

Fiction | Stuart Lubarsky, MD

Calling

The human umbilical cord measures, on average, 55 cm long.

It surfaces like driftwood after a storm. This curious anatomic fact is now of limited practical use—at least to me, a neurology resident in my first year of training. Straining in the dark to ascribe to it some sort of relevance, I decide that 55 cm is about the distance that separates us—my wife and I—from those two tiny forms sharing a berth by our bedside.

They haven't made a sound in over an hour. This is unusual; an hour seldom elapses in which we are not alerted by one or the other of them. Still, I can't sleep. The quiet is unsettling, as it has been since the beginning.

I had vowed, of course, that I would never marry within the medical profession; I then proceeded to do just that. I met my wife, Rachel, at the hospital where we were engaged as medical clerks. Our first dates were whispered affairs over tuna sandwiches and sliced vegetables at Grand Rounds. Our wedding, the sunny weekend after our graduation, was fraught with jokes with medical content.

That summer we traveled through France on our honeymoon. We traipsed through the Champs Élysées and the Louvre in our sneakers. We snickered and incorporated "Dr." into our signatures. Carefree, we curled into each other and talked about our future together.

It was during one such intimate chat that we decided—unanimously—that we would not have our first child until our grueling tenure as medical residents was completed . . .

Still silent. I should be grateful for the brief peace; instead I am uneasy, my ears pricked. Perhaps I am inexperienced as a caregiver, but the dense quiet strikes me as ominous. I try in vain to rest.

As the summer drew to a close, the enormity of our responsibility as new physicians-in-training began to settle upon us. I felt ill at ease as the first day of residency approached, and my wife, on the threshold of her career in internal medicine, frequently complained of feeling nauseated.

Finally it came, without fanfare or hoopla; just a wardful of patients with an intimidating array of neurologic illnesses, and a stern-looking group of nurses awaiting my instructions for the day. The first torrents of apprehension washed over me.

Fifty-five centimeters. Within this span passes an implicit bond, taut as tug-of-war rope. It is simple,

immutable: when they call, we respond with haste. However, ministering to their distressed cries gives fleeting relief; with new silence comes new worry.

"You're both wonderful," beam our proud parents on a regular basis. My father, a general practitioner in the twilight of his career, smiles knowingly, as one who has been through it all before. "You'll be wonderful parents, and wonderful doctors." *Wonderful, everything.*

But I didn't feel wonderful on that first day. I felt scared, inept, and unworthy of the medical degree bestowed upon me several months before. I imagined Hippocrates scowling. France was a distant blur. Rachel came home that evening in similar condition—wide-eyed and haggard. "I don't feel well," she moaned. "Go see a doctor," I said. "I'm seeing one right now," she replied. "I mean a real doctor," I said, and padded off to bed.

The days were arduous but bearable. My attending staff, bespectacled and fussy, kept close watch over me, righting my wrongs with relieving immediacy. But at night, I was on my own. Every myasthenic crisis, every epileptic fit was mine to manage to the best of my capability. I dreaded that inevitable moment, scourge of every new resident's career: "Doctor, your patient is 'crashing.'"

Rachel, too, seemed to be buckling. Her malaise persisted until finally she did, indeed, see a doctor. I greeted her at the door when she returned.

"Bubonic plague?"

"Worse," she said. "My urine dipped positive. He sent a blood test to confirm."

I had always wanted to be a father. "Proud Parent" stickers on my bumper, enthusiastic PTA attendance, the whole shebang. But not then, not yet. I was already struggling to survive on the medical floor; I felt far from ready to add a new dependent to my charge.

There was something else, too. I had seen disturbing images in pediatric neurology textbooks, and witnessed families in turmoil over the monsters that ailed their newborn children. Gnawing from the recesses of my stored medical lore were descriptions of rare genetic abnormalities, crippling metabolic disorders . . . and SIDS—sudden infant death syndrome, that cruellest of boogymen to snatch babies in the night.

Now I turn, resisting the urge to check on them. *Nothing bad will happen tonight,* I try to persuade

myself. In the dark, the weight of our responsibility offsets the pride and excitement that now fuel me during the day. Admittedly, these sentiments were slow to arise, at a time when the wards were active and my wife's serum was still pickling in a lab at the hospital.

Rachel had remained fretful. "I nearly killed Mrs. Hanson with a decimal point," she said one day. "I put it in the wrong place. How can I be trusted with a child?"

"Look, we aren't even sure if—"

"Yes, but what if—"

"We'll manage," I said.

For a long moment neither of us spoke. Finally a wry smile twisted her lips: "What's your hunch, my love?"

"You first."

She rubbed her flat belly. "I think it's a girl. You?"

"Twins," I said, and endured an affectionate swat.

I love my profession. Trite, I know, but I truly regard it as a calling. The fears, the anxieties I experience stem from a deeply rooted desire to help those who are vulnerable. As a novice neurologist, I am paralyzed and motivated, enfeebled and fulfilled, by the same cause: the alleviation of suffering. The practice of medicine, in this early stage of my career, is at once an affliction and a panacea.

Parenting, counsels Dad, is no different. The feelings don't change; you simply become less bumbling along the way. I smile in the dark.

It comes with startling abruptness, like a snake

sprung from a tin can. A shrill cry interrupts my thoughts, inciting similar palpitations to those I experienced on that memorable day the doctor finally called with the result of my wife's test.

Rachel's voice is gravelly. "Is it you, or me?"

"It's you, darling," I say, but it isn't about turns.

Rachel reflexively extends her arm a span of about 55 cm. Suddenly an eerie glow engulfs the room. She squints at the familiar face before her. In her hand, Rachel cradles the object of concern, the source of the wailing tumult.

Her personal pager.

Retrieved from its perch on the nightstand beside my own, the diminutive gadget trumpets an urgent signal, its digital display bathed in luminescent green. Rachel presses a button, and silence is restored.

An instant later she is on the phone, and quicker yet she has leapt to the closet.

"Nurse called with the nightly bloods," Rachel says, slightly breathless. "Mr. Malcolm's potassium level is sky-high. I have to go in."

"Maybe it's a false alarm."

She kisses my forehead. A thin smile: "It's been known to happen."

A last flutter of activity, and she is gone. My thoughts turn once again to my patients, and I wonder how they are faring alone in their own dark rooms. Moments later, a second strident call stirs me to action, bringing the sleepless night to a merciful end.

Neurology[®]

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Neurology 2006;66;151-152

DOI 10.1212/01.wnl.0000194306.77631.29

This information is current as of January 9, 2006

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