

Those Days of Housecalls on Horseback
a memoir of life in Bolinas

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It's late evening on the mesa, and the Marin coastal fog is blowing across the yard as I head out the side door toward the corral. Well, I suppose it isn't really a corral. All the property on this side of the house, several large lots owned by people I've never seen, is undeveloped and empty except for tall Eucalyptus trees, dense stands of chaparral and manzanita, and native grasses. Once we had realized this, we being Rick, Pamela Jane and I, we just ran electric fence wire around the whole thing, put up a gate, and turned out the horses. That was a couple of years ago, and now the ground in there is a soft carpet of fallen eucalyptus leaves, dried horse manure, and grass sprouting from the seeds in all the feed we toss over the fence each day. The thick bushes that grow along the ditch next to the road screen the whole area from view, and driving past you'd never know there were four or five horses and a pony living in there among the trees. It's our free corral, half an acre alongside the low, shingled, ramshackle house in which we live, and where I have my office for the General Practice of Medicine.

I landed here in Bolinas in the early 1970's, after my nuclear family had gone critical and melted all the way down. I'd fled south to the California coast from Eugene, Oregon, where, before the marital explosion, I'd been assistant health officer for Lane County and medical director of the White Bird Clinic, a free clinic for the burgeoning counter culture population of that free thinking university town. I had come to Eugene after finishing my internship in San Francisco, when I'd realized that my original plan of doing a residency in psychiatry had become strangely unattractive. Something in me rebelled against the idea of spending most of my time with crazy, unhappy people, which had started to seem like an inescapably realistic summary of what a psychiatry practice would turn out to be. When a friend called to tell me about the free clinic position in Eugene, it had been a perfect temporary solution, something to do while I figured out what to do. Within a few weeks my wife and I had packed up everything, including our three kids, and moved up to Oregon.

A couple of years later my marriage had disintegrated, the friend who'd told me about the job had become the leader of a cult of psychedelic Christian hippies, my wife had run off with them, and I had fled south with my daughter and two step kids, away from the smoking wreckage of my life in Eugene. We landed in a little town on the coast just north of San Francisco that was known as a cross between a weekend getaway destination and an open air insane asylum. It was said that the indigenous people of the area would visit, but would not live in the place that became Bolinas because the currents in the spirit world were too strong there; staying for too long would surely drive you crazy. It seemed to me a lot of the people I met there were probably crazy to begin with.

I think of my re-invention in Bolinas as the beginning of my adult life, the origin of a sense of myself that I have carried with me into my maturity. After my experiences coming of age in the 1960's there was no way life in the next decade was going to be business as usual for me. But what kind of unusual business did that leave available? In figuring out what to do with the education and training I had spent most of my life pursuing, now I also had to be mindful of my need, as a single parent, to create a home for the children who were growing up in my care.

As I looked at the town around me, more than fifteen hundred souls of all ages, including many rag-tag families with small children, I could see there was no local health care available in town; people had to travel 40 minutes up to Point Reyes Station to find the nearest doctor's office. Going "over the hill" to Marin General Hospital and the world of medical specialists was an hour's trek. It seemed to me that this small coastal town, located directly on the San Andreas fault, a picturesque, funky, charming magnet for unusual, interesting people, could be a perfect location for a young doctor and his non-traditional family to set up shop and put down some roots. Although "country doctor" had never even been on my radar screen as a possible career choice, I started to feel the outlines of something like that taking shape in my awareness.

I found a house to rent on the mesa just above town. It seemed like a magical spot with all the trees and land next to the house, easily reached on the mesa's main street, one short block from a cliff overlooking the ocean where I could sit on a bench and stare out at the meeting of endless sky and water. At night I could see the lights of San Francisco, just visible down the coast and across the mouth of the bay, the Golden Gate itself hidden behind the curve of the Marin headlands.

I started envisioning myself having some kind of medical office in that house, something that had an Old Time feel and flavor. The first images that crystallized in my mind involved an antique water pitcher and washbasin, the kind you see in the doctor's office in an old cowboy movie. You know the scene, the doc uses forceps to extract the bullet, then drops it into the basin where it rolls around making that satisfying clanking sound.

