

Dr. George B. Craddock, a long time Sphex Club Member, was scheduled to present a paper at the regular meeting on January 23, 1986. On the evening of December 11, 1985, George lost his life instantly, when struck by a car while crossing Rivermont Avenue.

Prior to the tragic accident George had prepared a draft of his proposed paper and this was made available to ~~the~~ the Sphex Club through the kindness and courtesy of Dr. R. Vincent Crowder, Medical Associate of Dr. Craddock. At the request of the Secretary of the Club, the paper was read on the evening of January 23rd, by William H. Barney, a fellow member of the Club and medical colleague of Dr. Craddock.

The original draft copy and introductory<sup>Re</sup> marks by Dr. Barney are attached for inclusion in the archives of the Sphex Club at Jones Memorial Library.

## INTRODUCTION

It is a tradition of the Sphex Club that the loss of a member is noted only by an announcement and the inclusion of an obituary in the minutes. However, under the very unusual circumstance in which I have been asked to read posthumously a paper written by one who has gone on, it is impossible for me to avoid treading lightly on that tradition as I make a few personal remarks.

When I was asked by the Secretary to read this paper, my first inclination was to decline. After all who among us can substitute in anyway for George Craddock. On further reflection, however, it was apparent that this would be an honor for me to perform this task and also I am reasonably sure that George would have liked for his last paper for the Sphex Club to have been read here by someone.

During the thirty-five years that I have known George Craddock, it has been obvious to me that he had certain very high priorities in life: his family, the medical profession, St. John's Church, and Washington & Lee University. Very close to that list and perhaps amongst them was the Sphex Club. George was very proud to be a Sphex Club Member and had love and respect for all of it's members individually and collectively.

It sometimes worried George that his obligations as a physician, prevented him from attending Sphex Club meetings as regularly as do others. He felt however, that physicians belonged in the Club and had the ability to contribute a great deal, even if attendance was poor. About a year ago I mentioned to George that I thought I should resign from the Club because of my inability to attend regularly and pointed out that since the membership is limited by our bylaws, that I should make room for someone who could be more attentive to attendance.

George urged me not to resign. He pointed out that physicians were charter members of this club some seventy-five years ago and have been members over the years and that most physicians because of the pressure of their profession could not attend as regularly and that we should support the Club and attend as best as we could.

In the case of anyone with wide interest as those which George had it is inevitable that stories/<sup>and</sup>anecdotes spring-up about them. I doubt if there is any physician for instance, who has been in Lynchburg more than a few months that can't tell one or more stories about George, stories which might be medical, philosophical, humorous, but always interesting and always inspiring.

One such anecdote about George involves the SpheX Club. Some ten years ago, after I had been elected to membership I realized that I was getting closer to the time when I would have to write my first paper. I sought some advise from George. I asked him what subject would be appropriate and interesting to the Club members and also I asked him how long the paper should be. George's answer was indicative of his personality and his love for medicine. George said "it doesn't make any difference what subject you pick because the members of the SpheX Club are men of such wide interest that hardly any subject is going to be boring to them."

And then he went on to say that the length didn't make a lot of difference. He said that when we are talking about a medical subject, the paper does not necessarily have to be as long as most papers because he said "almost everyone secretly would like to be a physician and so if you just pick a medical subject and introduce it the other members of the club will discuss it at such length that you don't have to write a long paper."

George almost always followed that dictum. His papers were some of the shortest presented before this group, but they were always intriguing. The paper that I read tonight is no exception. By SpheX Club standards it is not long, but by George Craddock's standards it is excellent.

SOME COMMENTS ON MEDICAL CARE OF A MINORITY RACE IN THE

UNITED STATES

The Gypsies, basically a Nomad race, originated in India and through centuries, have migrated mostly to the Balkan countries and then through much of Europe, Russia, Spain, etc. and now to the New World: Most of the Gypsies came to the United States in the late 19th and 20th centuries. A large group of Gypsies ~~most~~ <sup>came</sup> from Argentina to Boston about 1920 having previously migrated from Russia in 1880. It is estimated that 500,000 Gypsies migrated to the United States; 15,000 in LA, 10,000 in Chicago.

Much of this paper has been taken from an article in the Annals of Internal Medicine by a physician, Dr. James D. Thomas, who was a professor of Internal Medicine at Harvard University and is now one of the Faculty of the School of Medicine of the University of Vermont in Burlington, Vermont. Dr. Thomas, while in Boston, cared for a number of Gypsies in a Medical Clinic, where he cared for some sixty (60) Gypsies. He became known as the "Gypsy Doctor" and was invited into their homes, and participated in religious ceremonies, weddings and death feasts.

