

Drunken *nсенene* nights produced much traffic at the Emergency Room and in the hospital. The police were tolerant and even participated. The routine went something like this. If someone became loud and intolerable, he or she was reported to the often-carousing police. They were charged with being drunk and disorderly and carted off to the home of a police surgeon. My spouse was one of these, and I often watched as 'tests' were applied. Walk on an impossibly straight line. Repeat 'Red lorry, yellow lorry' ten times. I later discovered that it was a Bantu thing to say 'R' for 'L.' 'Prum' pudding instead of 'plum' pudding. No one passed this deadly test. As far as I recall, no objectivity was added in the form of tests for breath or blood alcohol levels.

It was after such a sumptuous night that I walked into the early morning ward certain to see our favorite patient there. *Nсенene* nights were more legitimate than just drunken nights, and he would have taken full advantage of their legitimacy. Where was he?

He had been admitted comatose in the early hours of the morning. He was treated as usual, but this time he had come to say goodbye. He slipped away a few hours later. We comforted ourselves saying that he went out doing what he did best.

Gentle hands

We worked in teams. 'Firms,' we called them. Dr. G gave me such negative times that I jumped at the opportunity to join Professor Williams when a vacancy occurred on his team. Prof. Arthur Williams was the Chairman of Internal Medicine at Makerere Medical School and Mulago Hospital. My hopes that this would be a regular teaching and healing experience were not disappointed, and the next few months were busy and full of an academic kind of fun.

Professor Williams had two first assistants: Dr. Gerry Shaper, a brilliant young physician from South Africa, willing to teach and explain and help whenever I and others needed assistance, and Dr. George Monekoso, a somewhat sardonic but extremely knowledgeable internist from Nigeria. And suddenly the seduction of an academic life became apparent. Slow, deliberate professorial rounds with civilized appraisals inclusive of all levels of roundees

and specially inclusive of, and considerate and respectful of, the central point—the patient. Over the years, I realized again and again that major and memorable teaching and learning occurred at the bedside. ‘Contemplative rounds,’ Lewis Thomas called those intense times.

But I had to earn my place on that distinguished team.

An early pregnancy with its associated miserable nausea intruded on this idyll. I thought I knew what I was doing with my professional life—internal medicine, a year of Ob/Gyn and then some time in London to appear for the MRCOG board examination. How this pregnancy that had occurred with no real planning was going to allow all this, I, we, had not figured out. I smile when I hear residents today somewhat mockingly speak of an ‘unplanned pregnancy.’ Like mine so many tears and years ago.

In my first week with Prof. Williams I was tested for my mettle. The newest house officer—me—was given the case. Experience, knowledge, technical skills were not an issue. The assignment would have been the same in any medical hierarchy, even outside the ‘Oh, so British’ colonies. This case was perceived as a mindless arduous task.

The patient was a regular. He walked into the hospital with no appointment or prior call. He followed no protocol. He did not triage through clinic or Emergency Room which were the entry points for other patients. Nurses knew he approached by the ‘tap tap’ of his cane—not white, just a much-used gnarled branch from a hardwood tree. He turned, found a chair and sat. No words needed.

Greeting *sebo*, greetings *nyebo*. How are your *matoke* fields, your goats, your cows, your family? All was well. I watched the easy relaxed scene between patient and nurse. Was I ever going to have the confidence and ease to enter into it?

Even at a distance I saw he was covered with white blisters. What?

Dr. T, you’ve heard of guinea worms? Guinea worms! Every cranny on his extremities was infested. Sparser elsewhere. On his palms and soles, one milky lesion flew into another. Is there an anthelmintic for this? Yes, a grin, you.

My instructions: Antiseptic. Abrade the skin to expose the beast. Scoop it out. Do not draw blood. Identify the head as proof of a complete job. Above all, do not break off this longest

of worms afflicting humans. Dire pictures of energized re-growth were threatened if breakage was committed. If there was stubborn resistance, roll it on a Q-tip and let it dangle. More antiseptic. On to the next one. My early pregnancy reminded me of its presence by a wave of nausea. Somebody brought needles, iodine, gauze.

I walked over and spoke a greeting in English to this man who spoke only *Luganda*. He did not even bother to turn his trachoma-clouded eyes to me. Almost contemptuous. 'Yet another novice,' he seemed to say to himself.

