

## Pilgrimage to Sonoma

Have you ever made a pilgrimage? Pilgrimages energize the spiritual dimension of a person: setting aside time for a reflective journey to focus your mind on the important and meaningful, traveling to a sacred place for answers to the big questions life asks of us, or escaping the demands of our work lives to experience spiritual renewal. The idea of a pilgrimage has been in human culture for thousands of years. Many religions attach a special significance to a place, and in the 21<sup>st</sup> century pilgrimages are alive and well—annually 200 million travelers visit 39 of the most popular destinations such as: Lumbini in Nepal, the birthplace of Buddha, Mecca—the site of the mandatory religious pilgrimage of all Muslims, the Western Wall of Solomon’s temple for Jews, and for Christians—the Holy Land or the Vatican. With the abundance of Hindu Gods—almost any place can be considered sacred and a destination for a Hindu pilgrimage.

But the title of this paper identifies Sonoma as the destination for this pilgrimage, and you are correct, the Sonoma valley or even the small town of Sonoma *is not* on the list of destination places for a religious pilgrimage. Some would say there is a wine god, but I did not learn that growing up in the Methodist church.

I was not traveling to a religious shrine, but this journey did have a spiritual significance with a search for some answers, and though the central character of the story was not a saint, none-the-less, all who went venerated him. The place did have special a connection for the travelers, because not long before, the prime spirit for this pilgrimage introduced us to the wines of northern California. He enjoyed sampling and comparing wines and taught us that wine tasting is a way to bring people together where meaningful conversations often occur.

Late last summer my brother, Steve, the wine connoisseur in the family, suggested that my 3 brothers and our sister should all travel to Sacramento California to celebrate our Dad's 90th birthday. Ten years before on his 80<sup>th</sup> birthday we surprised him by showing up in Placerville, CA where he was then

living. It was a rare event for us—being together without our spouses and away from our children. On that visit we traveled to the Wineries of El Dorado County where the volcanic ashed soil and the higher elevation provided a unique climate for growing grapes. We also discovered some of our dad's favorite wineries in the county—Lava Cap and Madronne. We agreed we should get away together more often, but life gets busy, and 9 ½ years later we had not followed through on this idea.

The decade from his 80<sup>th</sup> birthday to now had seen the slow march of human decline. He developed some heart problems, moved to a smaller condo, maneuvered more carefully, became less social, and then the disease his mother experienced began to emerge and take hold. My grandmother developed Alzheimer's at the young age of 65. Dad's experience came on in his mid-eighties, and by age 86 he was becoming too much for his wife to handle. He was crashing his computer so often that it had to be taken away. He stopped reading and regressed to working on 3<sup>rd</sup> grade puzzles. He began to roam at night. One early morning his wife found him wide-awake, convinced he was a Navy submarine commander on a mission in WWII. On another evening he had fallen out of bed, and when she went to help him up he punched her in the face. That was the last straw, and he was placed in a nursing home for patients with end-stage Alzheimer's disease November 7, 2011.

In the fall of 2014 as he approached his 90<sup>th</sup> birthday, he was not Dad as we remembered him. Even in the later stages of Alzheimer's disease, in unpredictable rare moments, meaning-full interactions could occur, and as father's do, he was still capable of teaching life lessons. I recall the previous February when I went to visit. His accommodations, an 8 by 12 ft. space on a checkered linoleum floor, were plain by previous standards. They included a simple, yet comfortable bed, a small dresser for mementos and a few pictures of family. I was struck by how happy he was; the Alzheimer's had cured his depression. And the lesson I received was—*you need very little to be happy.*

Last fall brother Steve visited for two days. The first day was frustrating.

Dad had no recognition and barely opened his eyes. Returning the following day Steve experienced, “The Gift.” Dad was fast asleep, but then awakened again without recognition or connection. However, Steve’s wife, took his hand, pointed to Steve and asked, “Doc, do you know who he is?” After a noticeable long pause, Dad spontaneously said, “Yes I do.”

