University of California San Francisco Volume 37 Number 26, April 15, 1993

synapse

Third-year Journal

Medicine At the VA

By Priya Bhatia

I chose to do my required medicine rotation at the VA Hospital because I had been told that I would learn "bread and butter" medicine —how to begin to manage common problems such as unstable angina, diabetes, liver disease, renal failure, peptic ulcer disease, etc..

The VA Hospital is a world unto itself. Perched on majestic cliffs overlooking the Pacific Ocean, the drab government buildings present a stark contrast to the beauty of the view. I thought it apt that the intensive care unit enjoyed a vista of the sunset—what ironic symbolism, since most of the patients in the ICU were in the twilight of their lives. I have to admit that occasionally when ICU/CCU rounds dragged on, I would stare out the windows at the blue water and green hills.

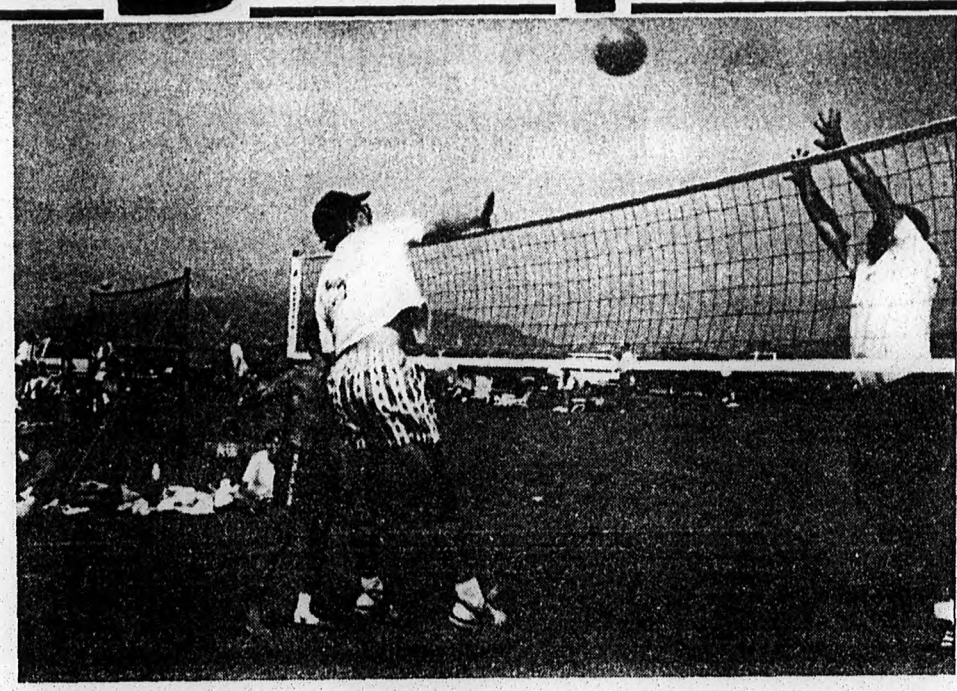
The medicine rotation, like the surgery rotation I had done at the General, was two months long and fairly demanding. There the similarities ended. In surgery, we dealt mainly with acute situations, younger and older patients, men and women. During medicine at the VA, the veterans were primarily male (I had only one woman patient) who had come in with exacerbations of chronic problems or with "end-stage" diseases. (I hate the phrase "end-stage"—it doesn't leave much room for hope and it sounds too clinical.)

I would admit one or two patients each call night, and I had much more responsibility for their care than I did in surgery. I felt far more competent than I did during my surgery rotation, which was my first clinical rotation ever. Certainly part of my increased confidence could be attributed to my greater fund of knowledge, but I don't want to flatter myself. I think a great deal of my comfort and increased clinical acumen came from being part of a team. For a whole month, I had the same resident, attending physician, intern, and sub-intern (a fourth-year medical student who served as an intern and as a constant source of inspiration).