They are most numerous in Massachusetts, New York, Virginia, Illinois, Texas, and the West Coast, but may appear in any state.

An individual household is a "familia" <sup>usually</sup> consisting of three generations <sup>with</sup> of six to fifteen relatives. <sup>living together,</sup>

Although there remain a few "camp Gypsies" who are truly nomadic, traveling the countryside in recreational vehicles, the bulk of the population are "town Gypsies" who maintain apartments in urban cities. But the wanderlust still lives even for "town Gypsies," as they travel often several times yearly to live with other relatives (Boston Gypsies usually travel to New York, Chicago, or Florida). When asked why his family traveled so much, one patient gave the ultimate justification: "We're Gypsies. That's what we're supposed to do."

Gypsy children are carefully socialized by their parents. From birth they learn Romani and English. Children are included in all family festivities. They are never alone and have little need of toys. Although they may attend grade school irregularly, they are rarely literate and have little extracurricular contact with non-gypsy children.

Marriages are arranged by the parents for girls 14 to 17 years of age with boys one to two years older. A marriage payment, or "daro" is given to the bride's family by the groom's and currently is about \$10,000 for a young virgin of "a good family." Marriages between second cousins is considered ideal. Even so, the couple may not have met before the three day wedding feast, and are allowed a chance to get to know each other before the marriage is consummated in the groom's parents' house on the third night. Proof of virginity is obtained by the mother of the groom inspecting the sheets for blood stains. If the bride's virginity is verified, she is allowed to wear a red scarf, otherwise, she must wear a white scarf of shame, and demands for a partial refund of the "daro" are made. The young couple

lives with the groom's parents for at least a few years and the first born grandson is raised by the paternal grandparents.

The economics of the Gypsies remains a mystery. Throughout history they have shown remarkable flexibility that allow exploitation of the non-gypsies while maintaining their own cohesive culture. In the past, these occupations included animal training, coppersmithing, and horse trading, combined with some amount of petty thievery. Currently much Gypsy income is from public assistance (Aid to Families with Dependent Children, Supplemental Security Income, and disability payments). Fortune telling by women. Male occupations include roofing, black-topping, and auto body repair. Some Gypsies are employed in organized gambling but there has not been evidence of drug trafficking or violent crime; Dr. Thomas states that Gypsies have a remarkable aplomb in economic matters which serves them well in obtaining goods on credit. Their resourcefulness in outwitting computers is almost admirable!

Gypsy religion is of two sorts. Internally they maintain a complex set of beliefs containing evil spirits and elements of animism. Operationally, they take on the trappings of any orthodox church in their communities. In Boston, the Greek Orthodox Church is used for funerals and christenings, but otherwise the Gypsies do not attend. Most maintain a small shrine in their home. This shrine typically will have icons to the infant Jesus and St. Anne. There may also be saints with whom the family has a special relationship having brought good luck in times of crisis.

Serious breaches of Gypsy law are handled by a panel of elders. This is described as a solemn event. Dr. Thomas described one of these in Boston in 1982. This trial involved a family (a group consisting of several families) recently arrived from Florida, found to have several cases of genital herpes. The families were forced to leave town permanently and local families within whom they had socialized were banished from Gypsy social life for several weeks.

#### MEDICAL ASPECTS

High infant mortality has been recorded, but it was noted by a British physician that "the survivors are remarkably sturdy." No estimate of longevity has been found but in a society where one may be a great-grandparent by 45 years concept of old age, may be distorted but it has been stated that Gypsies over 50 today are considered quite old by their family ("old age is those older than I am, young people are younger than me"). It is said that "folk remedies" are used even today, administered by a "wise female" in the family groups. Traditional remedies administered by a great deal of ceremony include "goat vomit" which is a slime mold or algae to treat hemorrhage or epilepsy. Alopecia (baldness) is treated with hog lard with chrysarobin (a powder from a South American tree); tea with crushed strawberries used as a general tonic and diuretic. Although the use of the remedies is less common today, they have not vanished; one patient was treated for enlarging breast carcinoma for three years with garlic compresses before seeking medical help.

