

“Something’s stuck in his heart!”

by

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When Jere McElhaney, 23-year-old paramedic, first knelt beside the unconscious child, he noticed that his blue uniform trousers matched the child’s face almost exactly.

A hollow, hard-plastic ball was firmly lodged in the youngster’s throat and all efforts to remove it had failed; the suction that held it in place was too strong. Death, or brain damage due to lack of oxygen, was only minutes away.

In desperation, Jere managed to turn the ball with his fingers and noticed a small hole in its smooth surface. He grabbed a long, thin instrument from his medical bag, jammed it into the hole and popped the ball free.

Jere immediately began mouth-to-mouth resuscitation, and soon the youngster’s normal color returned and he started breathing on his own. Jere heaved a sigh of relief and grinned at his partner. Paramedics — perhaps even more than the rest of us — love happy endings!

For over eight years now, Jere has been living his very own happy ending. He was “killed” when a freak accident propelled a wire into his heart. Clinically dead (absence of pulse and respiration) when he reached the hospital, Jere’s life was restored to him by a combination of quick medical attention, skillful surgery, good luck, and earnest prayer. Jere was fifteen years old at the time . . .

April 18, 1973 was such a lovely Kansas spring morning that Leslie Atkinson decided to treat his 9th grade science class to an outdoor field trip. Shortly before 10 a.m., the students walked past the school gymnasium to an adjoining city park

While waiting for their teacher to organize the class, boys and girls stood around in small groups — laughing and joking, glad to be free of the confining walls of their classroom. Green-eyed, curly-haired Jere and several friends were standing near a shelter house. About a hundred feet

to the northwest, atop a small rise, a man was mowing the grass with a large tractor-type rotary mower.

Twang! Several students heard the mower blade strike an unseen object; those nearest Jere heard something whiz past their ears. Jere clutched his chest. "That thing hit me," he gasped. "I can't breathe."

Atkinson was standing about twenty feet from Jere's group when a boy ran over to report that Jere had been injured. Though small in size, Jere was tough and scrappy; he had lettered in football the previous fall.

Now Jere was pale and badly frightened, but he was still on his feet when Atkinson reached his side. "Something's wrong. I can't breathe!" Jere told him.

Atkinson dispatched a boy to the gym. "Tell the coach to call an ambulance. Fast! Run!" he ordered. Then he helped Jere to lie down on the ground.

From the moment Atkinson opened Jere's shirt and saw the tiny bloodless hole about two inches below his left nipple, one corner of the teacher's mind was preoccupied with prayer for Jere's survival.

Jere needed prayers. His pulse was weak and he was rapidly slipping into shock as Atkinson knelt over him speaking words of encouragement. His classmates stood by helplessly; many of the girls were crying.

In the gym, Coach Ralph Wedd telephoned for an ambulance. He directed several boys to station themselves at intervals from the school building to the accident scene, so the ambulance driver would not waste precious time trying to locate Jere. Then he hurried to the park to see if he could help.

Wedd was shocked at Jere's condition. The coach had seen combat in Europe during World War II, and, as he looked at Jere lying on the grass, his first impression was that he had seen dogtags taken off of soldiers in better shape. *He looks like he's been shot; he's not gonna make it!* Wedd thought. As he walked back to the school, he steeled himself to call Jere's mother and notify her of the accident.

At the McElhaney farm, a few miles outside Lawrence, petite, brunette Betty McElhaney returned to the house from the barn where she had groomed a newly-purchased horse. She checked on her 5-year-old

daughter, Liz, who was happily making mudpies on the patio, then entered the house to take care of her routine morning chores.

The kitchen was quiet. Only a couple of hours ago, the house had been bustling with activity as her husband, Louie, prepared to drive into town where he owned a glass and fence business, and their three older children — Jere, 15, Brenda, 14, and Julie, 12 — hurriedly finished breakfast so they wouldn't miss the yellow school bus that stopped at the end of their long gravel drive.

Betty was making Liz's bed when the phone rang. She answered and listened to the calm drawl of Jere's football coach saying that Jere had been injured by an object thrown by a mower and was being taken to the hospital by ambulance.

"Where was he hit?" she asked.

"I believe the upper portion of his body," Wedd replied.

Betty replaced the receiver, then picked it up again and dialed Louie's office. She repeated Wedd's message to Louie and told him she was leaving immediately for the hospital. Louie asked her to call him as soon as she reached the emergency room and had talked to Jere.

After hanging up the phone, Louie decided to meet Betty at the hospital instead of waiting for her call. He ran out the door to his pickup truck.