The next month, the intern and I stuck around, and a new resident and attending joined the team. My second resident spent his time taking care of patients and writing a novel. He had a wife in preterm labor —and even he took out more time to teach me than I expected or deserved. Every call night, we would order Chinese food with the other team that shared call with us. These dinners were quickly gobbled from plastic, puce-colored emesis basins as one person or another rushed off to answer a page or to admit a patient. Still, there was a definite sense of comraderie and collegiality. I also enjoyed the company of the other students who did their rotation at the same time. I didn't feel as alone or lost as I did during surgery. During parts of my surgery rotation, I felt like a little dog begging for crumbs of knowledge. During medicine, I feasted —my residents constantly gave me copies of articles, the chief residents gave all of us articles from the *New England Journal of Medicine* of *JAMA* or *Annals of Internal Medicine*. They stressed critical thinking, and always asked, "Why do we do things this way?" They would try to save the interesting patients for me to interview, examine and admit, helping me get exposed to many different conditions.

Still, my "specialty" by the end of the rotation was "acute exacerbation of COPD," or chronic obstructive pulmonary disease —a combination of chronic bronchitis and emphysema that destroys the alveoli and

Continued on page 5



Second-year medical student T. James Lawrence "cheezes" the ball over the block. Even though his pass was excellent, James chooses to mix it up, perhaps because the wind moved the set around (note hammock-like curve of net) and/or perhaps the setter (his partner) did not set him nectar. Also note that the setter should be "covering" his partner in the rare instance that James gets blocked, instead of standing on his heels as shown here. PHOTO BY FRANK "FUNGUS" CHOU

Grass Volleyball... Comin' At Ya!

By H. Paul Chin

You can deny it, but you can't hide from it —grass volleyball is here to stay, and you are simply going to have to deal with it. Being in the great outdoors, enjoying the sun and friends, getting exercise, and pouring out your pent-up aggressions by pounding the bladder out of a little white (or optic yellow) ball... what could be more fulfilling than that?

(Wrong answer: studying)

Northern California is ideal for grass volleyball because of its many fields and its ties to the southern half of the state, where beach volleyball developed. Grass volleyball, some say, is the perfect mix of the outdoor game with the hardwood, indoor game: the sun and fun of beach volleyball without the humbling effects of sand on one's vertical jump. And, in doubles volleyball, you need not be a gargantuan to play well and have fun—indeed, you can be a scrappy, hustling munchkin (like first-year med student James Hsu) and still be a volleyball deity. The key is to have an all-around strong game (like Jim) and have no glaring weaknesses (well, at least on the court).

Grass volleyball is like any volleyball: you bump, set, and spike your way to 15 points. But before you start your Pro Grass career, keep in mind the following general differences between outdoor two-on-two volleyball and the indoor six-on-six game, as played in our luxurious MU gym:

1. Passing: With only two players covering the same area as six (a 30' x 30' court), you need to be extremely mobile and proficient at the forearm pass (the bump), or else your partner will be setting you from the next county. Fortunately, the outdoor volleyball (Spalding Top-Flite) is a larger and slightly heavier version of the indoor ball, so that it is somewhat easier to control with the forearm pass. Unfortunately, the outdoor player must deal with the elements — wind, sun, rain (for the diehard), and fog (for the City players)— as well as a variety of different serves.

2. Setting: To be effective, setters in the indoor game must be deceptive in who they set, to keep the opponents' defense and block off guard. Outdoors, whoever receives the serve is going to get set by their partner, so the setter need not be crafty (unless s/he wants to hit the ball over on the second contact). However, the standards for setting are, for some reason, much higher in the outdoors game. Many referees and players incorrectly count the rotation of the ball (more than one or two rotations on a set equals a mishandled ball, or "throw"). Remember, in determining whether a set is bad or good, it's the simultaneous contact of the ball with two hands that counts; any left-to-right or right-to-left shift of the ball within the hands is a "throw." In order to set "nectar" (an exceptional set) to one's partner, many players (including the top pro beach athletes) will hold on to the ball slightly longer ("deep dishing") while setting. This is okay, as long as the player doesn't move their elbows in (arm flexion) after s/he contacts the ball.

3. Hitting: Yes, yes, there's no feeling like crushing a ball down onto the opponent's court (or face, if you are the ballistic type), but you need not be a huge hitter to be good at the doubles game. Indeed, you can be short and not jump very well at all —all you need to do is place it softly into areas of the opponent's court where they are not. Because there are only two defenders (and, if one of them is blocking, only one), with a little savvy, court vision, and a verbal help from your partner, it's easy to hit the ball—gently and accurately— into the right spot. (Open-hand dinking, or using your fingertips and/or palms to push/throw the ball, is illegal outdoors; this isn't water polo, you know.) There are many terms to describe these gentle hits, or shots —roll, cut, chip, lob, rainbow, jumbo shrimp roll, cheeze, ginsu (slicin' and dicin')— but remember, you are not at an ethnic deli, you are playing doubles volleyball, the spot sport. So save your energy, be smart, and "cheeze" to the right spots...unless you've got something to prove, in which case you swing away (pound, smash, smack, hammer, bang, heater, and other vaguely sexual terms).