After talk of the weather and the crops in Ohio, Steve asked Dad whether he remembered the piano and singing “Allouette.” He sang the familiar refrain Dad had taught us: *Alouette gentile alouette. Allouette, je te plumerai.* After the first verse Steve said, “I love you Dad.” Those words, now enveloped in familiar music, made it through the tangled synapses to make an association—and with tears in his eyes he said “I love you guys.” After, hugs and kisses, they said “Goodbye.”

Hopeful that we might hear those words, we all agreed to clear off our schedules for January and make a trip to visit our father for his 90<sup>th</sup> birthday. We planned to get a bottle of Pride Mountain Merlot 2007 (Sonoma Valley) and offer a toast around his bed to celebrate his birthday. He may not recognize us, but taste is one of the last senses to be lost in Alzheimer’s, and he would likely enjoy this Merlot.

Dad, though, had a different plan, and in November he decided to develop pneumonia, a disease he called the old man’s friend, and after two days of a brief battle he passed away. This was not out of character. Interaction with Dad was always on his terms. That’s just the way it was. His death caused us to reconsider whether we should continue with the trip, but it took little time to decide we would still make the journey but with a different purpose. This trip was to be a pilgrimage. We would celebrate his life, and in addition, we went seeking to share and discuss the meaning of his life to each one of us.

Steve secured a 6000 square foot Italian style villa, the Villa Della Luna, 1000 feet above the Sonoma Valley with a spectacular view of the valley and at night the twinkling lights of San Francisco 60 miles away. And that provided the place, high above the clouds, isolated from our work, stripped of our professional

roles, and freed from the usual intrusions.

The inspiration for the structure of this paper comes from another source—some will recognize the following opening, writ by that famous vintner's son, Geoffrey Chaucer in 1387 as he introduced another group of pilgrims:

You go to Canterbury—bless the Lord,  
May the blissful martyr pay you your reward!  
I know well, as you travel the way,  
You all intend to tell tales and to play;  
If you ride on the way dumb as stone  
comfort and mirth both will have flown;  
Now, I know a way I can divert you,  
As I have said, and give you comfort, too.  
And if it pleases you to give assent  
So you all agree to trust my judgment,  
And to do according to what I say,  
Tomorrow, when you all arrive by the way,  
Now, by the soul of our father who is dead,  
Unless you're merry, I'll give you my head!  
Hold up your hands, now, without further speech!"

All our assent took not long to beseech.  
... "My lords," said he, "this plan is best.  
... Each one of you, to help shorten our way,  
Along this journey, two tales you will say,  
Toward Canterbury, as I mean you to,  
And homeward, you'll tell us another two,  
Of adventures that in old times did befall.  
The one who bears himself the best of all—  
That is to say, the one of you who might  
Tell tales that have the most meaning and delight—  
Shall have a supper paid for by us all.

This is how our storytelling contest got started. The place was the veranda, the patio near the pool, or the central dining room of the Villa Della Luna with glass of wine in hand. One of the wines was a red blend named Wisdom from the ***wise Vineyards***, opened with the hope that it could help us tap into some of our father's wisdom. The prize for the best story was to be a \$50 Pinot Noir from the Buena Vista Winery, the oldest winery in California, and a free meal at The Girl and the Fig restaurant on West Spain street in Sonoma. The story had to communicate something about our dad, had to have a life lesson that shaped us, and had to hit an emotional note—ranging from laughter to sadness to indignation. Vulgarity and bawdiness was allowed; our dad was known to find such stories to his liking. So I offer you five short tales, a sampling of some of what my Dad meant to me, stories of my childhood growing up in a small little farm town in Northwest Ohio, a time that stretched from 1957 to 1979.

### **The Setting in which the Story Tellers Lived.**

Our father was a family physician in a small town in Van Wert County. This small town was platted on the dry side of the southwest ridge of the Great Black Swamp. This swamp had been the lakebed of Maumee Lake that extended the Western Basin of Lake Erie all the way to Fort Wayne, Indiana. In the 1850s the swamp was drained to create prime farmland with 10 feet of rich loam soil. In 1873 the town was incorporated and the Chicago—Pittsburgh line for the B & O railroad ran through the village.