The ambulance bounced over the grass toward the small group surrounding Jere. A police car was parked nearby.

By now, Jere was unconscious and beginning to vomit slightly. The two ambulance attendants and a police officer checked Jere's pulse and blood pressure, and looked at the puncture wound in his chest. Then they loaded him into the ambulance which — with lights flashing and siren screaming — sped across town to Lawrence Memorial Hospital.

As the ambulance raced through the streets, Jere's pericardium, the sac surrounding his heart, was gradually filling with blood. When the pericardium stretched to its limit, the blood began compressing his heart. Once the external pressure on it became great enough, Jere's heart ceased beating.

In the ambulance, an attendant first removed Jere's shirt, then battled constantly to keep his airway open and to supply him with

oxygen. He did not dare perform CPR (cardio-pulmonary resuscitation) because of the foreign object in Jere's chest.

Louie McElhaney walked into the hospital emergency room and told Gaye Hill, the nurse in charge, that his son was enroute to the hospital by ambulance after being injured at school. He was pacing the hallway by ER when he heard the faint wail of an approaching siren.

Louie was understandably anxious about his son's injury, but he was totally unprepared for the ambulance attendant's words to Mrs. Hill as she helped move Jere's body off the stretcher onto a waist-high table. "We can't get a pulse. He's not breathing."

Gaye Hill had seen death many times in her 30 year nursing career. As her hands touched Jere's cold and clammy, putty-colored skin, she thought, *Oh, no! He's dead. We're too late!*

She turned to an aide. "Page Dr. Hird."

Dr. Wayne Hird, an intense, bespectacled chest surgeon, had just finished morning rounds on first floor when he heard the page: "Dr. Hird. Emergency Room. **Stat!**" (Immediately!). He ran to the stairway.

Betty had hustled Liz, muddy-handed and protesting, into the car and now they were halted at a traffic light behind a police car which had pulled out in front of them as they drove by Jere's junior high school.

Betty briefly considered asking the policemen for an escort to the hospital, but decided against it, not wanting to be labeled a "nervous mother."

She would not allow herself to think that Jere might be critically injured, but the fact that he was being transported to the hospital by ambulance worried her. When Jere's friend, Brad, had broken both arms in a fall at school, school officials — following set policy in such injuries — called Brad's mother to drive him to the hospital.

"I just wouldn't believe Jere's injury was really serious," Betty recalls, "but I knew it had to be worse than two broken arms."

Dr. Hird clattered down the stairs to the basement and reached Jere as he was being wheeled from the hallway into the emergency room. Hird had won a Bronze Star in Korea while running a front-line Battalion Aid Station and was expert at making a quick diagnosis from a hasty examination. He glanced at the hole in Jere's chest, then checked his back. There was no exit wound; obviously, whatever had entered Jere's chest was still inside.

Dr. Hird peered into Jere's eyes. The pupils — though somewhat dilated, an early sign of death — still responded to light. *We've got a chance!* Hird decided, as he ripped off his necktie and flung it across the room. "Get me a Number 20 blade," he barked to an emergency room orderly.

Dr. John Wertzberger, a husky, young orthopedic surgeon, was walking down the corridor when he noticed the commotion in ER. He hurried into the room and saw Dr. Hird examining Jere's eyes. Wertzberger assumed that Jere had sustained a trauma to the brain and felt the chances of saving his life were slim. But he knew that Hird would need assistance and Jere would require blood, so he asked an aide for a cut-down tray with which he could prepare Jere for transfusions by suturing plastic tubes into the large veins at his ankles.

As the orderly placed the razor-sharp blade in Dr. Hird's unscrubbed and ungloved hand, Mrs. Hill was at the phone giving the Code Blue alarm which would fetch a team of life-saving medical technicians to ER. A respiratory therapist, paged soon after Dr. Hird, was already forcing oxygen into Jere's lungs by means of a breathing bag placed over his nose and mouth.

Earlier, Mrs. Hill had inserted an intravenous (IV) needle in Jere's right arm. A clear fluid substance, used to counter shock, dripped down the tube and entered Jere's circulatory system.

But Jere's heart wasn't beating, so his brain was not receiving the oxygenated blood it needed for survival. If Jere were to live, and — just as important — if he were to enjoy a normal life, something must be done. Now!

There wasn't time for Dr. Hird to fit the scalpel blade into a handle. Grasping the blade between thumb and forefinger, he positioned the cutting edge in the center of Jere's chest and swiftly made a deep, lateral incision about 12 inches long, curving upward and ending behind Jere's left armpit. No rib spreader was available in the emergency room, so Hird, a former college football center, used his strong hands to pry open Jere's chest between the sixth and seventh ribs.