4. Serving: Besides the standard float serve, the jump serve is very effective outdoors, because, of its high velocity, and also the curving/diving effects the wind imparts on the serve. Out on the grass, you can usually take as long an approach to your jump serve as you like (yeah, just like in our gym). Also, without a roof outdoors, the sky ball serve (the moon ball) is also very effective—passing one of these can be much like trying to catch a satellite falling from orbit.

5. Defense and Blocking: Indoors, blockers usually go for the direct clamp. But outdoors, the blocker often blocks a predesignated area of the court (line or angle) while the partner defends the other half of the court. This becomes a bit of a cat-and-mouse game, where the defender and blocker try to hide which areas they are taking from the hitting opponent. Digging can be very dangerous in doubles volleyball; as a defender,

Continued on page 12

Campus police cut 5 positions

The UCSF Police Department, hit by budget cuts for a third straight year, will drop three officers and two dispatchers as of May 1, Police Chief Ronald Nelson said this week. The cuts, made in order of reverse seniority, reduce the number of officers from 17 to 14.

Fewer officers and dispatchers on duty at any given time will mean slower police response to non-emergency service calls, according to Nelson. Patrols on and around the Parnassus campus will be reduced.

Nelson requests that all members of the campus community take measures to "keep UCSF a safe environment to study and work."

- Secure all personal and university property when you leave an area. Always place purses, wallets and backpacks in locked and secured desks, cabinets or closets.
- Call the UCSF Police immediately concerning any suspicious activities or person. Give an identifying description of the suspicious action and describe the individual with reference to race, sex, age, height, weight, hair, and clothing.
- Engrave all university and personal equipment with appropriate UC identification number or your California driver's license. Keep a record of all serial numbers.

Police Emergency: 476-6911.
Non-emergency: 476-1414

Fumes detected at Mission Center

Employees at UCSF's Mission Center Building (MCB) have been complaining about the air quality for years, and now a report confirms that diisocyanate, a harmful chemical found in paint, is entering the air intake sytstem from a nearby automobile body shop.

UCSF's accounting, payroll, mail services, police and other departments — with a total of 837 employees— are headquartered at MCB, which is located at 15th and Folsom Streets. Originally built as a warehouse in 1927 —with windows that opened— the building was acquired by the university in the '80s after it had been renovated with sealed windows and a system of fans and ducts to "recirculate" the air.

Despite ongoing complaints from employees, three studies in recent years by the UCSF Environmental Health & Safety department (EH&S) failed to pinpoint the problem. In a 1992 survey of MCB workers, a majority of those responding complained of headaches, fatigue or drowsiness, and stuffy, hot air. About 17 percent of the 462 people who responded cited periodic paint and food odors. The latest EH&S study measured diisocyanate at .055 parts per billion. Although this level is 100 times below the Cal-OSHA safety standards, little is known about the effects of long-term exposure to low levels of the compound.

Vice Chancellor Bruce Spaulding has met with the owner of Alioto's Garage & Body Shop to discuss ways to prevent paint fumes from entering the MCB air intake systems. Workers who feel unwell have been authorized to leave the building at any time.

"At least now it's confirmed," an MCB employee told Synapse. "We know that our eye irritation and allergic reactions aren't 'just psychological.'" A meeting between employee representatives and UCSF officials is scheduled for Thursday, April 15. It will be followed by a meeting open to all who work in the building.

Medicine from page 1

plugs up the airways with mucous. I had five patients admitted with that diagnosis. They would be puffing along or doing fine with supplemental oxygen as outpatients —and still smoking cigarettes—and then they would get a superimposed infection or would decompensate by some other mechanism and end up in the hospital.

As a third-year student, the first case of everything is a whole new experience intellectually. I looked up all the things that could cause acute exacerbations of COPD, did a literature search on the latest advances in its treatment, etc. The challenge in medicine is to see each patient as an individual and not as "another COPDer." For example, Mr. B., a man in his 70s on oxygen, always worried about his daughter, who had been chronically ill since childhood. He didn't think of himself as sick, because his daughter had always assumed the sick role. So he didn't see why he should give up smoking until the day he tried to smoke a cigarette while oxygen flowed into his nose and he sustained severe burns of his face.

