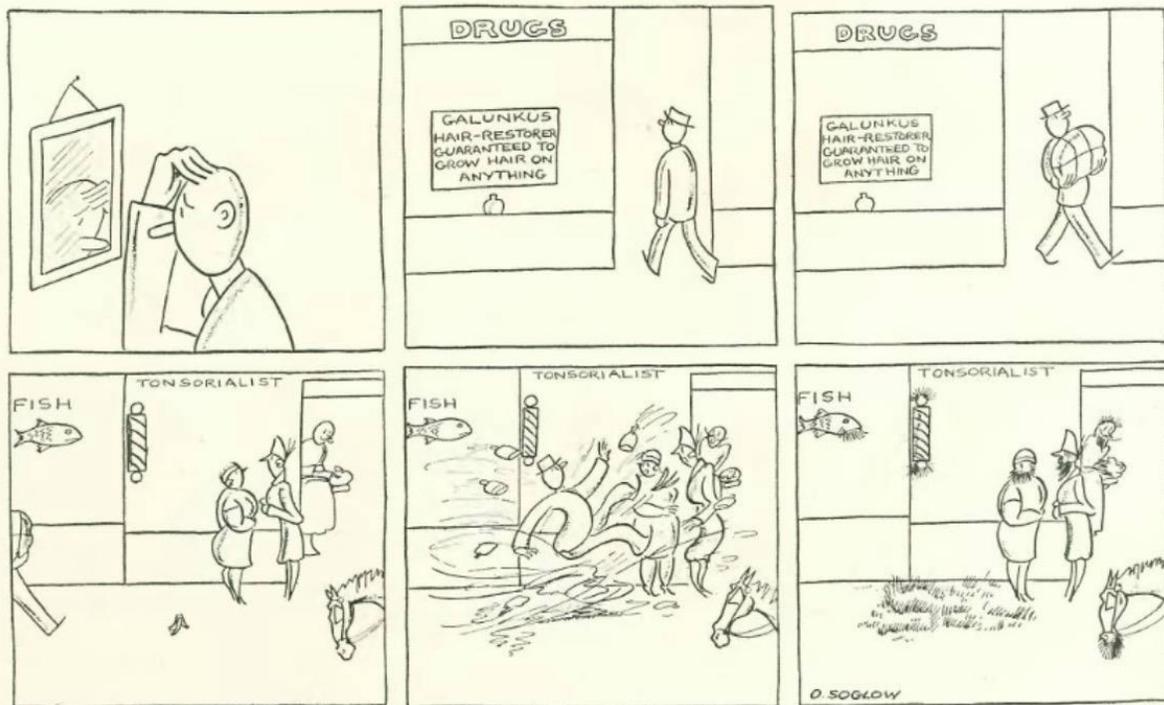
"There was a call from the precinct station, and we hopped over to a quiet side street. There was a big Lincoln car turned over against the curb—brand-new—and Frankie was lying on the sidewalk. He was dead all right. He had on the fanciest suit of clothes I ever saw, and his leather holster and cartridge belt were studded with diamonds, or something that looked like diamonds. Probably fake. The police and I figured out how he was killed, which was easy. He had been driving alone, obviously, and a crowd of men, in another car, had opened fire on him. He had been killed almost instantly and the car ran on until it overturned against the curb, throwing him out. I wrote a ticket—D.O.A., meaning dead on arrival—and took him over to the morgue, and that was my contact with gang life in the raw. I could make a good story of it if I wanted to use my imagination, but what I have told you is the real truth of it. I picked up a

bird that the police said was a big gangster, and you can get excited over that if you want to. I couldn't.

**M**OST of the variety—most of the laughs and the occasional feeling that you'd like to cry—comes from the childbirth cases. People can figure out the most cockeyed ways to have babies. Of course, they're poor. You figure that in, and it gets pathetic. But it all goes to make life pretty tough for an interne on an ambulance.

"Down here in the East Side, where I'm working now, the percentage of births is high and the percentage of people who can afford to have children is virtually minus. So when the new offspring comes along, it is a sort of domestic catastrophe that seems to surprise everybody almost to death and leaves them unable to cope with anything at all. Among the most ignorant—or probably the smartest, after all—the solution is simple. The prospective mother works up to the last minute, yells good God she's about to die, and runs out and pulls the fire alarm.

"It sounds foolish, but it works. There is nothing in New York that gets action like pulling the fire alarm, and these people know it. Pretty soon the bells are clanging, and the chief



O. SOGLOW

rolls up with his engine and his hook-and-ladder. They lead him up to Mrs. Cohen's room—the whole neighborhood quits work to help—and he gives us a ring. Sometimes we get there in time, and sometimes the chief has to do the job. Of course, the worst luck is to have the infant arrive in the ambulance on the way back to the hospital. When that happens, the interne on the call has to buy dinner for all the boys on the staff.

