## REFLECTIONS: NEUROLOGY AND THE HUMANITIES

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## The Firefighter

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Correspondence & reprint requests to Ms. Armitage: Alexandra.Armitage@snhmc.org He is still robust. Large-statured, heavily muscled, with firm features and a rugged stubble. Sitting in the chair he slouches a little. A bad habit? Before you meet him you might think so.

He is a longstanding patient whom our multiple sclerosis expert knows well. She is relaxed and friendly, observing him as she finds her customary spot in the room. I introduce myself to the patient and his wife, as I am new to the practice; today I am just getting to know the patients.

He is nicely dressed in a yellow golf shirt and khakis, sneakers on his feet. His wife has a pleasant, open face. She is trim, practical, and almost plain. Almost, but she is a redhead with a Dalmatian's worth of freckles, which I find pleasing. I maneuver around a large black metal device in the middle of the small exam room. Rigid and shiny under the fluorescent lights, the manufacturer's name is emblazoned in red down one side. Cutting-edge engineering. A set of handles bridged with a crossbar act as crutches, which are fused into functionality with wheels that are substantial enough to ensure absolute balance. Large, unyielding, impressively high tech, it takes up more space than is polite. I stumble over it to get to my customary perch. I am focused on the patient today, and I find such technology an annoying distraction. It takes me a moment to register that the engineering wonder which I have just scorned is a vital part of our first meeting; our patient's mobility is completely dependent on this intrusive chunk of

He was a firefighter. Large hands, broad shoulders. He has a mellow face which gels with his wife's

demeanor. He responds slowly to questions and struggles with articulation. A small smile catches on the side of his mouth when asked about changes that he would prefer to disown. No embarrassment, no complaining. I watch him closely; his dysarthria is disconcerting. I can see that he wants to speak faster. I can see that he wants to think faster. There is more to this person, inside him somewhere, that just no longer has the speed and finesse for witty social interaction. Multiple sclerosis has robbed him of this birthright, and it continues to whittle him away nerve by nerve, day by day.

What about recent activities, struggles, and concerns? I do his physical exam as they continue to talk. He does not walk independently, so I do not assess gait or balance; I really don't need much of his attention for the rest of the exam. Reflexes are brisk. Strength is predictably diminished for a disease that has removed his ability to move independently. His sensation is better than I expected. The intact sense of vibration and touch may account for his remaining ability to walk, albeit with great assistance. I remove his socks for the exam, and the yeasty smell of inability-to-scrub rises from his feet. I search his wife's face attempting to discern whether she is overwhelmed. The conversation continues around me; neither of them flinches at this fragrant exposure. Perhaps it is because, even at this early stage, I have already been absorbed into his continuum of care. Or perhaps he is oblivious.

How would I cope if I could not wash my own feet?



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