I had a fantasy of creating a medical practice in the mesa house by turning the first bedroom down the hall from the living room into an examination and office space. The living room, right inside the front door, could double as the waiting area during office hours, and there was plenty of parking in front, between the fence and the street. After the patients went home at the end of the day I pictured us building up the fire in the brick fireplace, the kids sprawling on the rug in front of the TV, and it would become the living room again.

I sat on Bolinas beach for a few days, thinking about this fantasy, making lists of what I would need in the way of supplies and equipment if I were going to actually do it. Then I made some expeditions into San Francisco to browse the medical supply stores and see what I could find there. I came home with all kinds of used instruments and equipment that I thought I would need, or sometimes things that just caught my eye, starting with an antique exam table that weighed a ton and needed recovering, but which became the centerpiece of the whole office setup. One day I rented a truck to bring home a sink and counter top being tossed out in the remodeling of the San Rafael VD clinic, where I was working a few hours a

week to keep the household going while turning myself into a general practitioner. There was no plumbing in the exam room for the sink and counter after I got them home, but I installed a Rube Goldberg gravity feed system of my own design that I thought would be adequate for what would go on in there.

The overall idea was the recreation of a personal kind of doctoring which, in the 1970's, had already largely disappeared from the medical mainstream in America. I wanted to have a doctor's office that was an extension of my own individual personality, and create an atmosphere of independent quirkiness that reflected the personality of Bolinas itself. It seemed important to me that as much of the medical care as possible, including the scientific part, happen right there in Bolinas, right in front of the patients.

The supplies I acquired started filling up the exam room/office space. I got a tiny refrigerator and an even tinier incubator so I could do my own microbiology, like throat cultures, and urine cultures and sensitivities. There was no piped in gas, so I used some metal strapping to attach a butane torch to the sink cabinet I'd brought home from the VD clinic. That gave me a flame for heating liquids and for working with the cultures I grew in the incubator, on the ready-made agar plates that were delivered to the office each week by parcel post. When colonies grew on the plates I made glass slides, gram-stained them over the VD clinic sink, which soon became a tie-dyed purple and red, and then used my medical school microscope to look at what was growing. Aside from being able to identify infecting organisms and therefore figure out the proper treatment, having the microbiology right there in the exam room had an interesting effect on my practice. When I told my patients I thought they had an infection, I could show them the actual colonies growing on the culture plate, and we could look at the organism together under the microscope. Showing them the zone of inhibition on the plate around the antibiotic sensitivity disc was a powerful suggestion tool, and tended to generate great enthusiasm for the treatment I suggested.

I also did my own blood counting there in the exam room, using the glass counting chamber that I had been required to buy as a medical student even though automated cell counters had already come into use. I even had one of those thumb clickers to keep track of the number of cells I was counting. The centrifuge I bought to spin down urines still sits somewhere in my garage, 40 years later.

When everything on my list was acquired or accomplished, I took a driftwood burl that I'd found on the beach and lettered it with my name and my degree, followed by "General Practice of Medicine". One day I hung the sign on a post in front of the house, and waited to see if anyone would knock on the door. I had just opened a medical practice in Bolinas.

I don't think anyone outside of Bolinas even knew or cared what I was doing. I didn't apply for any permits or permissions, although I did fill out paperwork to be recognized as a medicare/medicaid provider. I didn't have any malpractice insurance. In those days, there was not yet a Board Certification in Family Practice, and just being a 'General Practitioner' had not yet acquired the disreputable aura of incomplete training that it carries nowadays. After a few Bolinas residents had actually come in to see me about their health problems and, presumably, told their friends and family they'd had a good experience, I started seeing a steady stream of first come first served patients, pretty much every day.

One truth I had to confront was that during my internship I hadn't paid all that much attention to my clinical medicine studies, thinking that since I was going to be a psychiatrist I would have little use for all those clinical medicine skills. Now I realized I had a lot to learn about how to actually practice medicine as a General Practitioner. Fortunately, I was in the right place at the right time to approach the whole issue in a way that, in another time or place, would probably not have worked out so well.

Bolinas in the 1970's was more like Brigadoon than California, and not just because the residents constantly took down the road signs pointing to the town. Isolated across the Bolinas lagoon from Stinson Beach on Highway 1, it had long been home to the descendants of Portuguese fishermen and old Marin County ranching families. Over the last twenty years or so they had been joined by a startlingly diverse group of newcomers, many of whom lived in houses built on the crazy quilt of lots originally surveyed to give away with newspaper subscriptions, in an early 20th century San Francisco promotional scheme.

