

The Boy Who Was Brought Back from the Dead

by the doctor who saved him



Larry Hillman is a happy, normal boy once again.

This is the first-person account of the most spectacular medical event of the year, told by the doctor who lived it. Because of ethical considerations, the doctor has requested that his name be withheld. The story has been approved by the Fairfield County (Conn.) Medical Society, and the facts herein are identical with the case history that will be reported to the Medical Journal.

WHEN THEY carried three-year-old Larry Hillman into the hospital emergency room at 11:46 a.m. last March 16, the youngster was apparently dead. There was no heart beat, no pulse, no respiration. The pupils of the boy's eyes were widely dilated, and his body was extremely cold. Medically and legally, the diagnosis of death seemed indisputable.

Almost half an hour earlier, Larry had fallen into a deep pond near his home in Trumbull, Conn. Despite heroic efforts by two neighbors who pulled him to shore, it was apparent that the boy had drowned. At 11:40 a.m., a public-health nurse pronounced Larry dead.

Under normal conditions, eight minutes of complete loss of oxygen will cause irreparable damage to the brain—or death. The longest interval of heart stoppage ever recorded where the patient recovered fully, has been six-and-a-half minutes. Nevertheless, at 11:57 a.m.—17 minutes after the nurse's pronouncement and possibly 38 minutes after the boy was found face-down in the pond—Larry's heart was beating again.

How did this happen? Why did it happen?

The more emotional might label this as a miracle. Others might regard it as a medical fluke. It was neither, but a miraculous chain of circumstances played a part in Larry's victory over death.

Before the boy even reached our hospital, certain factors set the stage for the drama that followed. The 32-degree temperature of the pond, for instance, was a most important contribution to the success of our desperate gamble. So was the ceaseless application of artificial respiration—futile though it seemed—throughout the five-mile dash by ambulance to Bridgeport and St. Vincent's Hospital. And not to be minimized was the phone call of an alert bystander, alerting hospital personnel.

When the ambulance reached the hospital all was in readiness and events moved swiftly. An anesthesiologist inserted an endotracheal tube into the boy's windpipe and breathed into the boy's lungs until an oxygen pump could be put into operation. There was no response. One cc of adrenalin was injected into the heart. Still no response.

There was one desperate measure left. A call went out for the hospital's surgeon. Luckily, I was across the hall from the emergency room.

The decision was made to attempt to stimulate the heart by hand massage. Within seconds, an incision was made on the left side of the boy's chest. The heart was dead still.

At 11:55 a.m., I began the massage. After two minutes of steady manual manipulation, the tiny organ in my hand suddenly responded, and its first

beat reverberated in my own heart. Initially there were isolated contractions; then, at 12:02 p.m., the heart began a slow rhythm and a palpable pulse was established. Within three minutes the heart beat was normal. Then the incision was closed.

It had been an hour—almost to the minute—since little Larry had drowned. With his heart pumping faithfully again, we might have felt elated; but it was but a brief moment of triumph. Now, for the first time, we were told the boy had been dead 17 minutes before the heart massage succeeded. That was too long; it meant serious brain damage.

Then, suddenly, our hopes brightened again when we checked the boy's temperature. After 30 minutes of warming him with hot water bottles, the thermometer registered 80.5 degrees F. Now we realized the icy waters might have given Larry some protection by reducing his body temperature at the time his oxygen supply was cut off.

The deliberate pre-cooling of the body to protect the brain against permanent damage during heart surgery is one of the newest tools in medicine. Using this hypothermia method, the temperature is reduced to 80 degrees F. and the arteries carrying oxygen to the brain are clamped off for at least 15 minutes during surgery.

In order to determine possible brain damage, we had to warm the boy's body slowly. We received our answer promptly. His temperature suddenly shot up to 106 degrees F. Combined with convulsions and general twitching of the extremities, this indicated serious brain damage.

Our problem was complicated by detection of a complete heart block and pneumonia, although the latter was combated with antibiotics and oxygen.

Hoping to reverse the brain and heart damage, we packed Larry in ice and brought his temperature down again. Later we used a refrigerated blanket to maintain better control, raising and lowering temperature to fit his condition.

On the second day, a general spasm seemed to indicate our efforts were failing, but within 24 hours this condition improved and normal reflexes returned. On the third day, Larry began taking fluids by mouth and was able to suck on a lollipop. At one point during my examination, he opened his eyes and said: "I wanna go home."

For the moment I could only beam silently.

Larry's courageous parents got their reward next day, when the youngster greeted them with: "Will you take me for a ride in the car, Daddy?"

In the days that followed, recuperation was steady. Larry easily identified his toys, solved old and new puzzles, remembered people and events. The brain damage had been completely reversed.

After 16 days in the hospital, Larry finally got his ride—back home. He has returned to his normal, vigorous life. He has no problems.

Larry's dramatic recovery—a tribute to the remarkable achievements of medical research—underscores the need for disseminating new techniques and knowledge for the benefit of people everywhere. His case should be viewed not only in the emotional terms of a little boy brought back from the dead, but also as an inspiration that will save other lives in the future.

Cover:

Today's Flag Day cover is the work of artist Fred Irvin. For more about our flag and the current changes it is undergoing, turn to the feature on page 7.

Family Weekly

June 14, 1959

LEONARD S. DAVIDOW President and Publisher
WALTER C. DREYFUS Vice-President
PATRICK E. O'ROURKE Advertising Director

Send all advertising communications to
Family Weekly, 153 N. Michigan Ave., Chicago 1, Ill.
Address all communications about editorial features to
Family Weekly, 40 E. 58th St., New York 22, N. Y.

Board of Editors

ERNEST Y. HEYM Editor-in-Chief
BEN KARTMAN Executive Editor
ROBERT FITZGIBSON Managing Editor
RALPH J. FINCH, JR. Art Director
MELANIE DE PROFF Food Editor

Jack Ryan, Kevin Brown, Honore Sieger, Thomas Gorman,
Jerry Klein, Peer Oppenheimer, Hollywood.

© 1959, FAMILY WEEKLY MAGAZINE, INC., 153 N. Michigan Ave., Chicago 1, Ill. All rights reserved.