About four pints of blood which had collected in Jere's pericardium were released under tremendous pressure as Dr. Hird sliced into the swollen sac to expose the silent heart. People, walls, and medical supplies were splattered with bright red rivulets.

Dr. Wertzberger, busy at Jere's feet making incisions for placing the IV tubes, momentarily reacted with "sheer terror" as the blood was hurled into his face. A second or two later, having wiped the blood from his eyes, he calmly proceeded with his work.

Dr. Hird used both hands to scoop several large blood clots from Jere's chest cavity so he could examine his heart. Barely protruding from the left ventricle in the lower front portion of Jere's heart was a piece of wire the diameter of an average coat hanger. Dr. Hird grasped the wire and pulled.

Mrs. Hill had time to think that the wire — which extended out the back of Jere's heart into his left lung — would never stop coming out of his body before its four-inch length was finally freed. Dr. Hird quickly administered a shot of adrenalin directly into Jere's heart and began pumping it manually. The large laceration in the front of Jere's heart needed to be closed immediately. Hird sutured the wound with black silk as he pumped the heart. Squeeze . . . stitch . . . squeeze . . . stitch . . . squeeze . . .

"We're not going to lose this one," Hird vowed to the medical personnel working with him. And he promised Jere, "You're not going to die, Kid. I'm not going to let you die!"

Now more people ran into the emergency room in response to the Code Blue alarm. Dr. Hird turned to one of them, the nursing supervisor, and said, "Get some O Negative blood. All we've got."

O Negative is considered the universal blood type for transfusion when a life is at stake and there is no time for typing and cross-matching. The supervisor rushed to the lab.

Because of Jere's low blood volume (he had lost most of his estimated seven pint blood supply through the internal hemorrhaging), Dr. Wertzberger was having trouble finding a vein in Jere's left ankle. When he did reach a vein, he

discovered, to his horror, that it contained the colorless IV solution instead of blood.

With Liz in tow, Betty ran into the hallway where Louie was waiting. “How is he?” she asked. Louie’s handsome face was gray and his skin looked as if it were pulled tight across his nose and cheekbones. “It’s bad,” he said. “Something’s stuck in his heart!”

Betty dashed into ER. Dr. Hird was at that time massaging Jere’s heart, but — because of the number of persons attending Jere — Betty could see only her son’s curly head and bare feet. She stood quietly, not wanting to get in the way, but needing to be there. Fighting its way through the fear and doubt in her mind came a comforting thought: *He can’t be dead or all these people wouldn’t be working so hard over him.*

Suddenly a nurse’s aide noticed Betty. She grabbed her by both arms and pushed her from the room. “No, no, Mother,” the aide admonished, “this is no place for you! Betty didn’t resist or argue; she went to a nearby pay telephone and called her minister. Then she prayed.

The McElhaney’s family doctor appeared on the scene and shuttled back and forth between the emergency room and the worried parents. He was not optimistic about Jere’s chances. Betty wanted Jere moved to the Kansas University Medical Center in Kansas City, 35 miles away, but her doctor said that Dr. Hird was doing all that could be done to save Jere’s life.

In ER, meanwhile, a miracle was in the making. Jere’s heart began beating on its own and his breathing resumed, although he was still being given oxygen. He began to thrash about on the table, making Dr. Wertzberger’s attempts to implant the tubes in his veins even more difficult.

Dr. Hird moved down to the foot of the table to help Dr. Wertzberger. Because the EKG technician was unable to make the heart monitor electrodes stick to Jere’s cold, wet flesh, Dr. Hird told Gaye Hill to place her hand on Jere’s heart so she could tell him immediately if it stopped. Mrs. Hill looked down at the wedding ring on her bare hand holding the small, weakly-throbbing heart. *My God! She thought, He’s going to get a terrible infection!*

A plastic packet of O Negative blood, chilled to 46°F, was warming in a pan of water placed between Jere’s legs. Blood from another packet was already flowing through a tube into Jere’s left ankle. Dr. Hird made a long, deep cut in Jere’s left groin and threaded a large catheter into his femoral artery, through which blood was literally “poured” into Jere’s body.

The IV which Gaye Hill had placed in Jere’s right arm had been accidentally pulled out by someone in their haste to aid Jere. Dr. Wertzberger

reinserted the IV. Blood now entered Jere's circulatory system from three sources. He began to "pink up."

