

# Fiction

## Canoe Trip

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"Perfect," he said as he carved his knife into the surgical wound, exposing another layer of fascia. We were standing in the operating theatre: he, the surgical chief resident, and I, a third-year medical student. It was the first of many appendectomies I would scrub in for during my surgical rotation. The patient was a 12-year-old boy who had come to the Grand Valley Hospital emergency room that day. He had a low-grade fever, sweats, and periumbilical pain that had migrated to the right lower quadrant of his abdomen. After quizzing me on various anatomical structures, removing the inflamed appendix, and closing the wound, he said, "Let's go finish rounds."

He was Dr. Carroll Hazard, a hot-shot surgical resident from Joplin, Missouri, who had risen to the top of the pyramid in his three years at Tulsa to be chief. After buttoning the last button of his white lab coat, he lit a low-tar cigarette as precisely as making an opening incision for a thyroidectomy. The smoke was billowing over his head when he exhaled his fierce drag. "You make it difficult to see by the way you shake that retractor."

"Sorry," I said as we strode down the hall to meet the others in the surgical intensive care unit, "I guess I was a little nervous." What an understatement that was. I'd felt as though I had been hit by a freight train since starting this damn rotation. It had been apparent to me, almost from the start, that to survive surgery was going to be more of a personal struggle than another educational experience. The first time I scrubbed in was for a bowel resection. I had been allowed a place at the table where I could observe everything. The surgeon, with calm reserve, began to "run the bowel." Loop after loop of intestine was being exposed as I felt the odd sensation of saliva collecting in my throat and nausea creeping up from my belly. I tried to push back the feeling and began swallowing in audible gulps. Then the cautery was put to use and the smell of burning flesh filled my nostrils beneath the mask. I tried to think of something else; memories of late August football workouts came to my mind where we ran windsprints endlessly until I became sick. My knees began buckling and I was about to heave when I finally stepped away from the table and reached for the door. I left the O.R. and tore off my mask to breathe in fresh air when I heard the surgeon chortle, "What's the matter with him?"

The doors electronically swung open as we approached the threshold of the unit and the rhythmic sounds of ventilator machines and cardiac monitors greeted us. It was an abrasive fanfare to our entrance. Dr. Billy Bob Bodine, one of the surgical interns, was bent laboriously over his patient listening for bowel

sounds. He was a fat good-old-boy from Amarillo, Texas, who came to Oklahoma after his father made good in an oil basin.

"Good morning, sir," said Billy Bob with a greasy, bucktooth grin. Everyone else on the service called Carroll Hazard "Cary" except for Billy Bob who referred to anyone at a higher service rank as "sir." Billy Bob also had his lab coat buttoned and was developing an irritating habit of styling himself according to his chief's mannerisms.

"Let's do the cards," said Cary, which meant we were going to do abbreviated rounds before splitting up. As each of the patient's names were shouted out, one of the interns gave a summary of the person's progress post-op.

Juan Novio, another of the medical students, sidled up to me on the periphery of the cluster of house officers. "Did you catch a look at that nurse Judy?" He was always examining nurses and palpating when possible. "She's the one suctioning out the tracheostomy in 3." I glanced over in the direction of Room 3 and it was Judy Harvard's full cleavage that I was staring into as I recalled that Juan had earned the nickname of "Don Juan" for his escapades with the nightingales in white.

"Well, Michaels?" demanded Cary as my head snapped back in his direction. "What is the iatrogenic condition called when a nimrod med student like yourself is starting a central line in the subclavian vein and the lung collapses?"

Embarrassed and slightly befuddled, I blurted out "Atelectasis?"

"Wrong again, nimmy. The answer is pneumothorax, A.T.S."

"A.T.S.?" I asked.

"According to Sabiston," retorted Billy Bob rocking slightly on his feet. Sabiston was the huge surgical text I had not yet even cracked open. Card rounds were finished.

I traipsed along after Sarah Lee, the surgical intern I was assigned to. Sarah was second generation Chinese but spoke with an accent that betrayed she was born and brought up in Arkansas. Nervously crunching on one of the crackers that always filled her lab coat pockets, she seemed to embody all the anxiety and doubts I had in my mind.