My parents arrived there in 1955 with two small boys. A small farm town didn't have a significant draw for our mom. Even though she had grown up nearby, they had lived in Chicago and NW Ohio did not have the allure of the big city. My mother was concerned about raising a family in a small town with all the limited opportunities, but a friend shared that in this small town, even the kids with limited skills would get a chance to play sports or perform, and a lawyer friend said, "if a kid's "got it" they are going to make it, and if they don't it doesn't matter where they grow up."

In retrospect, this was an ideal place to be raised. My training in life and perspective on people in this small town had three formative influences—all ensuring regular contact with people. First, Dad’s office was in the lower half of the house and he saw on average 60 patients a day, flowing in from the small town and the surrounding counties. Second, our house was the first house next to the small business district. People walked by the front of the house from the north end of town for trips to the grocery, the bakery or the hardware. The back-end of our property was bounded by the town parking lot used by folks for their cars, trucks and tractors. In addition, my bedroom looked down on the back end of some of these businesses—particularly the bar where most people used the back door, and I learned a lot by observing people coming and going from there. Finally, I delivered papers for *The Lima News* and later the *Fort Wayne Journal Gazette*, and this took me into people’s homes around this town of 1100 people.

I was the third of 5 children. I had two older brothers, a younger brother and then a sister. In time we all went to college and grew up to become—a rural family physician who has a horse farm, a lawyer who specializes in bankruptcy to support his wine habit, an academic family physician who is a member of this club, an artist who owns a clothing design company and a small store in Brooklyn, New York and my sister who is an oncology nurse practitioner. My sister was unable to join us leaving the four boys and our spouses making this pilgrimage.

## **Sonoma Tales and the Lessons Learned**

### ***The 1<sup>st</sup> Tale: Explosions in the Basement***

Dad had few hobbies. Growing up in a Mennonite home, work was his life, and when he wasn’t working he was serving on community boards or attending civil groups such as Rotary. He tried golf, but that never stuck. No time for exercise. He played the piano by ear for relaxation, and though he was quite musically accomplished as a young

man, he rarely touched his cello or string bass. But there was one hobby that taught us how bad a scientist he really was—making homemade wine. Fortunately the approach he taught us about making fine wine he never applied to his medical practice. As a wine consumer he had to be careful since he had a solo practice and was always on call—so he had a self-imposed limit on how much he drank during his practice years.

Since we did not have grapes he decided to rely on what was available: rhubarb and dandelions. We had a large stand of Washington Rhubarb next to the garage and thousands of dandelions covering our large yard during the late spring and summer. We were incentivized to pick at least a bushel of dandelions— a penny a dandelion.

Most individuals start small and try to gain some competency before going into full-scale production, but not Dad. He chose 5-gallon containers for the fermentation vessels instead of the usual 1-gallon. He bought a set of plastic, food grade fermentation vessels, a siphoning hose, some muslin, and a set of fermentation locks that penetrated the rubber bungs he used to stopper the fermentation vessels. Eventually he bought a corking machine, wine bottles and created his own label. The workroom in the basement was set aside for making the wine, and he built square wood boxes for both the large fermenting vessels and bottles of the finished product.

At first he followed the directions. Add the required amount of active yeast, sugar, yeast nutrients, some sulfur dioxide to kill the natural microflora on the rhubarb or dandelions. All went smoothly in the beginning, but then we soon learned that making wine could suffer from neglect. Like a chemistry experiment, conditions must be