Gypsies approach contemporary medicine mainly at times of crisis, usually through Clinics or Emergency Rooms. Acute illnesses, as virus infections, minor injuries,

etc. were the most frequent causes. A sense of panic and urgency accompanied all visits. A knee sprain is to them almost as important as a heart attack. Immunizations and routine examinations were not desired by them. Fear of immunization was one factor but lack of motivation is the main cause of this attitude. However, their frequent use of the medical system gives them some exposure to it, and some other disease problems may be detected or even some immunizations given, but only on a small scale.

Health habits are poor - over 50% of marriage consanguineous. It is estimated that over 80% of Gypsies smoke cigarettes, this starts at an early age, even to infancy and it is stated that even if a single cigarette provokes a serious anginal attack, they will continue.

Diet is high in salt, sugar, fatty pork and beef. Obesity is considered to be healthy and prosperous. To be thin is looked on as being weak or very ill. Although alcohol is consumed liberally at social affairs it is unusual to see alcohol related diseases or true alcoholism. Also illicit drugs are rarely used. In general, it is said that Gypsies will take prescribed medication much more readily than change their lifestyle. (This attitude is not restricted to Gypsies, I can tell you).

Dr. Thomas states that as naive as the Gypsies may seem about disease processes, they are remarkably "savvy" about the U. S. medical system. Despite their illiteracy and through a pervasive Gypsy network, Gypsies know of the best hospitals and physicians throughout the country. Being distrustful of the non-gypsies in general, Gypsies seek only the "biggest" physicians. A "big" physician is well-known, older and often an academician, ("baro") meaning big, almost means powerful. They have little (if any) use for free clinics believing that anything free cannot be good. They will stop at nothing to consult the "big" physician.

Dr. Thomas states that his role as "Gypsy doctor" was somewhat ambiguous to them. Although considered "good for the Gypsies" the physicians main value was in providing access to famous specialists. Gypsies often questioned a medication unless it had been "discussed" with the Chief of Staff. Some requested bordered on the ludicrous, for a patient being considered for coronary angiography, they suggested contacting Dr. DeBakey. (Dr. DeBakey, although a famous vascular surgeon, most probably had never done a coronary angiogram in his whole life.) I will further on, tell of an antidote concerning Dr. DeBakey which one of my partners had while treating a Gypsy in Lynchburg.

#### HOSPITALIZATION

Hospitalization is one of the most turbulent times in the life of a Gypsy and his family. Here they are fed strange food off impurely washed dishes, forced to wear gowns that fail to cover properly the genitals and legs and has all the personal control taken from him. Dr. Thomas states that the worst problem is the fear of being separated from other Gypsies. From birth, a Gypsy is constantly surrounded by each other. So, many gypsies gather in the hospital, 30 to 40

members will gather in the hospital for minor medical problems, for a seriously ill Gypsy they will usually number over 100. (This is quoting Dr. Thomas who talks about the experiences in Boston, where there are probably over 25,000 Gypsies). Fortunately for us, there are many less in the Lynchburg area. There is no way over 100 Gypsies in one hospital can be inconspicuous. They almost take over the hospital. There is a 24 hour vigil around the clock, with many in the hospital lobby, noisy, smoking heavily, eating their own food. Dr. Thomas states that the Gypsies have surprising facility of medical terminology. He tells of a brother of a patient in cardiogenic shock, asked why Dopamine (a new heart stimulant was not used to keep her blood pressure up). Again, there is insistence of having the "biggest" physician see the patient. A brief visit by a senior staff member may greatly allay fears and allow the usual ward functioning to proceed. Gypsies are said to be able to follow plans for diagnosis and treatment so well that they pick up subtle discrepancies in answers from different physicians. They have little patience for uncertainty and indecision. But decisiveness can backfire if a prediction proves false, all faith is lost. Some of this communication chaos can be minimized by having one team member (it need not be the "big" physician) speak frequently with a designated family member (usually a male elder). In this way a young physician can thus develop a constructive relationship with the Gypsy family, by patiently answering questions, while slightly overstating the involvement of the senior physician. Most Gypsies readily accept care by young female physicians, but the concept of the "big" physician is almost exclusively male.

Problems with informed consent can arise with family elders try to shield a patient from the facts of his illness. Usually an honest explanation of the legal and moral imperatives will allow some discussion with the patient.

#### GYPSIES AND DEATH

Should the patient's condition deteriorate, the family vigil intensifies and there can be increase in anger directed at the Staff. At the moment of death, there is an incredible, sometimes frightening, display of grief (I have seen this in Italian families). Screaming in anguish, they pull out clumps of hair and hurl themselves against the walls and floors.