Bolinas had absorbed this influx of people seeking the isolation, freedom, natural beauty and tranquility of coastal West Marin. Artists and writers, some of them notable in that era, reclusive craftspeople and would-be farmers, were joined by trust funders, hippies and surfers, drug dealers and crazies, and an assortment of others hoping to live out some variation of an alternate lifestyle in a place that magically offered them the freedom to do just that. A large, diverse community grew on the big mesa above Bolinas, families living in everything from custom designed, architecturally avant garde houses to teepees and converted chicken coops. There was even an old painted wooden circus wagon which Greg Desloge, to the dismay of his neighbors, parked at the edge of the cliff overlooking the ocean, ruining or enhancing their view, depending on how you saw it. An atmosphere of freedom and tolerance, a hotbed of appreciation of the arts and organic farming, Bolinas became a magnet for the counter culture of the sixties and seventies. It was a place where no one expected things to be normal, including the town doctor. In short, it was the perfect environment for me.

It had come to me that a key to creating the practice I wanted was in being upfront about my modest level of expertise, which was, after all, still a whole world of medical expertise more than the patients had. Instead of casting myself as a kind of medical mouthpiece, I focused on being a knowledgeable friend and neighbor of my patients, someone who had medical knowledge to help them deal with their situation, or knew how to find out from consultants how to help them, or who would do whatever he could to get them into the hands of another doctor, if that was what they needed in order to receive the right care. This strategy seemed completely in keeping with the way I'd been trained to practice medicine anyway, and hardly an innovation. Yet I'd seen that it wasn't the way most doctors seemed to be approaching medical practice. I realized that physicians were not often eager to admit it when they were beyond their expertise, and were generally loath to send their patients on to other doctors too easily, fearing they wouldn't return. Out there in Bolinas, though, I didn't need to worry about any of that.

What I discovered as a general practitioner was that the primary thing patients looked for when they came in to see me was the feeling of human connection and trust. They liked

seeing the diplomas I hung in the office to let them know I was a real doctor from a real medical school, with a real medical license. But they liked it even more when we sat down in the exam room and I asked them about what was happening in their lives and in their families, and even more than that when I did the exam and went over them with my hands and eyes. I'd thump the chest and press the belly, feel up and down the neck for lymph nodes, listen at length to their heart and their breathing, and whether or not I actually heard or felt any signs of illness, something else would happen as I listened, heard, and touched them. Feeling they had been listened to, heard, and touched, the patients entrusted me with themselves.

And in fact, once patients had that feeling of trust, they didn't seem to mind it if we had to look in books to figure out what was going on and what we should do about it. They actually seemed to enjoy being in on the knowledge that was in those medical books, once we had gone over it together and I had translated some of the unfamiliar language. The feeling of trust definitely trumped things like which school my degree was from, or how funky the office was, or how long my beard had become in Bolinas. And all of this was especially true after I'd come to their house in the middle of the night to see a sick child, or answered my door on a Sunday afternoon when the office was closed to sew up the gash where a surfboard had hit them.

And it turned out, once the practice got going, that most of the time my knowledge was adequate to care for the problems my patients brought to me, and under the pressure of daily necessity I rapidly acquired the practical skills I needed for office practice. This was all long before the development of the internet and the instant availability of information, but many of the clinical issues I did need to read up on were easily reviewed in my personal medical library, often with the patient waiting right there with me. I had carefully carried all my medical textbooks and my collection of journals along with me through all my migrations, a veritable Torah of medicine, all the way from my medical school days in Brooklyn to my internship in San Francisco to the free clinic in Eugene, and now to the little office in Bolinas. These items, arrayed on shelves where I could easily reach them from my desk, were integral components of my practice, not just the quaint decorative furnishings they have now become, in a world where information is browsed on a computer screen while the patient waits in the other room.

So I'd sit with the patients beside me at the little desk in my cramped exam room, smoke curling up from our cigarettes burning side by side in the ashtray, and I'd tell them what I had seen during the exam, what I thought might be going on. Then we'd look it up together in the textbooks and journal articles that I pulled down from the shelves next to the desk, and we'd come up with our plan. It felt more like conspiring together than just dispensing advice and prescriptions.