"You run into a lot of good cops in these maternity cases, and I guess it's because most of them are Irish. The cops, I mean. About a week ago I answered a call and they led me down into a dark cellar room. A kid about ten years old was crying and begging me to save his mother. She was on a bed behind a curtain at the end of the room, and over by another bed a big cop was playing pease porridge hot with a couple of kids about five or six. They were having a great time, and the cop winked to me to hurry up. Before the baby was born, he had the ten-year-old kid in on the game, too, and they finally got so interested in the cop they were not much excited when I gave them a look at their baby brother.

"If an ambulance interne would let himself go, he might get all worked up over some of the calls—for instance when Mamie, the stenographer in the family, gets sick with what she calls appendicitis, and they call the ambulance, and the doctor has to deliver Mamie's child. Sometimes even their mothers haven't suspected anything, and the family blows up pretty badly. You generally have to stay around a couple of hours and get the family all straightened out again so they don't want to kill anybody. If you keep talking about the pretty baby, and what a grand little fellow he is, it will generally take their minds off Mamie, at least for a while.

"**YOU** get plenty of nuts. And plenty of loafers who know that the best place in town to rest for a week or two, with three squares a day, is a city hospital. Some of these fellows can simulate symptoms so well that they keep us fooled for a month. And the nuts put some pretty problems up to you.

"I remember the old woman who wouldn't go with us when we promised her a nice ride, but promptly put on her hat and coat and came along when we said we were going to find the two scoundrels who hid in her piano and called her names. And there was

the pants-presser whom we had to haul out of the dumbwaiter where he was hiding from the corner grocer. He thought the grocer wanted to kill him because he had invented a new type of washing machine that would revolutionize the world.

"Most of these cases mean night calls. The family will put up with the nut as long as possible and then decide he will have to be taken away. But they are ashamed of what the neighbors will think, and so they generally wait until two or three o'clock in the morning to ring the hospital. And even then, sometimes, it is hard to pick out the nut from the people gathered around.

"One night a woman who was separated from her husband entered his apartment—with a key she had kept since the separation—to get some of her clothing that had been left behind. She thought her husband was on a night shift at his shop. He wasn't. And in the quarrel that followed a policeman was called in. He arrived to find each of them calling the other crazy, and so he rang for an ambulance. I talked about an hour, gave them each a glass of water with a little quinine to make it taste bitter, and finally sent her off to her brother's home after she had given the extra key back to her husband. A lot of good that experience will do me when I set up my office in Park Avenue.

"**ABOUT** a third of our calls are for drunks. You see, when a policeman picks up a drunk he is too wise to throw him into a jail cell. The next morning the drunk might show up dead, and that would be a police scandal. The simplest way out for the cop is to send all drunks to the hospital. In that way he avoids a formal arrest, which would tie him up in court as a witness the next morning. Sleeping is always a little hard around the hospital, because we generally have one or two cases of delirium tremens, and they like to scream. Nearly half the drunks we have to take care of are women.

"There is plenty of the gruesome. You wouldn't care about that. Suicides and murders and fights. We get used to them very quickly, and never make any effort at all to get behind the



causes. They are generally pretty tragic, and we can't afford to get worked up by the human elements in such things. It would only hamper us in our job, which has to be done coldly. The best doctor, maybe, is the fellow that hasn't the slightest personal interest in his patient, but a tremendous interest in the case as a problem in medicine.

"We don't learn much about the bedside manner on an ambulance. You've got to be a little tough or they'll run all over you.

"YOU ought to say something about the ambulance-drivers. They are simply paid hands, and they are underpaid for the work they do. We work for nothing, and we work hard, but after all it's a part of our education and a stepping-stone to success in the future. For the driver, there isn't any such incentive. Driving the car is a career to him, and he'll never be a doctor with ladies confiding intimate secrets. I've seen them haul people up and down five flights of stairs, and there is no extra pay for that. They're stretcher-bearer, assistant doctor (when you go out on your first call, the driver tells you what to do), and racing driver all in one, and they don't make enough money. You ought to do something about it."

HE borrowed another cigarette, but he did not get to light it before an orderly came in.

"Call, Doc," said the orderly. "Explosion up the street."

He picked up his black bag, and started to go out. "Wait for me," he said. "I won't be long. And you can look at that picture of my girl while I'm gone. That's the way they look down in Maryland, boy."

On the chiffonier, against a broken mirror, was a cabinet photograph of a pretty, dark girl with innocent eyes who would squirm at the thought of two stitches in a cracked head. Down in the street the gong of the ambulance sounded urgently as it set out for the explosion.

—MORRIS MARKEY

W. Gardiner Bunker, of this city, traces his line of ancestry back to the May Flower. The original Bunker Hill, where the battle was fought, but the plans of which were changed by General Israel Putnam to Breeds Hill, was owned by George T. Bunker, a direct ancestor of Mr. Bunker's father, I understand.

—The Saratogian.

It's good you do.

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