Gloved, bent over, I started on the first lesion. Picked it with a hypodermic needle and watched the rolling coils tumble out. Applied pressure to the sides with my thumb and index finger and swept the cavity, its cozy shelter, with the sides of a needle. Identified the head of the monster. Did it five more times. More nausea.

I drew up a chair. This was a good move. I perceived a change. He turned to me briefly. A system. I needed a system. Across the palm, back and forth, back and forth till done. Would this tire him? What did he want? Ask him, nurse.

'Do what suits you.' In a life-and-death ward, my question was inconsequential.

Imperceptibly, a rhythm developed. I had always derived perverse pleasure from squeezing blackheads. Here was what I always wanted to do to unwilling sisters and spouse, only on a much grander scale. However, most of the pleasure in the blackhead thing was the howling dissent of the victim. This man neither protested or assented.

Both hands and soles were done. The few that refused to leave their nests were left rolled on dangling sticks. He had to sleep now, I was told. I was dismissed.

I returned the next morning. Would he be there? Yes, sitting on the same chair as though he had never moved. But he acknowledged my footstep. I sat.

A nurse said, 'He is Moslem. His name is Ishmael.'

He echoed, 'Ishmael, *mishkini*' — Ishmael, the beggar.

Ishmael, what seas have you sailed before you were trapped by trachoma?

I began again, and a comfort started growing in our relationship.

What was this all about? Brilliant diagnosis? Technical triumph? Or just care-giver with bowed head and the timeless patient?

Most lesions were cleared by evening. He had a faintly girlish look about him because of the dangling white wormy rolls on Q-tips, like braids on a sweet girl. He ate and slept. I left.

The chair was empty the next day.

Months later I receive a gift. Tap, tap. Enter Ishmael. He asks, '*Ari wa mpola ngando?*' — 'Is gentle hands still here?'

Wastage

My pregnancy was associated with annoying nausea but worse, for the first—and last—time in my life, I could not get to sleep. The constant calls from the ward further destroyed my night. One night at 1 a.m. I had a call to attend a patient who had a seizure. Amir said he would go instead of me. 'Aren't I Dr. Tejani?' I gratefully went back to restless tossing and turning; however, the next morning I was appropriately admonished for my deception by my consultant Gerry Shaper. Instead of slinking unobtrusively in and out, Amir had drawn maximum attention to himself by parking outside a hospital fence and vaulting the fence to save himself the walk up and down Mulago Hill. He then made sure that all the nurses assisted him, laughed and talked to him, all the time insisting that he was Dr. Tejani. One of them apparently noticed his sex and ratted.

Thalidomide was my companion during those nauseous, sleepless months. I found that it suppressed my nausea, helped me to sleep, and yet I could wake to attend to a call, drive and go right back to sleep. It was really not as awful as it sounds. Truly a wonder drug. I was completely unconscious of that 42nd day when it cast its spell on the tiny developing limb buds. It is hard to accept that a sensitive mother could not feel this tragedy occurring.

Time passed, and I was twelve weeks pregnant. The nausea had disappeared, and I organized weekend escapes to explore the White Nile—meeting it at different spots as it arose from Lake Victoria in Jinja and meandered, rushed and swirled to its meeting in Khartoum with the Blue Nile that originated in Lake Tanu in the Ethiopian mountains.

On one occasion we drove through a butterfly-dense dirt road

headed to the Bujagali Falls. The butterflies were so thick that the windshield of the car was causing slaughter. We stopped and stood outside the car to watch as they came and settled on us with a touch like quickening, the initial flickerings of a tiny fetus. Covered in butterflies and smiling were we. Whenever a pregnant woman asks me what fetal movements feel like, I always say 'like a butterfly.'