controlled, and once started you have to be ready and attentive at critical times. You can predict what will happen when you have active yeast consuming large amounts of sugar and producing not just alcohol, but also carbon dioxide in a fixed space, in temperatures that may be higher than ideal. The fermentation locks when they work release the gas produced by the yeast. Nature follows these predictable rules captured in the Ideal Gas Law, and even the life and good deeds of a busy country doctor cannot alter these laws. The conditions were ideal for fast-growing yeast, which matured in the first 3 to 4 days rather than the typical 8-10 days. The ambience in the basement was filled with the audible gurgling of the fermentation vessels, and with the gases building up. Then out of nowhere the fermentation locks would suddenly explode out of the vessels. These explosions were more of a nuisance because of the cleanup. The more dangerous explosions were from the corked bottles that were still fermenting and put aside too early. The bottles lay innocently on their sides in the box bins and were pointing directly toward the sitting area in front of the TV. Unlike champagne bottles that have a metal cage over the cork—these were free to shoot across the room and that they did with all of the wine coating the floor.

Though my mother would think differently, that was not the worst of it. It was the deviation from the usual ingredients that took his winemaking skills to a whole new level. Acting on scientific inspiration, he was caught red-handed, literally and physically, putting cinnamon flavored red-hots into a batch of rhubarb wine, a memory none of us forgot or would let him forget to his delight. What inspired that idea? Finally during one of our round table wine sessions he confessed *with*

*his quick wit and subtle smile, the red-hots were nothing more than a creative attempt at serendipity—just like Alexander Fleming accidentally sneezing into a petri dish and discovering penicillin.*

### ***The 2<sup>nd</sup> Tale: The Waiting Room***

Anything can be heard or happen in the waiting room of a doctor's office. In a farming community it's expected that everyone knows everyone else in the waiting room, and going to the doctor is a social event. A person can catch up with the Sunday sermon, hear the weekly gossip from the lady's group at Betty's Restaurant, share friendly competition about who has a better garden, learn what happened on a family trip to grandma's, or debate the Yankees chances of winning the World Series. Waiting rooms reflect not just the diseases of a community, but also the values, the education, the thinking, the attitudes of the people who live there.

The waiting room in our Dad's office was cozy—chairs for about 10 people. Rectangular in shape, it had a window facing the street that was high enough to allow some chairs beneath it and a slight draft in winter. Along the opposite wall was an original cityscape painted by our artist mother who attempted to transport the patients' minds to some place other than coming to the doctor's office. To the right of the entry door was an enclosed coat rack where all the coats could mingle. Opposite the coat rack wall was the receptionist's desk separated by a sliding glass window, easily opened or closed to allow the receptionists opportunity for private phone conversations long before HIPPA became law.

The cityscape on the wall seemed somewhat out of place for a small town in northwest Ohio. What was even more out of place for our town was people of color. Our small town was 100% white. People of color did not exist, and my exposure was limited to the famous athletes, like Bill Russell and Sam Jones of the Boston Celtics whom I followed on the sports pages and TV. A black person in our town would stand out like a lone carrot in a sea of peas.

In the neighboring county seat, a few families of color had moved in and needed a doctor. In rural Ohio in the 1960s, not all physicians would take patients who were black, and that created access problems. It was the time of the Civil Rights act of 1964 when racial segregation ended in schools, the workplace and facilities that served the general public such as waiting rooms in doctor's offices. The mindset of segregation was still pervasive. In a country doctor's office there were no segregated waiting rooms anyway. Patient entered through the same door. Their coats shared the same coat rack. People sat close together.

But my father had trained in Jackson Park Hospital, Al Capone's hospital, on the Southside of Chicago in the 1950s. That hospital served an affluent upper class population, but the neighborhood was changing in the 1950s, and the hospital was faced with a decision to stay or to leave the area. The board of trustees made the decision to stay and serve the changing community. Dad had provided care for people of color in that hospital, and he learned doctors take care of everyone, regardless of race. He let it be known that he would welcome any patients of color to his practice. But not all of Dad's patients were so

accepting.

The first time a family of color presented to Dad's office the waiting room became quiet and tense. One old farmer got up and left. Word quickly spread through the grapevine that Dr. Diller was accepting people of color, and with that a few families decided to transfer their care to old Doc Kriescher, the other doctor in town. In this town most people spoke with their feet rather than their mouth.