In my medical office there on the Bolinas mesa there was no one around but me, the patients, and the young woman I paid to receive people at the door, answer the phone, and stay in the room with me during unclothed female exams. The waiting room remained my own living room, with my favorite music of the era playing on the stereo to drown out the wails of babies getting their shots and the confidential confessions of my adult patients. It was \$10 a visit, cash on the barrel, and in the evening, after everyone went home, I cleaned up, sterilized the instruments, tended to the lab work, and did my own billing for those few who actually had Medicare/Medicaid.

Of course, it wasn't long before I had to find a service to answer the calls that kept my phone ringing at all hours of the day and night. The answering service operators, whom I got to know by name after a while, would hold the caller on the other line while they called to tell me about the problem. "It's Mrs. Smith again – Johnny's ear ache is still not better," or "Mr. Jones asked for his lab results and I told him you'd call him back later." The phone still rang a lot, but having the service take the calls helped me manage my responses so I still had some time to be with my kids, or go shopping for food down at the Bolinas store, where people would stop me in the aisle, pull up their shirt to show me a rash, and ask "Doc, do you think this is anything?"

At the end of receiving hours, usually around 5 o'clock, I'd write OFFICE CLOSED with chalk on a little blackboard that hung from a nail in the front door, and I'd lock the door so people could no longer just walk into the living room. That didn't always keep people from walking around to the side door, by the corral, but by and large people respected the CLOSED sign unless they were having a real emergency.

I started making house calls once or twice a week at first, until it became an almost daily part of my routine. It seemed better than asking patients to bundle up a crying child and come to the office, especially at night when my own kids were likely to wake up from all the hubbub, and it was definitely easier for me to go see my disabled patients than the other way around. I discovered that I could learn important things from seeing patients in their home environment. There was much I could deduce from observing their relationships with other family members at home, and even more to be gleaned from a firsthand look at the conditions in their living space. How clean and orderly things were, or weren't, could be a surprising window on what was really going on there. Once, on my third visit to a run down clapboard house where a sweetly vague, elderly lady kept having complications from her heart medication, I accidentally discovered a half full vodka bottle stuffed behind the cushions of her couch. A quick search of other obvious places netted two more bottles and the probable cause of her recurring electrolyte imbalance, which would have been an unlikely diagnosis to make at an office visit. I had to sit on her couch to get the right answer.

Running down to the school during the day to see a boy injured on the playground, or being called to the scene of a neighbor's living room heart attack, were the kinds of events that soon wove me fully into the fabric of the community. Before long, my practice, my family, and I, had become an integral part of Bolinas, and Bolinas had become an integral part of us.

One day, after my General Practice of Medicine sign had been up for only a month or so, a young woman came into the office holding bloody gauze over a chin laceration. She said it had happened when a horse she was working with unexpectedly tossed its head. She was a horse trainer, and with her own mane of long brown hair, her flashing eyes, and her equine way of wheeling and stamping, Pamela Jane captivated me from the moment she came through the office door.

I led her back to the little exam room and set to work repairing her damaged chin. While I cleaned, numbed, and sutured she told me that she and Rick, her partner, had come to

Bolinas from Oregon, bringing their horses down with them. They were living and working on the ridge above town, at a ranch belonging to Lewis Seiler, a sculptor with an inheritance who was trying his hand at raising Arabian horses. Rick and Pamela Jane were his ranch hands, horse trainers, and all around wranglers, living in a little cabin right there in the middle of the field that was home to Seiler's herd of beautiful Arabian horses. The first time I went to visit them in that falling down cabin, after passing around a ceremonial joint we stepped out into the golden, late afternoon West Marin light, and I watched with amazement and delight as Rick and Pamela Jane whistled and waved and ran the herd back and forth across the field, tails up, heads nodding, manes tossing.

My new friends were dope smoking Oregon horse hippies who were used to living a life of shit kicking self sufficiency and fearless freedom that I had never before encountered in all my previous time as a smart New York City Jewish would be psychiatrist and pseudo spiritual new age hipster. Soon they had moved in with me on the mesa, turning the storage area behind the kids' room into their bedroom, and becoming part of my life.