At the falls and rapids we played the day away. Toward afternoon, the most precarious but bold swimmer Amir descended into the rapids and sang a tuneless song to prove he was not afraid. 'Ram-pam-po,' it went, and at the third 'ram-pam...,' it faded as he got caught in the current and swirled away. This was the first of two times I saved him from a watery fate. I hurried over slippery rocks to a swirly pool where the current had transported him, plunged in and pressed him against a rock till a calm moment and then we swam back to a shallow point where other arms pulled us out. The second was decades later in 1984 on a trip to Galapagos, snorkeling in the icy waters of a sunken volcano in the company of ballerina seals—so clumsy and flat-footed on land, but sleek and fleet as they made rings around us in the water. The nature guide warned a trillion times to swim out against the current so that the current could float you back when you were tired. Amir let the current carry him out. I kept my eye on him while I was doing it right, and sure enough I saw him struggling back, having thrown off his mask and snorkel. I went out to him and we battled the current coming back together.

As we gathered up to leave Bujagali Falls, a long slim-waisted wasp circled and stung me on the calf. I became light-headed and nauseous and had some difficulty breathing. Amir always kept his battered doctor's bag with him—I still have it—and miraculously was able to give me a shot of adrenaline within minutes of the sting. A fair exchange for the drowning I had saved him from less than an hour before.

Waves of itchy skin rashes followed in the next days. At sixteen weeks the obstetrician announced no growth from the twelve-week visit. A few days later, a bewildering painful loss at Nakasero Hospital which was replete with formidable Matron, disciplining sisters and no visiting. No help for breaking hearts—no help.

'No point in showing her this hopeless fetus.' Get over it.

Trembling Amir told me it was a boy. Would have been middle-aged today. I never quite finished with him. I feel as though I abandoned him by my weak agreement not to look and think goodbye. As life went on, I had my quota of three powerful girls and never thought about the absence of a son, till decades later we had grandsons. And I first missed a son when I saw Amir playing ball interminably with our oldest grandson Ellis.

The story of thalidomide evolved. Exquisitely timed 42nd-day exposure resulted in this fatal marriage with developing limbs. A doctor friend's daughter was born with little flappy limbs. A positive attitude allowed applause for all of life's regular milestones. A few nights ago, I watched a concert from Lincoln Center. Beverly Sills interviewed the bass baritone, who was shortly to perform. He was gracious, eloquent, unassuming, balding and in his forties. But then I saw him walk onto the stage. Less than four feet tall, perfectly formed head—which had been interviewed earlier—and little flipper limbs. And that deep golden voice. His mother must have been swallowing thalidomide on the same nights that I did.

I cannot unravel luck from loss. Thalidomide and wasp sting had to be a rare combined insult. I and others call this fetal wastage. A sad waste. A waste with our love and kisses. We donate our healthy children to the public domain, to take their place in life. But this one remains forever private.

A short recovery and a drive to the game park in Nairobi to forget and heal. I watched those lionesses at ease with cubs in fearsome play. A cheetah with absurd furry young. Vultures waiting their turn at a wildebeast kill. A spotted hyena slinking and skulking. A crystal moment as we were leaving the park—a group of delicate Thompson's gazelles in a sun-dappled lea suddenly lifted their heads in unison, up and to the right at some invisible danger. It helped.

After that, I lived my life thinking a wasp sting would be fatal. At first I carried epinephrine, but over the years, since I never met a wasp, I lost the syringe that I carried around in my pocketbook. One evening more than thirty years after my initial wasp encounter, I put my hand into the heart of a clump of sorrel in my kitchen garden in Ossining, New York. I felt a sharp sting as I withdrew my hand. A deadly slim-waisted wasp flew out. I sat down on the

dirt surrounded by peas and spinach waiting for the inevitable. Nothing happened. African and American wasps are races apart.

Common sense prevailed after this first pregnancy. There would be no more till I had completed my MRCOG board examinations.

Going back to work after the few days I had taken off for the pregnancy loss and game park was horrendously difficult. What did I fear? I went into the ward through a side door. Without lifting my head so as to meet anyone's eyes, I picked up the charts for my side of the ward and started work. I had just started feeling that splendid euphoric pregnant feeling that the end of nausea brings. That feeling of superiority over all males and non-pregnant females. That genetic empowerment. May not win the Nobel, but will leave my genetic traces forever. And now climb down.

My civil and civilized colleagues did not fail me. Those who did not know did not know. Those who did murmured sympathy and then just got on with business.

I hear a song in my head

Twice a week, I saw patients at all-day clinics. These were walk-in arrangements and whoever came was eventually seen.