"Well, I guess we're on call together again tonight. No telling how many dirtballs are going to roll into the ER this time," she drawled.

"How come we always seem to have the worst call nights?" I queried. "I don't know, but I wish we could just refuse to accept these turkeys like I did at the V.A. when the census was filled." She took a sip of Maalox® from a small bottle she also kept in one of her pockets, leaving a tiny white mustache on her upper lip. Her acerbic, cynical tone was somehow comforting. It felt like I had someone to face this hellhole with.

What got me the most about this rotation wasn't so much the long hours spent with very sick patients, or the humiliating roundsmanship of the residents or even the feeling of being a lost puppy straggling along behind the attendings

and Cary. What got me the most was the smug attitude I perceived within myself. I tried to show everyone else that no matter what happened, I wasn't going to be affected. Bring on the worst of human suffering, the devastation of cancerous illness, the wreckage of human folly, and I should be able to take it like a man. But I wasn't able. At every turn I was overwhelmed by anxiety, sorrow, and rage toward the ruin of age and disease occupying so many beds.

Sarah checked over the patients I was to see and what I was to do and then left to do some reading. I went in the opposite direction and began my scut work of drawing blood, looking up labs, checking I's and O's and changing bandages. "This stuff is boring," I yawned to myself. I began day dreaming. There were times, though, that I could get into this, like when one of the residents would let me assist in a procedure or close a wound. Surgery did have its allure and as I dreamt of commanding an O.R., with scalpel in hand, I absently buttoned up my lab coat.

Still somewhat lost in the haze of my fantasy, my steps a little lighter, I approached the room where Juan was squatting next to a patient. He was intent on debriding a wound in the anterior compartment of the leg. He looked up for a moment, winked and said, "Hi, Ray." Waving, I shook my head as I recalled Juan's description of how this man was being whittled away day by day. Pretty soon there would be nothing left of him, I mused. I walked into the next room.

On the roto-bed before me was Roy Donahue who had survived a New Year's Eve car accident as a vegetable. Judy was suctioning his endotracheal tube with the same vigor I had witnessed earlier on another patient. "Howdy, Miss Judy. What are you doing here?"

"Oh!" she started, "I'm working overtime on the extended care unit tonight."

I looked down at my watch. It was change of shift. I had worked through lunch again.

"How's Roy the boy doing?"

"Oh, about the same. Enjoying his comatose state." She daintily pulled the plastic gloves from her hands, threw them away with a titter, and switched off the suctioning machine. I came to the bedside. "You look like Cary wearing your coat buttoned up like that," she observed wryly.

Flustered, I said "Oh, yeah," and began unbuttoning the coat.

Judy skipped out of the room with another titter after watching me fumble with my lab coat, obviously delighted. She bedeviled me.

Turning my attention to Mr. Donahue, I began the inspecting, palpating, percussing, and auscultating necessary to make an assessment. Recording the labs that had come back that day and measuring the fluids that entered and exited his body were part of the job. Scribbling the notes onto my clipboard worksheet, I heard Billy Bob and his med student, Dick Robinson, coming down the hall. Billy Bob was pontificating about his approach to the medical profession. They passed by me in the hall and Billy Bob interrupted himself to say,

"Come with us, Michaels. I'm going to demonstrate how to start a central line."

I rolled my eyes to the ceiling as Dick encouraged me to hurry along so I wouldn't miss anything. Dick was one of my eager colleagues who was easily identified as a "gunner" in the basic science years of med school. So adept at studying books he could almost never relate to people. He was struggling horribly in his clinical rotations, which lent him an easily criticized reputation. The surgery residents jumped right on this. With each group of new med students, there was one singled out as a "goober"; someone who would take the blame for things that went wrong on the floors and who would do the worst kind of scut work. Dick was that man. Billy Bob had been ashamed that he was assigned to the goober and was trying to improve Dick's clinical skills in hopes of casting the label on to some other naive scutboy.