Dad said his anatomy class taught him that people were the same on the inside. Hearts had the same 4 chambers and blood flowed in the same direction regardless of skin color. These same hearts were capable of love and hate, and each person had to decide what to fill their heart with. He chose to fill his heart with love since hate was like a flesh eating cancer. His Mennonite parents taught him love was a better way to fill the human heart. He also recognized that some people struggled to find love in their hearts, but still needed to learn to be respectful and tolerate the differences. *Dad often preached tolerance, but deeper down he knew love was a better way.*

### ***The 3<sup>rd</sup> Tale: Finding the Near Dead***

Two of Dad's favorite TV programs were "Quincy Medical Examiner" with Jack Klugman and "Colombo" with Peter Falk as the eccentric detective. These programs, the forerunners of today's high tech version, CSI, often introduced the quest and enjoyment of a good detective story with a social cause and a medical bent. Truth is Dad was the county coroner for 15 years, and watching these programs was

continuing medical education for him. But real life in our town featured these stories as well.

Every small town has a “town drunk”—like Otis Campbell on Mayberry. The main distinguishing feature of our Otis was his dress and gait. He was thin as a rail, about 5’10’ and no more than 130 lbs. He wore a straw hat that covered his thin white hair, wire-rim spectacles, a white dress shirt, with suspenders holding up his baggy beige, high water pants. He seemed to want to ensure his white socks were seen over his high-top leather boots. He relied on a cane to help him navigate his way from the bar along the alley beside our house. He had a wide based, foot-slapping gait—like he was trying to find the ground beneath him. The trip required tremendous physical effort to walk from his house—along the sidewalk, down a back alley, then across the town parking lot and then another alley, across the main street—to the bar, all about a quarter of a mile one way. He made the trip twice a day, in the late morning for an eye-opener, and then after supper, often arriving home just after dusk.

One clear summer morning I exited the back of our house and headed through the yard toward the back corner of the property that ran along the alley. This back corner had large pine trees with plenty of soft needles beneath them. On my way to drop a letter off at the post office I noticed a human body lying still beneath the trees and from a distance—lifeless. As a young boy with little experience, my first response was to freeze—immobilized. Unable to think clearly, I stopped, and then I noticed a familiar straw hat off to the side. Otis! Cautiously moving closer, not wanting to disrupt a potential crime

scene, I heard him snoring. I then got closer and leaned over, attempting to awaken him. Whew, did he smell strong—mixed smells. He had pissed himself, and reeked of what I now know the smell of metabolized alcohol.

“Otis, are you ok? “

“Huh? What? What the hell? Boy, what you’d do with my covers? It’s damn cold and wet around here.”

“Otis, what are you doing here?”

“Where the hell am I? And who the hell are you?” Struggling to focus,

“Oh, Ain’t you one of the Diller boys?”

“Yeah, You’re laying in our back yard. You must have fallen on the way home last night.”

“Aw shit. Sonny, No way in hell I fell. I was tired and decided to lay down to get some sleep.”

“You got some dried blood on the side of your head, and your glasses are broken. Looks like your glasses cut you. You ok?”

“Damn my head hurts. Help me get my ass up and get home before my old lady sends out the posse.”

“Now just stay here and let me go get my Dad.”

Otis was in no shape to move on his own. Dad came out in his white coat and helped him into the office where he was cleaned up. No broken bones. He slept it off, and then was taken home. Made it through another day ready to go at it again. Dad later said he was lucky he didn’t hurt himself more. Being drunk and not able to feel your feet in the dark is not a good combination. With his Mennonite heritage and tee-totaling parents Dad was raised on the words of Solomon:

*Wine is a mocker, beer is a brawler, and whoever staggers because of them is not wise.* I saw the truth of this in Otis's beat-up body.

That was not my last meeting with the near dead. In many small towns it was common to have at least one car dealership. Our car dealer sold Fords, and he had a problem with spirits that turned him into a Mr. Hyde with fits of uncontrollable rage. His first wife, long-suffering for 20 years, finally divorced him after raising 4 children. Mr. Ford dealer married a 2<sup>nd</sup> time and moved to a small apartment near his car dealership. His second wife drank too, and when the two overdid it, fireworks were sure to follow.