Whenever I needed to see Mr. D., another COPDer, I would not even bother looking in his room. I would head directly to what my resident called the "CIU" or Cancer Induction Unit—the infamous VA smoking lounge. There, Mr. D. loudly and breathlessly expounded his opinions. Before I enter the smoking lounge, I take a few last breaths of clean air and brace myself, for Mr. D. is quite a talker. Mr. D complains to me, "I can't believe they make us come down here in the cold air to smoke. I'm sure this cold air isn't any good for my lungs." Mr. J, also a COPDer, was hit in the spine by a North Korean bullet and has a spastic paralysis of both legs. Mr. A's COPD is the least of his worries —he also has four different kinds of cancer. Everyone has a story, and that's part of the reason I came to medical school.

Many of the patients were "tuned up" or stabilized medically, and they no longer needed acute medical care. But they lingered in the hospital for days or weeks, incurring the risk of nosocomial infections (with drug-resistant nasty hospital bugs), while the understaffed social workers tried to find spots in nursing homes. On work rounds, when the team visits each patient briefly and discusses what needs to be done for that patient, we would say: "Mr. F., hospital day number 42, awaiting placement." While most of the patients behaved more deferentially towards their caretakers than my medically savvy generation would, some wanted to be involved in their care, which I admired. However, one particular patient would confront us each morning with a long written list of questions. He would consume 40 minutes of our rounds, and we only had a maximum of two hours to see all the paitents on our service. Even J., a supremely patient, even-tempered resident, suggested we round on him as a team only every other day. It seems like an enormous waste of money for the government to pay for acute care hospitalization for patients with chronic problems, but hey, it's the VA.

One patient with AIDS would stay in the hospital overnight and far enough into the morning for us to round on him and for the nurse to administer his IV anti-fungal medications for his esophageal candidiasis (a yeast infection which made it excruciatingly difficult for him to swallow). He lost more and more weight each day, between his chronic diarrhea and his odynophagia (painful swallowing.) Still, he kept going home on pass during the daytime. He was in the hospital for over 40 days. The valiant nurses tried to teach him to do his own home IV care. He couldn't master it, and by the time the government would pay for home health care services, his course of anti-fungals was over.

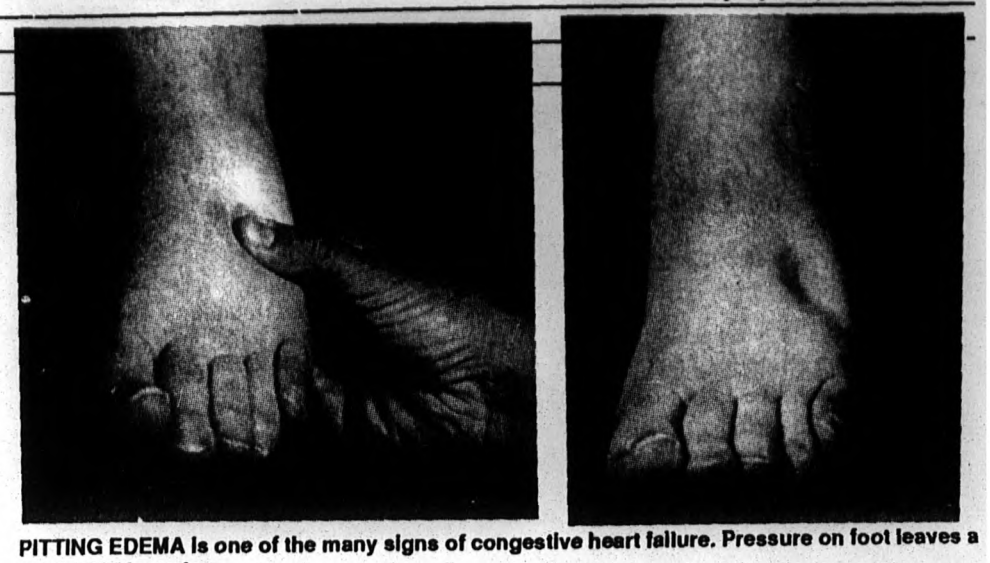
When I needed to see Mr. D I would head directly to what my resident called the "CIU" or Cancer Induction Unit —the infamous VA smoking lounge.

