Time warps

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Be warned: Some of this content may not be suitable for young children.

Nostalgia has its place if you like to remember the past fondly.

The older I get, the more nostalgic memories I have to choose from.

What's interesting to me is that the actions of some individuals and events that I hated or felt disgusted by most during the early days of my training have morphed into some of my funniest and happiest recollections from my career as a resident, fellow and faculty member at the University of Maryland.

And whenever I get together with peers who trained around the same time, we chat about and laugh over these once "painful" memories. The passage of time absolutely creates a filter that can transmute the past. Advancing years and intervening life occurrences no doubt contribute to this metamorphosis. It also helps to no longer be in the middle of those unpleasant circumstances.

These days, when things are quiet late in the evening in the emergency radiology section—a rare occurrence—I like to unleash those warped memories of our radiology department, circa 1980-1985, upon our trapped residents. I consider this time well spent, as this sharing concerns the local radiology department history and is fair game for teaching and discussion.

I typically start out emphasizing that the residents of today work in a terribly boring department. True, they do work with much better equipment and have endless sources of educational support, more colleagues to share the load, resident teaching facilities, and even offices for some. Indeed, the physical environment *is* quite nice and there is a much larger faculty with greater specialization. All-in-all it's a pretty good deal. But it's also one lacking in certain perverse charms. To convince them of this truth, I must relate a few comparisons with the department of 30-plus years ago. Be warned: Some of this content may not be suitable for young children.

Easy to get in

First off, getting into the radiology residency was not nearly as competitive as it is today. After deciding not to continue into my next internal medicine year, I simply "popped" into the office of the Chairman of Radiology one day with no appointment and, with barely a glance from his secretary. I introduced myself, gave him my CV—which he hardly peeked at—and said I was considering going into radiology and asked for his advice.

The first thing he said was, "Well, you've seen the light," which I took as a good omen. We spoke for a few minutes and then he offered me a residency for the following

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year and set up some mandatory interviews. I was a bit surprised. What I did not know was that getting a residency in radiology at that time and place mainly required vision in at least one eye, no overt psychosis and an interest in making lots of dough. Things, of course, became a bit more competitive just a few years later.

We got to do it all

So what conditions existed in my old department? On the positive side, we residents got to do every procedure, especially when we were on call. There were no fellows to bump us out. The only qualification for resident "supervision" was for any faculty member to be around somewhere. Very few non-angiographer faculty, who all shared on-call coverage, would come anywhere near a patient; they certainly would not gown and glove. One particular GI faculty member just sat in a corner of the control room and shook continuously during cases. As junior residents we got to do selective four-vessel cerebral angiograms, embolization, IVC filters, C1-C2 punctures for traumatic quadriplegia and lots more. The technologists taught us everything about catheters and wires at night, and the angiographers taught us about technique and pathology during the day. The perfectly performed neuroangiography case was to have all the films in proper order on the "alternator" (ask your older faculty about that), offer the correct interpretation and ask no questions. This approach allowed the on-call neuroradiologist to review the images, speak briefly to the patient and co-sign the procedure note without ever taking his coat off. Pulling this off made you a very good resident. We were all very accomplished doing procedures by the end of our training. Today, it's a big deal if a resident gets to hold a wire.

Party hardy

We also had a very social department, with lots of parties for residents and the faculty. The Preakness party was the best, with excessive alcohol and betting encouraged. These events allowed us to get to know the faculty better. This was not necessarily a good thing, as neuroses, borderline personalities, deep hostilities and fetishes were often just lurking under a superficially composed exterior. Self-control was in limited quantity. This description fit us residents, as well.

Tough professors

Some aberrant behavior manifested as loud arguments between faculty members, usually in the reading rooms, with threats such as, "I am going to rip your spine out through your mouth!" swirling about. Another GI attending was quite the feminist and refused to teach fluoroscopy to the male residents (only about 90% of us). This same radiologist constantly harangued one first-year resident who had not done an internship and was, she opined, so hopeless and dumb that he should not even bother to read any radiology or even to show up. That resident, a good friend, went on to become an internationally recognized radiology superstar.

In addition, disagreeing in public with a certain professor about her interpretations made you instantly *persona non grata*; ie, you essentially ceased to exist, usually for rest of that year. One fellow, new to the department, made that mistake on his first day. Models for our behavior were some of the attending radiologists who actually asked clinicians to "step outside" if they disagreed on the indications for certain studies.

Another gruff senior professor periodically would just walk into a conference and kick out the atypically junior faculty running it. He would then routinely select a resident *du jour*, show that resident one case after another with lots of questions, and hurl an endless array of insults for any mistakes. Most of the residents were prepared and survived these onslaughts, but a few made error after error and wound up in a headlock and being hit on the noggin for saying stupid things. Though it seemed horrible at the time and these days would probably get you a prison term—now it's a hoot. (For the record, I was never put in a headlock.)

We residents were not particularly socialized in dealing with people inside or outside the department. In fact, the residents in my year were referred to as the "bad apples." I do not believe I fit this designation, but I was guilty by association (OK, I may have occasionally made trouble). As a medical intern I had learned quickly never to bother the radiologist residents. They were rude, nasty, critical and condescending—and that was just for asking to review a case. I preferred to interpret my own studies as best I could. The idea of treating referring physicians as "customers" would have been totally hilarious to these radiology residents. If you tried to wake up the radiology resident on call at night you risked a barrage of new four-letter words. We felt entitled to a few hours of sleep, as we also worked the next day.

A huge number of studies, mainly plain radiographs, went missing every day, mostly thanks to the medical students sent to misappropriate them from the film library. In department lore there is the tale of the medical student caught with films by a certain gruff professor, who lifted the student a few feet off the ground by his shirt collar and told him if

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he were ever caught stealing films again his career was over—or even worse. Most of these films migrated back to the department, but occasionally we would go as a "raiding party" onto clinical turf (the clinical services residents' offices) and retrieve any studies we found.

Getting 'wasted'

The University of Maryland Medical Center was a state hospital when I started my residency in 1981, three years before it became a not-for-profit private hospital in 1984. As a state hospital it suffered from the limitations of poor equipment, inadequate space and personnel, and poor infrastructure common to such facilities. Things were always breaking, collapsing, rupturing or missing. One Saturday morning when I was on duty. I came into the fileroom to be greeted by a most disgusting odor. A waste pipe above the file room had broken and was dumping watery poo all over the film jackets stacked below. The *eau de toilette* survived for many years hence as films arising from those besmirched jackets still needed to be pulled for comparison with new films. This went on for years—well after the department went all digital.

Looking back at some of the events and behaviors common in my department in those days, I now consider them unique, charming in a deranged way and darkly humorous. I feel delighted to share my historical observations with my current residents, who typically look at me with shock and disbelief. Our department has changed as far to the positive side now as it was to the negative 30 years ago. It's really quite outstanding. But on the down side, we all behave so very decently now. You just never see these kind of weird, crazy and perverse situations anymore, and perhaps a little such impropriety would be a nice addition to our residency program experience. Through the years I've tried to do my share, being a true product of my training, but I guess I need to try harder. Sometimes I think the way radiology is going, we'll have plenty of loony people to work with soon.

The warping of memory can indeed turn some past interactions and events from painful to even pleasant, and it usually functions as a protective mechanism—at least if the precipitating event is not too awful. The memory warp is often the product of incomplete and inaccurate recollections, the influence of experiences during the intervening years, maturation (ok, maybe not so much), and being far removed from the offending situation in time and space.

For better or worse, it's a pretty slow process. I've got some recent issues that won't mellow out until at least 2073. Warp speed ahead.