“Dr. Shhhteiner to 3 South, paging Dr. Shhhhtteiner.”

I was in the interns and residents lounge at Grant Hospital, Columbus, Ohio, having stepped off the boat, as they kept saying to me, a couple days ago. I kept telling them I had taken Icelandic Airlines to Rekjavik, and then on to New York City to enter my first summer externship. I was on top of the world, in the United States of America. This was my first page. I could feel my heartbeat accelerate: probably my first patient had been assigned to me.

I was very pleased the operator had listened to me. I had instructed her in the proper pronunciation of my name, i.e. the Sht sound as we pronounce diphthongs in Southern Germany and Austria. They kept saying S-t—and that was not right, that was Northern German or—well, English.

At the nurses station there was a head nurse, middle-aged, two very young-looking nurses and a male orderly, sitting on a gurney. As I approached the group on 3 South, I made sure my name badge was visible, that my stethoscope peeked out of my right lower pocket of my short, white, starched intern coat issued to me yesterday, and that the reflex hammer poked out of the left breast pocket, above the name badge.

“Hello, I am Dr. Shteiner, I was just paged to 3 South?” (I tried to sound casual, as if I had done this a thousand times before). It helped saying “doctor” before my name. It was a bit of a fraud, because I was only in my second year at medical school in Vienna. But it seemed the custom in America to address externs and interns as “doctor.” That made me fall in love with America even more: They gave you future credit, always optimistic. Here I was, straight from Rudolfsheim-Fuenfhaus in Vienna, to the heartland of the Midwest. I was hired to do histories and physicals on newly-admitted patients, saving the attending doctors that duty. I was to examine live patients, people with real diseases, not to cut up cadavers and to look at slides of blood cells. I could use my stethoscope to listen to their lungs, my reflex hammer to check their knee jerk and Babinski; I could look into their eyes, see their pupils’ contract, and I could also practice mental status exams, just like a real psychiatrist.

I had to do well; it was important. I was, in no small sense representing Austria, its long tradition in medicine, its centuries of leadership in taking care of the ill. After all, I had trained in the facilities of the Allgemeine Krankenhaus, the bastion of modern healthcare, founded in 1686 Dr. Johann Frankh under emperor Leopold VI; the home of the first and second school of Austrian medicine, which both produced long lines of doctors after which many syndromes were named, even to this day. I felt a distinct burden to be brilliant and perfect.

I still was apprehensive as I asked the head nurse: “Where is the patient you want me to work up?”

She smiled in her friendly Midwestern way—probably to settle me down. “You are the student from Germany, right? You just got here yesterday? S-teiner?”
I quickly corrected her pronunciation and educated her about the difference between Austria and Germany. “It is as if I called you English.”

“Ah yes,” she said, “the operator corrected me too when I asked her to page you.” The two young nurses giggled. What was so funny?

“Mr. Brown in 316. He is 35 years old. He just came up from the ER. He has a big head wound that needed 50 stitches. The surgeons cleared him for the ward. He is stable and conscious.”

I wanted to ascertain she was correct and also show I knew my stuff. “So he can answer questions properly and can remember things?”

“Oh yes,” she answered. “Actually, he is quite a talker.”

Entering 316, I saw a large black man with a white turban of a bandage that covered almost his entire head. In spots, blood was seeping through. Was I to remove this bandage? To examine the wound? Better get the story first.

The patient sat straight up in the bed, supported by its raised back and some pillows. He was watching TV intently and hardly looked my way. The program was some variety show where Otis Redding sang, “Sittin’ on the Dock of the Bay.” I had heard that song before on Radio Luxemburg, which would play English and American hits. This definitely was one of them. I never quite understood what the song was about, because the English was quite different from the proper Queen’s English we had been taught since elementary school. The patient seemed to understand the song. He sang along and moved slightly to its rhythm.

As I approached, the patient flashed a bright smile, very inviting and friendly. I extended my hand to shake his, firmly, as one did back home, and said: “Hello, Mr. Brown, I am Doctor Shteiner and I have come to do your history and physical.”


I did not quite understand that, but pretended all was ok. His smile gave a green light. I never had heard the name Leeeroy before. I knew some black people in the U.S. had a strong accent. But I was confident that having had a very good friend from Enugu in Biafra in medical school for four years would stand me in good stead. Christopher Obionu always spoke with a very heavy accent. But after just a few sentences from Mr. Brown it became quite clear Leroy sounded nothing like Christopher at all, that there was quite a different languid melody in his sentences and words, not the breathy British chop punctuated by African vowels I was used to. Leroy also used idioms with words I understood, but still had no idea what he was saying. On top of that he would repeat a formulaic, “Y’knowwhattamsayin,” which could mean he was not sure of what he was saying. My heartbeat accelerated again. A thought flashed through my mind: ’I could go and get one of the nurses to help,’ but then I remembered their giggles. And for all I knew, all of this could be the sequelae of his head wound which had escaped the surgeons’ notice. I decided to go ahead, brave the circumstances and go for glory.