I am a morning person and usually the first one up in the house. One Saturday morning I got up, went down stairs to get the newspaper and eat breakfast. As I hit the bottom of the stairs, I noticed blood, first on the cream colored painted walls, and then on the carpet. I followed the line of blood into the kitchen toward the back door, and there on the stoop lying next to the bathroom was a bare-footed woman in her nightgown with her coat open and all to see. She was covered in blood, lying motionless. This instance, I did not freeze, but instead my flight response took hold, and I turned around running up the stairs three at a time to get Dad. It was just a little after 6AM. Dad got up put on his robe and came to investigate. Approaching the body, he checked for pulse and breathing. She was doing both. His initial survey revealed that all the damage was confined to her face with some blood on her hands. No stab wounds—the nightgown was clean beneath the coat accept for the front. He spoke her name and gently rubbed her shoulders. She began

to come around and he helped her up and took her to the office next door where he cleaned her up.

It was alcohol again, but this time the assault was inflicted upon a woman. The term “Domestic Violence” entered the common language in the 1970s. In the 1850’s the term “wife disciplining,” prevailed, and then over the next hundred years the more undistorted term, “wife beating” was used. I had heard rumors of “wife beating,” and this made no sense. How could a husband beat his wife and inflict this kind of damage? Robert Louis Stevenson answered it this way, *“The devil had long been caged, but (alcohol) let it loose to come out roaring. ... The spirit of hell had been awakened and raged. With a transport of glee, he mauled the unresisting body, tasting delight in every blow.”*

#### ***The 4<sup>th</sup> Tale: Heart Attack***

Do you remember your first experience of someone with a heart attack? Mine was when I was seven years old. It was Friday the 13<sup>th</sup>, December 1963, the year for the highest rate of heart attacks in the United States ever. It was also the year that the American Heart Association endorsed CPR, chest compressions and mouth-to-mouth breathing, for use in the setting of a cardiac arrest.

We always tried to eat together as a family and supper was late because Dad was still seeing patients next door. Just 10 feet away from where I was sitting in the consultation room where x-rays were shot, dad was battling the grim reaper for the life of a close friend, Byron, a 35 year old a farmer with four sons ages 8, 10, 12, and 14 and married to Mary Katherine.

Byron loved music. He played the trumpet and led the choir at the Methodist Church where our families attended. My two older brothers were the same ages as his youngest sons, and they played on the same sports teams, were in Sunday school together, and attended each other's birthday parties. For the last eight years our families grew close together. We often visited their farm in the summer time, and Byron would hit us ground balls and pop-ups in the game of Dollar-Up in their big open yard in front of the barn. I being the littlest was always at a disadvantage with the older boys and was lucky to catch anything.

Byron had black wavy hair and an easy smile. He was a picture of health: trim, athletic and vigorous. Late that afternoon he had driven himself to the office with some new chest pain. His one vice was smoking. He was a heavy smoker, two packs of Lucky Strikes per day, but then in 1963 so were a lot of Americans; 43% of adults were smokers. We were less than a month away from the Surgeon General report on Smoking that was released January 11<sup>th</sup>, 1964. The early results from the Framingham heart study had identified factors that were associated with increased risk for heart attack: high cholesterol, high blood pressure, diabetes, smoking and being overweight.

He had walked in with chest pain. He was sweating and nauseated. The nurses brought him back to the consultation room and took his vital signs and began:

**Nurse:** Taking his pulse "You look uncomfortable Byron. What is wrong?"

**Byron:** Breathing heavily, he replied, "*A couple of hours ago, this squeezing pain started in my chest. I thought it must be something I ate,*

*indigestion or something. I never had this before, it's not easing up, so I came in. I am starting to feel sick to my stomach."*

Dad was with another patient, but the nurse quickly finished and got him to lie down on the exam table. She interrupted Dad and let him know that Byron was here chest pain.

