Here in late July, I am close to jumping on a flight to Washington, DC, to protest a grave injustice. No, not the looming destruction of the economies of the free world, but the closing of one of our great medical institutions and my alma mater, Walter Reed General Hospital. It seems that property in Washington, DC, has become so expensive, and the cost-cutting fervor so strong, that the entire venerable Walter Reed Army Medical Center is being closed and buried today, and I was sorely tempted to attend the funeral.

My first experience as a “real” doctor was as an intern at Walter Reed from 1963 to 1964 (Fig. 1). The training was exceptional, and it has stuck with me throughout my career. It was also the first year of my marriage, but as my wife will attest, I spent much more time at Walter Reed than I did with her. I have been trying to make up for that ever since.

This was during the lead-up to the Vietnam War, and the draft was still in effect, especially for physicians, so everyone was either doing military duty, performing other government service, or signing up for the Berry Plan. For me, with a military commitment due to Reserve Officers’ Training Corps in college and the Army Reserves that helped support me through medical school, Walter Reed was among my first choices for internship, especially since I had not yet decided on a specialty. Because so many physicians had a military commitment, Walter Reed was staffed with outstanding academicians. In cardiology, Thomas Mattingly had previously been Chief of Cardiology, and Robert Hall and Melvin Cheitlin were soon to become chair. Chuck Mullins was an attending physician, and Gabe Gregoratos was a fellow when I was there. Weekly visiting rounds, alternating between Proctor Harvey and Helen Taussig, brought the academic expertise and physical diagnosis in congenital heart disease to our group.

Everyone has interesting stories to tell of their early training, so please excuse me if I tell a few of mine. Walter Reed was the premier institution for care of government officials, including presidents and military heroes. I saw Omar Bradley on the VIP ward, and Dwight Eisenhower had his shoulder injected for bursitis when I was on the orthopedic service; however, the most interesting experience I had I had with a VIP occurred about 6 months after Douglas MacArthur gave his famous speech at West Point and said, “Old soldiers never die—they just fade away.” He became reclusive in his New York apartment as he grew sicker and sicker. His dramatic weight loss and painless jaundice pointed toward a likely dreadful diagnosis. Despite his deterioration, he steadfastly refused to see doctors, and when hospitalization became unavoidable, he said he would just go to a military facility on Staten Island. It required a visit from the Surgeon General of the Army, Dr. Leonard Heaton, to bring him to Walter Reed. I watched as he was helped up the stairs to the front entrance of the hospital. He was emaciated, but that hooked nose was unmistakable, and if a corncob pipe had been added, the image of the return to the Philippines would have been re-enacted. Although he was far from his former commanding presence, his disdain for dependency was manifest even in his debilitated condition. The electrocardiography technician told me the experience she had when entering his room. Dressed in his bathrobe, emblazoned with a giant “A” for Army, he rose from his bed and asked her to have a seat (Fig. 2). He simply could not be dependent on doctors or technicians. This stubborn refusal of medical care may have cost him dearly. When he underwent his laparotomy for what was expected to reveal carcinoma of the head of the pancreas, I was on the anesthesiology service and was scrubbed assisting the Chief of Anesthesiology. The cause of his biliary obstruction was found to be a large, common duct stone.
His recovery was rocky, with bleeding from esophageal varices and strangulation of a large inguinal hernia contributing to his demise. Even the greatest, especially the greatest, can get in the way of their own medical care.

When I was on the general surgery service as a second assistant to General Heaton, who was performing parathyroid surgery, the operating room door suddenly opened and someone said, “General Heaton, you are needed right away. The president has been shot.” We did not remember that the president was in Dallas and assumed that he was being brought to Walter Reed. The resident and a totally inexperienced intern completed the parathyroid operation. That evening I was on-call in the emergency room, and I spoke to the ambulance drivers who were dispatched to Andrews Airbase to bring President Kennedy’s body to the Armed Forces Institute of Pathology on the Walter Reed campus, the obvious place for the autopsy. They had no body, as the ambulance from the naval hospital in Bethesda, Maryland, transported him to that facility. The resulting autopsy results have been fodder for conspiracy theories ever since.

As memorable as these experiences were, the most important message I took from what I consider the most important year of training was the commitment of a dedicated faculty and the ability to deliver the best care that was available using the most intensive consultative and congenial collaboration I have experienced. The system, which was obviously free of fee-for-service conflicts, allowed optimal care without excessive care. Since it has been 47 years, I am probably remembering a system that was more idyllic than it actually was. However, our incentives are so far from this collaborative efficient system that I think we can still learn from the past.

As Walter Reed passes into the history books, I will not forget how much it influenced me and many others. I gained a lot of confidence and direction during that year, both of which enabled me to decide on cardiology as a career. My confidence came close to being shattered, however, one Friday afternoon in the Officer’s Club. My wife had driven over from Sibley Hospital, where she was newly employed, to join me and others for dinner. As we were having a drink, two military policemen came to us and asked who owned a maroon Pontiac Tempest with a certain license plate number. It was my car. They were not smiling.

“You are parked in the Commanding General’s parking space.” I turned to my wife hoping for an explanation, and she said, “It said, ‘reserved for general officers,’ and since you are not any kind of special officer, I parked there!”

Walter Reed, you will not be forgotten!

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