After the fourth-year student left, I took care of her patients. She actually had "inherited" a couple of the patients from the previous subintern. One of them was a charming man in his seventies wasted away by multiple myeloma, a cancer in which the B-lymphocytes grow wild and leave the bones looking moth-eaten. He had spinal cord compression from his tumor, resulting in loss of bowel and bladder control, and his wife was too fragile herself to care for him. He was on steroid pulses (four days taking steroids, four days off) to shrink his spinal cord mass. His mood during rounds affected me. When he was on the steroids, he beamed with smiles and tried to be optimistic. Off the steroids, he saw his situation as hopeless. He did not want to go to a nursing home and expressed fear of being forgotten, but did need skilled nursing care. It was heartbreaking when we finally got him placed. I kept telling myself that he was better off in a nursing facility with planned activities and less invasive care, but he went so unwillingly that I felt badly about it.

Most of the satisfaction from the rotation came from the patients themselves. I would see them in the mornings, talk to them briefly (it took me a while to learn how to limit the length of my "pre-rounding"), examine them, look up labs and X-rays, and write notes on them. But later in the day, after I was done with my work and teaching conferences, I would have the time to converse with them.

Mr. K., a 90 year-old, had two heart attacks in the past and was seen in one of the resident's clinics for his resultant congestive heart failure. Because his right and left ventricles could not pump efficiently, he had severe edema of his legs —both legs looked like swollen tree trunks. When I pressed the skin of his thigh with my finger, I left a deep indentation. Mr. K. could not breathe well because his lungs were as full of fluid as his legs. He had some nausea and abdominal pain from his enlarged liver. "When I get better," he said laughingly, "I'll take you dancing." Mr. K. would flirt shamelessly with the nurses. Rusty, a red-haired dynamo from Arkansas, would throw affectionate jibes right back. It wasn't so difficult to imagine him as a young man.

I was on call on Veteran's Day. Mr. G., who was admitted for acute pancreatitis, proudly showed off the cards that 1st graders had sent to the hospital. He had fought in WW II. Mr. S., a previously independent 97 year-old who had fallen and broken his hip, and then had an MI (heart attack). He could not undergo an operation to fix his hip because of his recent MI, and was deprived of his independence. He had fought in and survived World War I, and we were afraid the imposed immobility would conquer his spirit. My intern became particularly attached to him. Mr. S. would tell us stories about his dog, whom he maintained was "the best dog in the whole world." When he was a six-year old child playing with a dog, it was a completely different, almost unimaginable world in a different century.



PITTING EDEMA Is one of the many signs of congestive heart failure. Pressure on foot leaves a marked indentation.

Mr. H. had unstable angina and had not been taking any of his prescribed medicines. When I asked him if he even took his aspirin, which prevents the clotting that obstructs his coronary arteries and causes chest pain, he replied, "I got thousands of 'em aspirin tablets, but what good do they do?" He told me of the benefits of some sort of clay in the hot springs in which he bathed. Theoretically, Mr. H took 10 different medications daily. He hadn't been told which ones were for what problem, so he actually only took a few of his multiple medications, and he took them sporadically. I asked about his diet: "Oh, I eat very well. I have a steak and eggs for breakfast everyday, and for lunch..." I think I cringed visibly when I heard this. Mr. H. had an angiogram done, and it showed extensive narrowing of all his coronary arteries. Only then did he realize that his condition was serious. We waited to hear if he could get a bypass operation done, but because his disease was so extensive, the risks outweighed the benefits. Mr. H., who regaled the other three people in his room with anecdotes from his colorful life, became quiet and pensive. We fine-tuned his medication regimen, and made sure he took his meds and understood what each medication did. Even without surgery, he managed to leave the hospital and could resume exercise.