We arrived at the bedside of Harry Lamore, a man whose post-operative course had been disrupted today by dropping blood pressure. Mr. Lamore had been prepped and draped while Billy Bob explained the set up for a subclavian venous stick. He demonstrated the proper placement of the line in regard to the clavicle and penetrated the skin with an angiocath. There was no blood return. As Billy Bob advanced the angiocath, Dick asked, "What do you do if you can't locate the vein?"

Billy Bob explained, "Try advancing further, and if you get blood return, retract the needle like this." We observed. "But never pull the catheter back over the needle like this," he demonstrated. Pulling the catheter and needle out together, Billy Bob's eyes widened and sweat popped out on his bulbous jowls; he had sheared off the catheter while showing us what not to do. "Mr. Lamore," he called out, "Are you alright?"

"Yes," Mr. Lamore murmured, somewhere under all the drapery of a sterile field.

"Get this man in reverse Trendelenberg," Cary shouted over our shoulders. He had been observing the whole procedure from the doorway, unbeknownst to us. "Dick, you take his vital signs every five minutes. Billy Bob, you come with me and we'll phone the attending."

At this point I took the low-profile approach and returned to the on-call room where I would hopefully be spending part of the night. This was on the top floor of the old tower of Grand Valley Hospital. There was access to the roof from the call room area; it was an escape from the routine of the day to step outside on the roof and see the rolling foothills to the Ozark Mountains. I took a lawnchair up to the roof with my Sabiston text and tried to read about central venous pressure and the subclavian line. The warmth of the sun in the early evening was luring me into a peaceful nap.

"I thought you might be up here," Dick interrupted. He climbed out on to the roof with some papers in hand. "It's a shame about Mr. Lamore."

"Yeah, well, what happened?"

“They took him to the cath lab. They’re going to try removing the catheter tip from the right ventricle with a kidney stone net.”

“Sounds interesting. Is that a routine procedure?”

“Well, I hope not. Mr. Lamore was pretty upset. He didn’t like having to go for another operation.”

There was a sound in the air. Approaching us from the northeast was “Deathstar,” the helicopter that flew in emergencies from outlying areas.

“Speaking of operations, do you have the surgical schedule for tomorrow?” Dick had been given the task of finding out cases that were coming in and assigning them to the rest of us.

“I have it right here,” he said, extending a small stack of papers to me. They were blown immediately from his hand by an immense gust of wind—the chopper was landing on the roof heliport. “Shit,” he said, chasing the papers that were circling us. I grinned. Dick was hopeless.

Once inside, I noticed the other med students had gathered as well. It was checkout time. They gave me lists of their patients with corresponding duties to be done. I hated this time of day. My friends were leaving me and I would have to make it on my own until sunup the next day. Juan patted me on the back and said, “See you tomorrow.” He was probably going out on a date, going out and having fun. I looked out to the setting sun. The orange light filtered through the trees, casting long shadows onto the field next to the hospital.

Dick was the last to leave. “Here’s the on-call beeper and my check out list. I hope I remembered everything. The one I originally wrote out blew away when the helicopter landed.”

“Great. Good night, Dick.”

The door closed as he left. I looked over what I had to do tonight. There was a chance it could even be a quiet night. The beeper fired off. I called the number. It was Sarah.

“Hello, Dr. Michaels. Why don’t you come down to the cafeteria so we can eat while we can. There may not be another chance tonight.” She began laughing, oddly. This was another of her attributes I found endearing—no matter what the situation, this woman could laugh it off or swallow it down with just another sip of Maalox®. “Nobody doesn’t like Sarah Lee,” I thought.

Down in the cafeteria, I spotted Sarah easily. She was so nervously shaking her foot that the table vibrated as well.

“How’s it going so far?” I asked.

“So far, so good. Deathstar came in with a medicine patient and only a couple of people have come into the E.R. Want to do some stitching?”

“Yes, I like the needle and thread.” It was great being on with Sarah because she let me do a lot of the sewing. “By the way, who’s your backup tonight?”

“Cary. Dr. Hazard.”

“I see. How did he come to be called ‘Cary’?”

“Would you like to be called ‘Carroll’?” she giggled. “Actually, I think he

was nicknamed after Cary Grant because he considers himself so suave and debonair. He once said he thought of himself as a gentleman army officer and promoted himself up the ranks every time he performed an exceptional service. I think he became a two-star general today after retrieving that catheter tip from Mr. Lamore's right ventricle."