Strict death rituals must be observed - traditionally Gypsies always died outdoors and in the past beds have been dragged out to the courtyard of the hospital but more recently a "reformed" Gypsy movement allows the patient to die indoors but next to an open window with a candle under the bed to light the way of the spirit to Heaven. The room must be carefully scrubbed to remove all traces of blood. No discussion of autopsy is permitted. The body is taken to a funeral home where a boisterous three day wake is held. In the coffin is placed money, cigarettes, whiskey and even a T.V. Guide. It is believed that in the six weeks after the death, the Gypsy retraces his life and must repay all of his debts. At the gates of Heaven he must buy back all body parts lost in life, from fingernail clippings to an excised gallbladder.

The family mourning is highlighted by four feasts, marking the three day, nine day, six week and one year anniversaries of the death. These feasts may bring 300 Gypsies to a rented hall to dine on whole roast pigs and lambs amidst incense and supplication of the dead. Curiously, most of the food is not eaten, but is taken home in cardboard boxes after a frenzied stripping of the banquet table.

The use of this food over the next week is said to nourish the dead one.

The afterlife is not a permanent state in Gypsy belief. The spirit of the dead is said to dwell in Heaven only so long as someone who knew him remains alive on earth. Thereafter, the spirit gradually fades away.

As to my own limited experience with Gypsies, I can accurately recall three experiences. The first one was over 25 years ago when the late Dr. Harold Riley, Jr. and I were taking all the "so called" service patients on the medical service. This patient was an obese, seemingly old man, the head of the family of Gypsies in this neighborhood. I do not recall what his illness was but he was quite ill and required much attention, at least two, or maybe three, long visits daily. He was never left alone by his relatives, always at least three in his room (fortunately a private room on the 4th floor). On every visit in made, I was "grilled" by the relatives. Fortunately, I was able to "keep my cool" and give them plenty of time with each "inquisition". To my surprise and not to any great skill on my own, the "old man" (literally may not have been old) recovered, and early one morning, (about 2:00 A.M.) he was taken out of the hospital by his relatives and the whole group was never seen again. Sometime later (months maybe a year even) I received a phone call over a pay telephone (I could hear the quarters put in the phone) from Philadelphia. (I was glad it was from Philadelphia and not Amherst or Forest or some nearby place). The caller stated that the patient was sick again and in the Jefferson Hospital in Philadelphia and did I believe it was a suitable hospital. Fortunately for me, this hospital was our main teaching hospital of our Medical School (the Jefferson Hospital of Philadelphia) and I could tell the caller that was my hospital in Philadelphia and I could assure them that he would "receive the best of care!". I hope all worked out well, asked to give the "old man" my regards and I never had a followup on the story.

More recently, Dr. B. P. Edmunds, one of my partners, was assigned a Gypsy from Danville as he (Dr. Edmunds) was on E.R. call at the present Lynchburg General Hospital. He admitted the patient to one of the best private rooms on 3B (at the insistence of the father). The father and other relatives consulted Dr. Michael Debakey (world famous vascular surgeon in Houston, Texas) by telephone and was apparently satisfied by Dr. Debakey's reassurance that the patient's care "was alright". As I was "on call" for our group, that weekend I saw the patient and his family. The illness was trivial but consumed an unnecessary amount of time and again the family took the patient out the side door of the hospital late at night.

My third experience, equally unsatisfactory, was seeing a young (teenager) Gypsy male who was seen in the E.R. of the Lynchburg General Hospital because of acute nausea, vomiting and diarrhea. He had bought some kind of canned meat and had eaten it about three hours earlier. The young man promptly responded to intravenous fluid replacement and was never admitted to the hospital. The patient and his father et al lived in Madison Heights. A day or two later, I was called by a well-known "plaintiff's attorney" who wanted to know about the young man's illness as the father of the patient contemplated suing the company who sold the canned meat. I told the lawyer that I did not believe he had a case, as I could not tell whether the canned meat was contaminated or whether it was a viral infection or what. I never heard from them again.

I had one more Gypsy incident in that one of them appeared in my office and wanted a physical examination. I asked him if he was a Gypsy and he said he was. A few questions at that time, and his general appearance made me believe he was not suffering any acute problem. I told him while I had never asked any patient to pay me before the examination, I would have to ask my full fee. He decided he really did not need an examination.

George B. Craddock, M.D.

GBC/dw