“It is all right for me to ask you questions, you are not in pain, Mr. Brown?”

“Naa, sokay.”

I guessed he agreed. “Could you tell me where you are from and where we are now?”

“Nuwoleenanclumbus”.
I was not sure whether these were cities or states, so I asked him to repeat it. That did not help. I asked him to spell it for me, please. He snickered and waved me off with one hand. Was he disoriented and cognitively impaired? This could be an incipient subdural hematoma. This was serious. Glory was within reach.

“Mr. Brown, could you please recount for me the exact sequence of events that led to your head injury and laceration. Details could be important and help us with the diagnosis. Time could be of the essence.” I was the complete doctor, goal oriented, decisive, not to be distracted.

Leroy looked like he was straining to understand me. “Y’mean how I’se got’urt? Two cats jumped me.”

I was speechless. He did say cats, I understood that. I knew everything was bigger and better in America, but how big could two cats possibly be to cause such serious injury? “So were these cats very high up when they jumped on you? Like up on a balcony on the second or even third floor?”

Leroy just shook his head, looking confused. “Two cats, doc, in an alley.”

Ah maybe he worked in a zoo—brilliant thought. “Mr. Brown, is your current employ in a zoological garden? Are you a warden? Were they very large cats, like tigers?”

Now it was Leroy’s turn to be speechless. “Yeah, sometimes tha ward isa zoo at Mardi Gras, gotthat right. And a lotta cats out on the street.”

Leroy started hissing and giggling and seemed highly amused by this line of questioning. “Only taggers we have play foottbawl.”

My turn again. He could not be serious. Tigers playing football—I knew that was the American word for soccer. But tigers in the street playing football? Was he delusional? Did he have hallucinations? “You are saying this happened when tigers played soccer in the street?”

Leroy stopped snickering and hissing and being amused. “Not sua where yu headin—but two cats jumped me, the godshunest truth.” He turned the TV back on. I guessed he was done.

“Mr. Brown, I know this is exhausting, and I am sorry. I want to be sure you are ok? Do you have pain? I could tell the nurses to bring you some medicine. I will be back at a better time.”

“No, doc, I’se ok, just gottataka leak.”

This put the finishing blow into my first history with a live patient. The man obviously had delusions that he was a bucket with a hole in it. I determinedly stomped toward the nursing station. Looking the head nurse unflinchingly in the eye, conveying my seriousness and doctoral expertise, I pronounced for all to hear: “Mr. Brown is very confused. This could be the onset of a subdural hematoma. He has mental status changes which make it impossible to get a straight story. And on top of it, he thinks he is a bucket with a hole in it, because on my way out he said he had a leak.”

One of the young nurses immediately grabbed a bedpan and ran toward Mr. Brown’s room. The head nurse and the orderly broke into a broad grin.

The surgeon who had sewn up Mr. Brown’s wound sat at the station and completed his note. As he heard me describe the interchange with Mr. Brown, he interrupted his writing and came over. He listened quietly as I explained all my reasons for concern about Mr. Brown’s status. At the end, he said, “How long have you been
here in Columbus? Ah, one day. Well, I did not hear your conversation with Mr. Brown, but I remember he is from New Orleans, Louisiana. People have a strong accent down there and a patois that sometimes even I can’t understand. But I am pretty sure he said ‘two cats jumped me’—not ‘on me’ like you understood. And I also think he said, ‘I got to take a leak,’ which means ‘I have to urinate.’ Come, let’s do a history together and get this straight, maybe we both will learn something.”

I learned a lot. And Leroy was much calmer when we left, probably also because the bedpan had helped his internal state.

From that day on, my nickname in Grant hospital was Hans, the Cat Doctor. I visited Leroy a lot, because I continued to learn from him. And I finally got all the words written down for “Sittin on the Dock of the Bay,” which I could now sing along with, something I surely was going to do upon my return to Vienna.

I also revisited the operator and told it was ok to pronounce my name the S-t way. Because upon further reflection, I remembered that my ancestors had come in 1640 to Austria from the vicinity of Hamburg. And in Hamburg, S-T is pronounced S-T. That somehow helped to make the distance between Rudolfsheim-Fuenfhaus and Columbus, Ohio shorter.

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