The Rubaiyat and Charles Kettig Berle, MD

My two years of obligated real military time were totally free of risk. I insert the word "real" because in my second year of medical school all medical students in the country were required to join either the army of the navy, and wear the uniform. I chose the army. I was a Private my sophomore, junior and senior years.

At Indiana University this included standing for inspection each morning, learning to march, and "policing" the grounds, which meant picking up cigarette butts. We were put in the military for an alleged two reasons; first, to have us in uniform would protect us from civilian criticism. The almost total mobilization of the country meant these healthy able-bodied medical students should be protected from the accusation of draft-dodging. Second was the fact we were enrolled in the military ranks, our tuition was assumed by the government, and we were given a monthly stipend—and thus the military was assured a steady source of new physicians.

After graduation, 18 months of postgraduate training, and six months of "real" military time as chief cardiologist at Crile General Army Hospital in Ohio, I arrived in Tokyo, Japan, and because I understood electrocardiography, I immediately became chief of cardiology and chief of the Officer's Medicine in-patient service at the only army general hospital in the Far East. Nothing I could have done in civilian life could have been as professionally good for me as this pair of assignments. This was not only true for my professional growth but life and living conditions were remarkably pleasant. I had my private room and bath, maid service, dining was with table cloths and silverware, with kimonoed Japanese service, there was an officers' club with orchestra, dance floor, a swimming pool, and everything was clean, warm. This last circumstance, clean and warm, was a very rare fact in immediate postwar Japan. Colleagues who had come from the United States with me and were assigned to military field units out over Japan, soon realized what a plum assignment I had drawn, and my weekends were busy with their visits.

The real lifetime reward of my assignment was not the delightful quality of the living but the vigor of the responsibility I had to assume. Hundreds of electrocardiograms each week came in for my interpretation. Cardiac consultations from the entire region including Japan, Korea, Okinawa, and China poured in. Although the military ranks were made up of young healthy soldiers, Tokyo was the headquarters of the Occupation and with my duty as physician to the Officers' Medicine Service, I had 40 beds filled with not only patients of officer rank, the host of high ranking members of MacArthur's

Supreme Allied Headquarters, but, equally, British, French, and Russian officers who made up the Occupation forces.

In addition, the War Crime Trials and the remaking of the Constitution of Japan brought professors, lawyers, businessmen, journalists, politicians. When they required hospitalization, they became my patients.

Among the very first patients was a Regular Army Officer, a colonel, a physician. This was to be his last assignment before retirement, he had been sent out to be in charge of all medical services in Japan. He had been assigned in Washington during the war and this was to be his taste of overseas duty before retirement. The ship voyage out had been an ordeal for him and upon arrival he was hospitalized with pneumonia. His name was Charles Kettig Berle.

Penicillin was new but of course the army had plentiful supplies and as he improved, my daily rounds came to include a late afternoon visit just for talking. He was just a little bitter that he had been given this assignment. He had no children, his being in Japan left his wife alone, he felt that the medical corps had not done right by him. When he was well on the mend, he suggested that a martini might be good for him and, if I could come at five o'clock and he could have a little ice and two stemmed glasses, he would enjoy making a martini for us. The nurses promptly found genuine martini glasses, a pitcher, and green olives. He had the Beefeater's Gin and vermouth. From the beginning, we found a warm, lasting friendship.

His living quarters were at the great Frank Lloyd Wright creation, the Imperial Hotel. For the rest of my time, more than a year, each week I took a rickshaw from the hospital to his hotel and we had an hour of good fellowship, over his martinis. He was quite proud of his recipe and it quickly became apparent that the formula consisted of a large amount of gin, no vermouth, and the pitcher kept in the freezer of his apartment. He laughed and admitted that the vermouth bottle had been with him for years and only carried it to answer any criticism about his recipe. We both became well-acquainted with the Russian medical delegation in Tokyo and an endless supply of caviar resulted.

He had a delightful host of memories and, in the deep rumble voice that emphysematous patients have, was a storyteller of quality.

On his dresser in his quarters was a lacquered box and he enjoyed telling about his wonderful hunting dog. Col. Berle had brought his ashes to Tokyo and in our visit times together, would often hold the box in his lap and pet it.

He had at his bedside a small book and he enjoyed reading aloud from it. His voice was full, resonant and he was a superb reader. The book was the *Rubaiyat of Omar Khayyam*. He told me of how it

came to be with him. His internship had been at Louisville General Hospital. One patient was an 18-year old girl. He described her as lovely and delicate. She was suffering from subacute bacterial endocarditis and, before penicillin, it was a fatal disease. She had been an orphan, raised in an institution. Berle noted that she never had visitors and received no mail. He would visit her at the end of the day, sit at her bedside and talk. The only possession she had was this book, the *Rubaiyat of Omar Khayyam*. Gradually he learned that she had become a prostitute, had an abortion and now the subsequent fatal infection. He told me about the book and how she would ask him to read to her from it. He was very open about his relationship, simply telling me that she lived on for 3 months, never left the hospital, and at the very end, had asked him to hold her hand—and had given him the book. Berle said that his life he remembered the dying girl—and how he would have married her if such had been possible.

As my time in Japan came near an end, he pressed me for my future plans. He strongly felt that the most important experience for him had been when the army had permitted him to have a year at Massachusetts General Hospital in Paul Dudley White's cardiology program.

He felt my training had been very unusual but that I would regret it if I did not get to Boston and experience that level of medicine. He wrote Paul White without my knowledge and one evening with a flourish produced a letter from White saying he would have a place for me. I would come as a post graduate student but as soon as they had looked me over, I would be appointed a Clinical Fellow. I had the good sense to understand that this was an opportunity of rare value. At our last martini-time together, he made quite a reading performance from his Rubaiyat and then closed the book and said "This goes to Boston with you." It has stayed with me.

The end of the story is not quite as happy. I visited him yearly at his home in San Francisco in the Sunset area. The third year he suffered a brainstem stroke and for the next several years, could not move or speak. My visits were moments of silence, of my holding his hand, of our crying. We both remembered the long discussions we had in the Imperial Hotel. Discussions about death, about not being a prisoner at the end, of not having a voice or control, or a way out. It is a lesson I never forgot.

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For in the Market-place, one Dusk of Day,
I watch'd the Potter thumping his wet clay:
And with its all obliterated Tongue
It murmur'd – "Gently, Brother, gently, pray!"

Rubaiyat of Omar Khayyam, 4th edition XXXVI quatrain Edward Fitzgerald