My attending, a cardiologist, wanted to show us some of the diagnostic tests used in cardiology. My resident Doug volunteered as the subject of an exercise treadmill test. I felt relieved that I didn't have to demonstrate my exercise tolerance to the team as I hadn't seen the inside of the MU gym for some time. Doug looked pale and I wondered how much time he had to jog or lift weights. He took his shirt off and allowed the EKG electrodes to be placed. Doug breezed through level I, keeping up a stream of conversation. After three minutes, he advanced to level II, a little breathless. Level III—sweat beading on his brow. Level IV —rivulets of sweat forming. Level V —streams of sweat drenching him. He performed quite respectably, without any EKG changes. He stepped off the treadmill, wiped his brow, and explained, "I do a lot of running to codes." (A code is a resuscitation. We didn't see that many at the VA, perhaps because many of the patients were "DNR" or go by in a flash. At the end of my rotation, I felt I had learned more in those two months than in my first two years of medical school. I hate to think how incompetent I was at the beginning of the year. I'll probably shudder to realize how little I knew at the end of my medicine rotation. I wonder whether Mr. H. is taking his medicines, or whether my patient with multiple myeloma is still alive and how he adjusted to the nursing home, or whether Mr. K. has persuaded any of the nurses to dance.

Neighborhood Notes

Auf Wiedersehn, Heidi's

By Fred Gardner

On Saturday, April 10, Heidi's German Bakery ends a 20-year run on Irving Street. Hans Graeb, the owner/baker, has a bad back, which is made worse by all the bending and pressing and lifting inherent in his work. Graeb, who is in his mid-50s, works a 14-hour day. He usually gets to the bakery at 5 a.m. and leaves at 7 p.m.; on Saturdays he arrives around 1 a.m.

"We couldn't afford another union baker," explains Hans's wife Martha, the cheerful, efficient woman who runs the storefront. The baker employed by Hans, Marlin Madole, is a member of the Bakers' Union. He is in his mid-60s and makes around $14 an hour and gets benefits. "We could have hired somebody for five dollars an hour," Martha says, "but..." She shakes her head disapprovingly.

Heidi's lease has been bought by Noah's Bagels. They will revamp the operation and open for business in May.

Hello, Lisa. What can I get for you?

Heidi's customers have been streaming through to make their final purchases and to thank the proprietors. Many express a sense of direct, personal loss, as in: "Where am I going to get my *challah?*" "Where am I going to get my pumpernickel?"

All wish Hans well. Some give Martha medical advice to relay to him. "The doctors from UCSF," she reports, "all say, 'Be sure to get a second opinion.'" Others recommend rest instead of surgery.

Martha estimates that some 200 people come through the door every day—more on Friday and Saturday. Europeans who buy their bread at Heidi's (some 40% of the customers) are taking the closing particularly hard. Bread is the staff of life, after all, and the material essence of a culture. Nowadays, not too many people bake bread at home for their families. Heidi's has enabled many to maintain a semblance of the old-world lifestyle.

How are you, Jeffrey?

Jeffrey Stein-Larson, a mechanic at the Seventh Avenue garage, has been patronizing Heidi's "as long as they've been here." He says, "I'm going to die when they leave. I come here six days a week." He gets the apple strudel and a rye bread.

Jeffrey tells Martha that she and Hans ought to write a bread book. Martha is skeptical. "A bread book? Like Hans says, 'It's with two hands.' He makes it from fresh. You can buy mixes today —bread mixes, cake mixes. It can be a helper for big outfits, but not for us. We don't want that. It cannot be the same."

Danke schoen. Auf Wiedersehn.

"I like my job, my little shop here," says Martha. "I like the customers. It was never fancy or beautiful looking. But it's always clean. You can do only so much. A clean store, friendly service and a good, good product. That's it. It's hard work but it's rewarding. The people come in and they're happy, or they bring in a compliment..."

Entering Martha's "little shop," a customer walks past glass cases displaying European candies and baking ingredients (Zweiback, Bahlsen wafers, Riccola cough drops, English toffee, Droste's chocolate, etc.) and, of course, the cakes and cookies. The walls are a flamingo organge lined with Lufthansa and German Republic tourist posters. Martha and Joanne Cordellos stand behind a counter parallel to the back wall. Behind them are the breads made that day, and a slicer.

Joanne has been at Heidi's for three and a half years. "It's hard work," she says matter of factly, "especially around holidays. But there's nothing like working in a bakery, because people come in in a mood to treat themselves." Joanne, too, has a strong sense of loss: it's unlikely she'll find a comparable job. "Hans and Martha are wonderful people," she says.