"Oh my God, what a fantasy."

We finished what remained of our meals when her beeper shrieked that she should call the emergency room.

I had been busy finishing ward duties signed out to me when I was called to the E.R. The speed of the passing hours amazed me while I stitched and patched under the guidance of Sarah. We had worked steadily together evaluating abdominal pain and treating the minor lacerations and injuries the "knife and gun club" referred in. How had the time elapsed so easily, I wondered. We had diagnosed, treated, and referred until there was no one left. Feeling confident in my burgeoning abilities, I yawned and said, "I'm going up to my room to get some sleep while I can."

"That's fine. I'm going up to talk to Cary about the lady we admitted with cholecystitis."

We both trudged up to the old tower. Cary was seated in the lounge, reading a "Soldier of Fortune" magazine, smoking a low-tar cigarette. I heard him say, "Perfect," in response to what Sarah was presenting to him. I opened the call room door and eyed the inviting cot that awaited me. Having never changed out of the scrubs I wore all day, I climbed into bed moaning an exhausted "good night." Wearily, I glanced at my wristwatch which read only 12:30 a.m.

As quickly as I closed my eyes, the bed seemed to be swimming. I was now in the front of a canoe, floating down the peaceful Illinois River. There were tall green trees on the banks of either side and I seemed to be the only one out on the river. Gracefully, I handled the oar in my hands, dipping it into the placid stream, guiding the canoe along its course. Looking behind me, in the rear of the canoe, I saw an Indian Chief wearing a long, full, white feather headdress. He was sitting calmly, taking no notice of me. Holding a paddle in both hands he was now steering the canoe, using the oar as a rudder. The water began churning, as if we were shooting through some rapids. Huge rocks and fallen trees appeared in the river as obstacles that we were to navigate through. I began paddling with desperation and exhilaration as the channel became more treacherous. The canoe was being tossed forcefully from side to side. We were taking on water. I looked backward and saw the Indian Chief smoking a long-stemmed pipe. He extended it forward to me in a gesture for me to smoke with him. I began reaching back for the pipe, when the canoe lurched to one side, throwing me off balance and hurtling me into the raging torrent. I was pitched headlong into the violent, boiling current, disoriented by the tossing and tumbling movement downstream. Finally, I emerged head up to see the canoe with the Indian Chief floating on ahead. Grabbing for anything to hold on to, I lunged wildly toward shore. The sense of sand beneath my feet gave me the footing to

start scrambling toward the beach. On my hands and knees I crawled ashore, quivering, out of my mind, but still alive. Suddenly, out of nowhere, an eagle came screaming down out of the skies, its talons bearing down on me, its cry piercing the air.

I rocketed awake. My beeper had gone off. I was kneeling on the bed, wet with sweat. The number for the operating suite flashed on my beeper. It was 3:30 a.m. I called the number. "Hello," I squeaked, after clearing my throat.

"Ray? It's Sarah. There's an accident victim with a ruptured spleen that I want you to scrub in for. They're setting up now."

"Be right down."

Cary watched as Sarah performed the operation, checking with her for other internal injuries. I was at my usual station, holding the retractor. At this moment I was feeling more a part of a team than an estranged observer. Somehow, because it was in the middle of the night or perhaps because I was feeling more confident, we seemed to be working together instead of being at odds.

I helped Sarah close while Cary joked with the anesthesiology resident.

"Well, the end of another day," Sarah said, laughing. The powder on the inside of her gloves had been soaked by her perspiration, leaving the latex transparent against her skin.

"Yeah, another call-night shot to hell."

"Y'all want to eat breakfast once we're finished?"

"Sure."

In the locker room Cary was buttoning up his lab coat. I was looking out the east window; the sunrise beamed its first rays onto my face.

"Want a cigarette?" he asked, lighting one up, squinting his eyes.

"No, thanks."

"You weren't shaking as much today."

"I know. I guess I'm starting to get the hang of things."

"Let's go start rounds."

We strode down the hall to meet the others.