Living on the Bolinas mesa with Rick and Pamela Jane began a transformation in me. The more we hung out together, the more I felt something of their rough and ready cowboy hippie attitude taking root in me. In their company I would feel the surge of my own freedom, find my courage to experience the new. Most important of all, they taught me to gallop bareback down the beach without even reins, just grabbing a handful of mane and talking to the horse with my seat and thighs. Finding my seat on horseback was one of the peak experiences of my life, right up there with my psychedelic voyages. We kept our horses, theirs and the ones I soon bought, in the free "corral" next to my house, We rode the trails and fields and ridges of West Marin, found our way down onto RCA beach at the southern end of the Point Reyes seashore, where we could gallop for miles on the sand. I even started making my house calls around Bolinas on horseback, which, on this foggy winter evening, is the reason why I am going out to the corral to saddle up my horse.

As I walk toward the fence in the gloaming, I hear nickering and the shifting of weight, and the dark shape of Molly looms as I arrive at the gate and turn off the fence charger. I cheat her with some oats so she'll let me get the bridle over her head, then I lead her out and tie her to the big pine tree next to the side door. In the northern California winter Molly's light brown coat has become long and soft and fuzzy. When I give her a few cursory brushes where I'm going to put the saddle, little clouds of fur fly up and whip away in the foggy breeze. Then I grab the blanket and saddle off the rack just inside the door, adjust them on her back, and tighten the cinch. When we're ready to go I pat her on the rump, raising another cloud, as I walk around behind her to go back in the house for my bag.

The bag, in fact, is the black leather bag I was presented at the beginning of my third year of medical school, which back in 1967 was probably made of real leather. It had my name embossed in gold, below the latch, including the M.D., even though the M.D. wouldn't be mine for two more years. The bag came to me, and to all my classmates, as the first in what would become a lifelong series of gifts from the big drug companies, seeking our complicity in their hostile takeover of American health care. Now, here in Bolinas, I am using the bag to hold the tools of my trade when I leave the office on a house call. Stethoscope,

Blood pressure cuff, tongue depressors, suture set, assorted medications. It's all in there ready to bring along to where I may need it.

Tonight I'm bringing it with me on my way to see Richie Q., who lives perhaps a mile or two away, across the mesa. Like me, he's a transplanted New Yorker, but his family originally came to New York from Puerto Rico, not Europe. He and Carmen have been married since they were very young, and a few years ago they left the big city with their five small kids, heading for California. I don't know how they wound up in Bolinas, but however it came about the kids look like they are growing up strong and beautiful here, and they are always a happy group when I see them around town. Even in the office, when it's time for shots or somebody is sick, they're always full of smiles for me, and each other. Richie's thousand watt grin is particularly infectious, and I've always figured the kids got it from him.

A while earlier I'd received a worried call from Carmen that Richie was having a hard time with his asthma. He'd been using his inhaler, but wasn't getting much relief at this point. She'd sounded concerned enough to me that I told her I would come over as soon as I finished up at the office. As I mount up and guide Molly past the cars in the driveway, out into the street, I check my watch and see that Carmen's call was just a little more than an hour ago.

Molly's walk is not usually brisk or determined, more like a distracted amble while she looks from side to side for something good to eat along the trail. On this evening though, with the fog chilly on my face and the thought of Richie wheezing in his living room, I urge her forward and take up the slack in the reins to keep her from lunging for snacks on the way. Only a few cars go by as we ride over to Richie's house. There are no sidewalks on the mesa, and cars and horses share the roads, many of which are just well rutted clay. In winter, when the rains come, horseback is often a more reliable way of getting to someone's house than by car. Tonight, though, Molly's hooves clop on the dry clay as I keep her away from the ditches where the horse treats grow, and we make good time to Richie's.

Richie and Carmen have a big house with lots of lights glowing through the fog as I approach on Molly. There's no dog here, which is always a good thing when I ride in on horseback. When I knock at their door and carry my bag into the living room, I see Richie is leaning forward in an easy chair, head in hands. He looks up when I come in and smiles that infectious smile, but I can see he's having a hard time keeping it up with his need to concentrate on his breathing. Carmen takes my hand and thanks me for coming so quickly, her dark eyes seeming bigger than usual. In the background I see several kids of various ages sitting at a big table, drawing or doing homework.