Martha Graeb is in doorway at left. Joanne Cordellos serves a customer. The shelves, normally full of fresh-baked bread, are depleted due to a run on the bakery in its final days.
PHOTO BY ANDREW SOFTLEY

Hans Graeb makes loaves of pumpernickel from a large mound of dough (left). Each loaf is weighed on the scale before it is formed.
PHOTO BY ANDREW SOFTLEY

Hans's domain, which the customer doesn't see, is about three times deeper than the storefront. It is clean, high-ceilinged, uncramped, and efficiently laid out. The lighting is fairly good, but it was better before they had to close off the leaky skylight. There are two large worktables (one for preparing dough for bread, one for pastry). A handsome, white-enamel 12-pan rotating oven built by the Chubbick company of Emeryville in the 1940s. A proof box with 20 racks (proofing is the step in which the dough rises prior to baking). A marble-surfaced table. Refrigerators. Mixers, including an 80-quart Hobart. A sheeter. Trays; and racks for moving them about the bakery. A hood for donuts (which they don't make). A striking ring-shaped gas range with a copper tureen used primarily for melting chocolate. A two-compartment stainless steel sink at which a potwasher toils. And shelves full of whisks and funnels for the application of icing.

All the equipment will be auctioned off prior to Noah's revamping. "We won't get much," says Martha matter-of-factly. A section of the front wall will have to be knocked out so that the oven can be removed.

What can I do for you?

Hans makes five different kinds of bread every day (three different kinds of rye — Roggeschrotbrot, Kommissbrot, and Bauernbrot— white; and wheat). On Fridays, additionally, he makes challah and raisin bread. On Saturdays he makes hard rolls and pretzels. Every day there are Danish, muffins, coffeecakes, strudels, cookies and a variety of cakes. Easter, of course, is the season for hot cross buns.

Hans trained as a baker in Germany in the early '50s, working for different bakeries as a helper. (He had wanted to be an optician, but the opportunity wasn't there.) He came to America in '57 to visit a sister who lived in Salinas. "He wanted to see the world," Marthe says, "but he didn't have the money."

He worked in a bread factory near Salinas, then moved to San Francisco and worked for Wirtz Bakery on Geary for 15 years; at the Sugar Bowl on Balboa for seven years; and at Petrini's for two years—always full time, for other people. In 1980 he was helping out Walter Spengler, the original owner of Heidi's German bakery, when the opportunity arose to become the proprietor.

"Heidi and Walter had it for seven years," Martha recounts. "Then Heidi got pregnant and wanted to stay home with her baby. So in 1980 we bought the bakery and then Walter worked for us for six years. I'd never had anything to do with a bakery before."

A cookie? Which one would you like?

Martha is from Koblenz-Am-Rhein — Hans's home town—although she didn't know him when they were growing up! After school she went to work for a pharmaceutical wholesaler and rose to be a branch manager. While on a vacation in San Francisco in 1976, she met Hans through his sister, whom she had known. A year later they got married (back in Germany) and she emigrated. They lived in the Richmond District.

Hans was working for Wirtz at the time. Martha went to school to learn English and soon got a job for Bank of America as an input/output data clerk. "I was so proud that I could adapt," she says. "But it was a struggle. They would talk about people having 100 shares, 200 shares. I said 'Who has 200 chairs at home?' Then the supervisor told me about my salary and I thought she was saying 'celery.' And I told Hans, 'People are always trying to sell me salad.' But they were saying 'Thanks a lot.' Later on you can look back and laugh. But then, in a whole sentence, you understand only three or four words."

When the Graebs took over Heidi's in 1980, Martha says, "the big deal was croissants. We still make them but only one kind. Then the next thing was oat bran. Everybody wants oat bran. Oatbran muffins, oatbran bread. Now the trend is bagels. People ask for bagels."

The neighborhood has changed, too, since 1980. Back then the competition was sparse. Now there's Tart to Tart, Just Desserts, the bakery next door, and several Chinese bakeries. "I was worried when they opened the Boulangerie next door," Martha acknowledges. "For six weeks people went in there to see. But Hans told me, 'You can only do so much. People will decide what they want.' If the cook is good you go always to a restaurant."

Hans was right: the business didn't slump.

"An authentic European bakery is irreplacable," says Roger Gok, a manager at Express Photo a block away. He favors the Danish pastries.

Hello, Blanche. How are you today?

Blanche asks about a German couple in their 80s —how did they take the news that the bakery is closing? Martha says, "Oh God, I've been afraid to tell them. It's their routine to come every week."

Blanche buys her Danish and orders a cake.

Danke schoen.

Danke schoen. From all of us.

Tools of the trade: whisks and funnels.
PHOTO BY ANDREW SOFTLEY