But Dr. Hird's work was far from finished. As Jere's blood volume and pressure rose, the small hole in the back of his heart began to leak blood at a faster rate. Also, the hole in Jere's lung needed to be closed, the lung reinflated, and a drainage tube placed in his chest.

Dr. Hird decided to move Jere to the more sterile and better equipped operating room where — properly gowned and gloved — he could repair the damage caused by the wire and close the incisions in Jere's chest and left groin while his patient was under anesthesia.

Accompanied by a number of medical personnel holding the tubes and other paraphernalia connected to Jere's body, the table on which Jere lay was rolled through the corridors to OR. Dr. Hird jogged alongside, his finger firmly in place over the hole at the back of Jere's heart.

Gaye Hill, two aides and an orderly were left behind in the chaos of the emergency room. The once-organized room now looked like a battlefield. Blood-soaked sheets, hastily thrown down earlier to keep personnel from slipping in the blood, littered the floor. Equipment lay where it had been knocked-over; tables were pushed aside. Mrs. Hill, physically and emotionally exhausted, slumped in a chair.

The orderly went to the medicine cabinet, removed an aspirin bottle and doled out tablets to Mrs. Hill and the two aides. Then he took some himself, emphatically declaring, "That was a three aspirin case!"

In the operating room, at 12:20 p.m., Dr. Hird — assisted by Dr. Wertzberger and two other doctors — completed an hour of surgery. Jere had required very little anesthesia during the operation and the possibility of brain damage was on everyone's mind; no one knew for certain how long Jere's brain had been deprived of oxygen.

As they wheeled him out of OR, Jere — beginning to regain consciousness — cried out plaintively, "I have to go to the bathroom!"

Doctors and nurses spontaneously applauded and Dr. Hird said gratefully, "Thank God, he can talk!"

After monitoring Jere's time in the recovery room for almost an hour, Dr. Hird approached the McElhaney's, who were anxiously awaiting word on Jere's condition in the waiting room outside OR. "I believe the boy will live," Dr. Hird told them. "He's not out of the woods yet, but I think he will live."

Betty and Louie were concerned that Jere might have suffered brain damage. In answer to their questions, Dr. Hird shook his head and replied, "I just don't know. We'll have to wait and see."

Betty then voiced a question that still brings a smile to her face whenever she thinks of it: “Did you remember to give Jere a tetanus shot?”

Her question broke the tension for Dr. Hird. He laughed and began to list the doctors who had attended Jere, counting them off on his fingers as he named them. “Between us,” he said, “one of us remembered to give him a tetanus shot.”

Jere spent a total of 17 days in the hospital, the first eight in Acute Care. On May 25th, 38 days after the accident, he returned to school for his 9th grade recognition ceremonies. He spent the summer recuperating and, by the time school started, he had resumed most physical activities — although he was keenly disappointed that his doctors would not allow him to try out for the high school football team.

Today — almost nine years after the accident — a fully-recovered Jere works 56 hours a week as a paramedic for the Douglas County Ambulance Service, while pursuing pre-med studies at the University of Kansas. He is probably the only student in his college classrooms who has delivered a baby in an ambulance stopped in the middle of traffic on Kansas City’s 18th Street Expressway.

Jere does not know the name of the baby girl he brought into the world two years ago, but he says that experience was “my biggest thrill and the greatest thing that ever happened to me.” And he remains grateful to his good friend and teacher, Yngve Dahl, the experienced paramedic who stepped aside to allow Jere to deliver the child.

Jere hopes that he will have the opportunity to deliver more babies. Meanwhile, he will continue his paramedic work — using the life that was given back to him to give life back to others. Jere McElhaney is indeed repaying his debt a hundredfold.

End

Afterword

This article was written in 1981. Dr. Hird, then in his late fifties, was retired and mine was the first — and perhaps only — interview he gave regarding his heroic efforts to save Jere McElhaney’s life. He died in 1982 when his ultra-light aircraft crashed into a tree on a golf course.

Dr. Wertzberger and Coach Wedd are also deceased. Gaye Hill has retired from nursing. Leslie Atkinson retired from teaching.

Louie and Betty McElhaney continue to live on the farm where they reared their children. Periodically, Betty calls Gaye Hill to thank her for helping to save Jere. Betty still remembers Gaye Hill coming out of the ER, taking hold of her upper arms, and saying, "They're going to be bringing him out. We've stabilized him enough to take him to surgery. They'll pass right by you and they won't have time to stop." She also remembers the perspiration beads on the nurse's pretty face, that her hands were ice cold and she was trembling.

Jere McElhaney is a successful businessman/farmer/rancher, the father of three children and served his community as County Commissioner for two terms.