Twilight on North Second

It was a late afternoon in July 1998. The last fading rays of sunlight filtered through the blinds into the old house on North Second Avenue. There were boxes scattered all over the floor, and papers and packing tape strewn liberally about. After 50 years in the same location, we were moving our practice.

It felt like the end of an era.

The practice had been started in the early 1950s by one Gabe Pickar. In the optimistic, energetic postwar years, he had purchased the small two-story house, complete with garage, small backyard with picnic table, tiny nondescript lawn, and wooden porch and went about converting the downstairs into a waiting room, a front desk, and two examining rooms separated by a consultation room. The consultation room Dr Pickar took care to furnish with an enormous oak desk and a heavy leather chair and put his medical journals carefully into the cupboards. It was always a distinctly close-knit neighborhood and remains so today. Obviously there was no parking except on the street, and patients almost always walked to the office. People knew and came to like Dr Pickar very much, and he became an important part of the town’s fabric. He admitted to a little patients downstairs, his children often played upstairs.

Highland Park in those days was not too much different from how it is today: a dignified residential neighborhood, its tree-lined streets quiet and modestly pretty, its main street a collection of small stores and restaurants. It was always a distinctly close-knit neighborhood and remains so today. Obviously there was no parking except on the street, and patients almost always walked to the office. People knew and came to like Dr Pickar very much, and he became an important part of the town’s fabric. He admitted to a little community hospital named Middlesex General, across the Raritan River.

Back in those days, the patients all paid cash, of course. Come Friday, when Dr Pickar wanted to go out, he would just empty the till into his pocket for his evening out. His custom was to schedule a person he knew very well for the last appointment of the day; and after completing the history and physical, he would escort this cherished patient into the consultation room with the massive desk and heavy leather chair, trying to hold each detail in my memory. I was trying to find some souvenir or memento to take away with me, when I happened to open the cupboard: and there I found, hidden away for a generation calling itself The Health Care City. Dr Pickar took on a partner, then a second. He practiced all the way into the early 1980s. Then it was time for the grand old gentleman to retire, and he hung up his stethoscope for the last time and moved to Florida to work on his golf.

In the fall of 1995, when I interviewed for a position with the group, the old house on Second Avenue had definitely aged and was badly in need of a paint job. Yet it still held some of its old-fashioned charm and I was instantly drawn to it. It reminded me of the neighborhood in Queens, New York, where I had grown up in the 1960s and 1970s. And after I joined the group, it felt just right. I remember getting a thrill out of walking down the street and being greeted by name by some of the good citizens of Highland Park. It seemed like the most natural thing in the world.

But our practice was bursting at the seams of that little house. The charts downstairs overflowed into several rooms upstairs, including the bathroom. Even the bathtub was used as storage space. By this time we had a satellite office in a nearby town, but economic pressures were changing the face of medicine forever: we needed to see more patients, yet we had less time to see them. To help us get the money we were owed, we needed billing people and computers, and more billing people and computers; and we needed people to interface between the billing people, the computers, and the other billing people. In short, we needed more space. We needed to move.

And that brings me to that afternoon in 1998. I looked around the office, the narrow hallway, the beat-up chairs in the waiting room, the cranky old furnaces, the aging examination rooms, and the consultation room, still with the massive desk and heavy leather chair, trying to hold each detail in my memory. I was trying to find some souvenir or memento to take away with me, when I happened to open the cupboard: and there I found, hidden away for years, gathering dust and hidden from the light, a stack of JAMAs from the 1940s.

I took them out eagerly, and immediately a huge cloud of yellow dust swirled upward, nearly choking me. But ignoring my paroxysms of coughing and quickly scooping up my inhaler, I pressed on.

There must have been a few dozen journals, dating from 1947 to the early 1950s. The pages were brittle and yellowing, and my fingers soon became streaked with old newsprint. The feeling brought back memories of reading Batman comic books under the bedcovers at night as a child:

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the same black newsprint on my hands, although the criminal travails of the Joker were probably a bit more suspenseful.

Nonetheless, there were many fascinating tidbits. As I thumbed through the pages, I got a glimpse of the world of medicine in the 1940s: there were articles on “pneumococccic pneumonia” and the death rate of diphtheria in the United States (329 deaths in 1946!), a review of brucellosis (“about 4,000 yearly for the past several years”), and early reports at Yale of experiments in polio vaccines. There were also articles on new preparations of penicillin and on the other exciting antibiotics, sulfonamides, and streptomycin.

The advertisements were most enlightening. There were ads for old standbys that continue to be in use a half century later, including digitoxin, ethyl chloride, dilantin, and aminophyllin. These competed for space with treatments that have since fallen by the wayside: mersalyl and theophylline treatment for “urinary stimulation”; extra lin (liver-stomach concentrate), which supposedly provided “dependable antianemic material for oral administration”; and an illustrated ad for Spencer Supports—claiming that “chronic cardiac disease rarely develops in the presence of good body mechanics” and furthermore explaining that a Spencer corsetiere would aid “in reducing the peripheral load, in lessening cardiac strain, and in increasing the patient’s usefulness.” I was tempted to cut out the coupon and send it right out, for I instantly thought of several patients who I believe need to have their usefulness increased. But I was brought back to my senses by a fresh bout of coughing.

There were ads for Coca-Cola. And Ovaltine (“When whims and fancies obstruct good nutrition, [take] Ovaltine”). And Seven-Up (“You like it... it likes you!”). I imagine that advertising on Madison Avenue was still in its infancy at this time.

There were ads for cigarettes. Susan Hayward staring dreamily out at the (medical) reader and proclaiming, “Of course I smoke Chesterfields because they’re milder.” And another claiming, “More doctors smoke Camels than any other cigarette” with a picture of a bespectacled gentleman in a white coat, calming taking a puff. For those few physicians actually concerned with possible health effects of tobacco, there was always the Kaywoodie yello-bole tobacco holder—made of briar, or meerschaum—or, for the ladies, “beautiful jewel-like ‘Kaylite’”—which, according to the manufacturer, could “prevent 66% of tobacco tar from entering your mouth.”

In 1947 one could rent a six-room office for $125 a month. The starting salary for an internist seemed to average around $7000 a year. Cecil’s Medicine (seventh edition), a mammoth 1730 pages long, could be had for $12. The interim session of the American Medical Association was held in St Louis in 1949. One could book a hotel room at the Majestic for $2.25 or for up to $4 at the Park Plaza.

It was dark in the room now, and I hurriedly packed away my precious cache of ancient journals. The moving vans would arrive tomorrow. I left the house and locked the door behind me for the last time and, after a last lingering look, walked slowly into the gathering twilight.

Six years later, the old house on Second Avenue is just a memory. The new office is filled with new equipment. We have Internet access. We also have more billing people, more computers, more computer people, and more people to interface with the billing people, the computers, and the computer people.

And every time my very 21st-century migraine gets too bad, I go to the credenza and take out the stack of old JAMAs, get a flashlight, and pretend I’m back in my parents’ house in Queens, sneak-reading comic books under the bed covers.

I’ll bet Gabe Pickar is laughing his head off somewhere. Or is that the Joker?

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