A young man with shiny skin of dark black and midnight blue came to the clinic alone. A blue-black skin illuminated from within. Doe-brown almond eyes with embroidered lashes. His face spoke to his ancient Nilotic origin.

He waited his turn on a rickety chair in the clinic. Women seated nearby greeted him, but he did not return their familiarities. No smile for these bustly, busty women in their Victorian style *basutis* and striped under-cloths. Patients arriving after him jostled their way to attention while he sat waiting and listening, too young for the whittled cane he held between his legs.

Hey, come on, if you want *dagara*—medicine—today. Some physical prodding before he wavered to his feet to sit before me. A conversation with the translator lasted too long. I helplessly distrusted these translator sessions which yielded monosyllables after minutes of animated discussion.

I intervened in the prolonged exchange that had now entered into argument. Through the open window of the barracks-like

clinic, I saw my ride arriving. One car had to serve the needs of all the working people in the large family. I needed to get out of the clinic. Others were waiting to be picked up and taken home.

'What does he say?'

'He is *wazimu* – crazy.'

What must the patient think? An argument instead of the ancient art of medical history-taking and then a diagnosis of insanity. At my insistence, pleading almost, I was told that this *wazimu* says he hears a song in his head. Anything else? He walked here alone from his village because he hears a song in his head.

The insistent ride was still outside the window. My patient lay down to be examined. I went over his head, eyes, ears, nose and throat. His heart, his lungs, his abdomen. His extremities. His cranial nerves, his motor and sensory nervous systems.

'Tell him I do not find any problem.'

Vindicated and victorious, the translator relayed the message.

'But,' said the patient, 'you did not listen to my head.'

He pulled the chest piece of the stethoscope to his head. Feeling foolish, I donned the ear-pieces.

A wailing desert song, like the *hamsin* desert winds that blow for fifty days and nights with dust and sand obscuring the world. It ebbed and blew, ebbed and blew. He saw that I saw. He lived with a song in his head. Others live with fear, anxiety, ambition. He lived with a song.

I admitted him to the wards. I was always taught to have a plan. What plan could I have when I was clueless? The next day troops of house officers and medical students surrounded him, listened and discussed him over his quiet presence in the arrogant way that comes naturally to us. A touching moment always when he grasped the stethoscope and guided it to the wildest windiest spots in his head.

Professor Williams (this was before the great age of imaging) applied the only imaging we had. An astonishing X-ray picture. The inside of the skull had indentations like beaten silver. Or, if you change your perspective from negative to print, a Medusa effect, skull deficiencies filled with writhing snakes.

Our Professor did not take long to figure arterio-venous malformation. A communication between an artery and vein in

the brain resulted in elevated arterial pressures flowing into thin-walled veins, causing them to puff and writhe and sing in agony.

The patient's mood was celebratory. He was right instead of crazy. There was a music-maker in his head.

What next? Even today, forty years later, some arterio-venous malformations are best left untouched if abutting or involving significant parts of the brain. A surgical 'cure' could be more disabling than the disease. Every so often, a patient would be flown from our African plains to the hallowed halls of a London teaching hospital for a miracle cure. Much fanfare was attached to this act of grace. Unfortunately, these cases had to be forgone successes. No failure or error was allowed. The song man's vessels were everywhere, endangering all that he retained. Too risky—he did not qualify.

A diagnosis was made. There was nothing to be done. The prognosis: unpredictable bleeding from the thin-walled snaky monsters with expectations of disability and sudden death.

I mumbled my regrets.

'But,' he consoled me, 'it does make a change in my life.' The specialists at the teaching hospital had agreed there was a song. He had not really expected the song to be silenced. With dignity and humor, he said he might even miss it if it went away.

We were graceful in those days in allowing patients to stay in hospital till they were ready to leave. He contemplated for a few days and one morning was gone.

A nurse who whispered her goodbyes said he was smiling when he left.

The smallpox village

At the start of the Internal Medicine rotation, all the new doctors were required to be vaccinated against smallpox as we eventually were required to rotate through the 'village.' My turn came about three months into my rotation.

It was a trek through the woodlands. You left the barracks-like ward of the main hospital and walked down a dirt road—the bright red earth of Uganda. You approached a clearing—a sylvan setting—and started to hear voices. I was told that once a case occurred, the