Dad found Byron sitting up on the exam table, flushed, breathing rapidly and sweating profusely.

**Dad:** *"Byron, Jeanne says your experiencing some chest pain, let's see if we can get it to calm down. Jeanne, let's get an ECG and nitroglycerin.*

*The ECG showed that the inferior region of the left ventricle was not getting the oxygen it needed.*

In 1963 there was very little available to small town physicians for patients with chest pain. Rural hospitals were not well equipped and there were no trained EMS squads in any county in Ohio. Nitroglycerin, Oxygen, Morphine, Lidocaine. That was all a physician had.

Mom decided we should go ahead and eat. Our kitchen door shared a small entryway connecting the back door of Dad's office. This allowed the nurses or one of us to travel back and forth to find out if Dad was on time for dinner. A delay was not unusual. Mom knew what was going on. The nurse earlier let her know that Dad was with Byron, and it was serious. Mom was very quiet, sitting at the table with the rest of us when the kitchen door was cracked open by Jeanne, the nurse, who was dressed in the crisp white dress with the traditional short white nurses cap on her head. She looked at mom solemnly, said nothing and instead shook her head side to side indicating the outcome of the battle.

Byron was gone. Mom immediately leaped from the table crying out, “Oh Mary, Oh Mary, No! No! No! Running and sobbing uncontrollably, she collapsed in the swivel rocking chair sitting in the front corner of the living room.

As a 7 year old it was all confusing. Heart attack became associated with an emotional outburst and with loss. In 1963 this was how heart disease often presented, suddenly and with little warning, with 50% of people dying. I had more experiences with heart attacks, 6 years later my grandfather Diller died of one at age 72—he had lingered for a few days in an oxygen tent before he passed.

From feeling so helpless and being unable to prevent the loss of a close friend, my Dad, an avid reader, learned about the development of EMS for pre-hospital care –the benefits of CPR, and the development of portable defibrillators. He explored what could be done in rural communities to assist in getting such patients to the critical care units located in the hospitals where they were better prepared to respond to victims experiencing heart attacks. As a result of this he helped with the creation of the local hospital’s critical care unit, and was the champion behind the first rural county EMS squad in Ohio.

*By his example he taught us that the tragic losses must be a stimulus to make things better.*

### ***The 5<sup>th</sup> Tale: Are Bibliophiles Born or Made?***

The house was awash in books. We were surrounded by them and magazines too. Everywhere in the house. No lack of reading material for the living room, the TV room, the basement, the upstairs hall and also the attic. Heading to the bathroom there was always

reading material along the way. When my dad was done for the day, he would bring a stack of medical magazines for the evening reading chair. We had lights placed next to the chairs and couches, then recessed lights for the ceiling that pointed strategically in sitting areas. Over my dad's reading chair in the living room was the stucco glass globe light that hung like a piñata from the ceiling. Next to the chair was his stereo cabinet with a turntable for his LPs that played Louis Armstrong, Skitch Henderson, or Benny Goodman. If it were a particularly hard day, he would prepare himself a Manhattan cocktail with a red dyed maraschino cherry.

My dad valued education. He read for a purpose. He was not one to read Westerns or Science fiction, but he collected a lot of classic literature. My parents had attended the University of Chicago at the time of Robert Maynard Hutchins and Mortimer Adler and the creation of the Great Books Collection in 1952. The set was intended to fill the gaps in a person's liberal education with the Great ideas of the Western world. At the inaugural publication party in the Waldorf-Astoria Hotel, in New York City, Hutchins said, "This is more than a set of books, and more than a liberal education. *Great Books of the Western World* is an act of piety. Here are the sources of our being. Here is our heritage. This is the West. This is its meaning for mankind." The first two sets of books were given to 26-year-old Elizabeth II, the new Queen of England, and to President Harry S. Truman.

My parents had a set of the Great Books of the Western World and had participated in a Great Books reading group. They received the

annual updates **The Great Ideas Today** where new books were added to the original 60.