Sitting down, I get Richie's history of allergy associated asthma, and all the other information I have been trained to develop as part of the history and physical. I make a few notes in my little book to jog my memory later, back at the office, when I will write a real note about the visit. I'm also looking around at the house, seeing how clean things are, no dust or clutter, no ashtrays or pets, all of which would be important in the setting of allergies and asthma.

I open the bag to get out my tools, then pull my chair up to where Richie is sitting so I can record his pulse - rapid, respirations - rapid, blood pressure - moderately elevated. Then I lean over him, using the scope to look in his ears, his eyes, his nose and throat. I put the stethoscope earpieces in my ears and pass the diaphragm over Richie's lung fields, where the presence of expiratory wheezes and ronchi confirm his asthma for me. Then I sit back and turn to talk to Richie and Carmen about what I hear, and what I think we should do. I'm thinking that if he's already used the inhaler a lot today this is probably going to involve a shot of epinephrine.

While we are talking, Richie begins to have even more difficulty breathing, more wheezing. He says he's itching, and when I open his shirt I see urticaria, raised hives, appearing on his chest. Carmen says "He always gets that way when he's been around animals. Like dogs, and cats. He's definitely allergic to cats. Or horses. He had a really bad reaction at Lewis Seiler's stable when we took the kids up there to see the horses."

I look down at my jeans and my boots, and notice they are covered with a fuzzy brown coating. Pinching some between my fingers, I bring it up to where I can see it better in the light. It's Molly's fur, shed from her long winter coat on the ride over here. It dawns on me that I am covered with horse hair, and that is the reason why Richie is worsening right before my eyes. In total mortification I jump up from my chair and start backing away, babbling what is probably an incoherent explanation and apology as I run for the door, yelling to Carmen over my shoulder to move Richie to another room right away, and I'll be back in ten minutes, max. Then I'm out the door and running for my horse.

The streets of the mesa are deserted now and I urge Molly into a fast canter through the fog back towards my house. She's only too happy to head for home, and I feel her enthusiasm in the rolling power of her gait; it takes us no time to get back to my house. At home I leave her tied to the pine tree while I run inside to strip off my clothes, quickly wash, and pull on fresh jeans, shirt and shoes. As I sprint to the front door to jump in my car for the drive back to Richie and Carmen's, I see Rick sitting in the living room, smoking a Camel and eating his usual dinner of cookies and Jack Daniels, his cowboy hat pushed back on his head and his size thirteen and a half boots up on a chair. I call out for him to unsaddle Molly for me and turn her out into the corral, but I don't wait for his answer.

It only takes me a few minutes to drive back to Richie and Carmen's house where Richie, now in the kitchen, is at the table, bent forward and wheezing, fully focused on getting enough air. On the way back over from my house I've planned out my moves. From my open bag I grab the glass vial containing Epinephrine, snap off the top and draw up the dose, and give it to Richie subcutaneously. I have brought in my little portable tank of oxygen from the car, shaped like a volleyball, and I get it going before giving him another shot, this one of an antihistamine. As the epinephrine begins to relax Richie's bronchial passages and he starts breathing a little easier he looks up at me; I see the glint of fear in his eyes, but just for a moment, before relief begins replacing it with a smile. When he grabs my hand and shakes it to let me know he is doing better, saving his breath for the glorious process of breathing, my relief is almost as great as his. Perhaps greater. I realize I have been holding my own breath for quite some time.

I will spend a while longer with Richie and Carmen that night, keeping an eye on Richie and getting him hydrated, watching the urticaria resolve, and before I leave I will give him another shot, this time of Susphrine, an epinephrine in oil preparation that releases the drug slowly over time during the next few hours. That way we'll all get some rest tonight. When I finally drive home, all the houses on the mesa are dark, and the night is moonless.

Molly is still standing tied to the pine tree, head down. I pull off the saddle and walk her into the corral, toss in some hay and check the water, and then go into the house where Rick is still in the living room, snoring now, the Jack Daniels bottle empty on the table next to him, his hat down over his eyes. I head for bed without waking him, hoping I haven't done any lasting harm to Richie, thinking about getting up early to prepare the office for the patients who will fill my living room in the morning, and just too tired to notice how exciting, how romantic, how completely and utterly real life is for me there in Bolinas, back in those days of house calls on horseback.