We had Compton's and Britannica encyclopedias along with other sets of art books, medical books, natural science books, all visible in the hallway upstairs where 3 of the walls had bookshelves floor to ceiling. This included an upright slanted shelf where the latest edition of a magazine would stand as they do in most magazine racks in the stores.

Growing up my mother read to us every night. Mike Milligan and His Steam Shovel, Curious George, but the favorite was, Dr. Seuss. As youngsters we traveled to the Brumback Library in Van Wert, the first tax-supported public library in the United States. I dated the great great-granddaughter of the founding patron of this library, but that is another story. As a young child we attended the "story hour" where a silver haired woman would tell stories to children in the library's basement. Thus, I grew up surrounded by books and hearing stories told---never thinking I would be laying the foundation to be an attentive, well-behaved member of the Cincinnati Literary Club where we do more listening and drinking than writing.

My Dad gave me a book on scientific experiments, and I have a picture of me reading at my desk as a 6<sup>th</sup> grader intently gazing at the book. As I continued to move through school and into Junior High I began to purchase books of my own, and this has continued into my adult life. I collect books from the 1800's to the present pertaining to the art of medicine. It is a costly habit. Most of my Dad's medical books were in the our attic.

When I was home in the late 1980's I discovered a book that I count as one of my prized possessions. From 1932 to 1953 Eli Lilly distributed a book of addresses given by Sir William Osler entitled, **Aequanimitas and other Addresses** to every medical school graduate in the United States. I discovered Dad's copy in the attic sitting there nearly 35 years later after his graduation in 1953. I have on it my desk at work. It is a link between my dad and one of my heroes of the medical faith. A reminder of both as I work at my desk.

When I go to people's homes I look for the books on the shelves. People's personal libraries are a lens into their identify and into their being—just as Hutchins said the about the collection of the Great Books. Is the collection narrow or is it broad and diverse? Having an artist mother and a physician father –both with broad ranging minds, I believe I inherited some of that, but I know they also nurtured it by their example, and what they brought into the home for us in this small town. In fact, the town was not a limitation when it came to developing a love for books and learning. Books expanded the world beyond this farming community where only 10% of the class would go on to college.

The most notable change watching Dad's decline was the loss of interest in reading. Books or magazines no longer had any of the magical hold on him. Gone was the pleasure of learning about the latest advances in science, and gathering information about the problems of the day. Even though toward the end he could not read, he continued to ask Why? His curiosity, now simple and like a three year old, was there to the end.

I think Dad would say I was asking the wrong question—it doesn't matter if bibliophiles are born or made. *What matters is that you become educated. Be curious, ask questions, and read to find answers, and in doing that you will discover the love of books along on the way. Books were his friends and he found pleasure in returning to them again and again.*

So these were the tales I prepared for my pilgrimage to Sonoma and the lessons learned:

- Explosions in the Basement: learn to laugh at yourself*
- The Waiting Room: tolerate others, but love is better*
- Finding the Near Dead: drink in moderation, lest you turn into Henry Hyde*
- Heart Attack: don't be defeated by tragedies, figure out how to make things better*
- Are Bibliophiles Born or Made: be curious, enjoy learning, don't stop educating yourself with books.*

Being an overachiever I prepared 5 stories instead of Chaucer's recommended four. In the end we all shared in the meal at The Girl and the Fig, and we all drank the Pinot Noir from the Buena Vista. It was surreal. We were high in the clouds, and I believe Dad enjoyed it too.

Dad was present not only in our physical resemblances and his mannerisms we inherited, but also through his lessons that have become part of us. We were able to laugh at ourselves, to love and celebrate each other with our unique differences, to enjoy wine in moderation (though we did drink a little more than moderate on this trip), to be reminded to make the world a better place, and to be curious to the end, asking questions and sharing what we learn. It was healing for all of us.

Stories matter. They capture the stuff of life, and Chaucer was right, sharing stories is a great way to entertain on a pilgrimage.