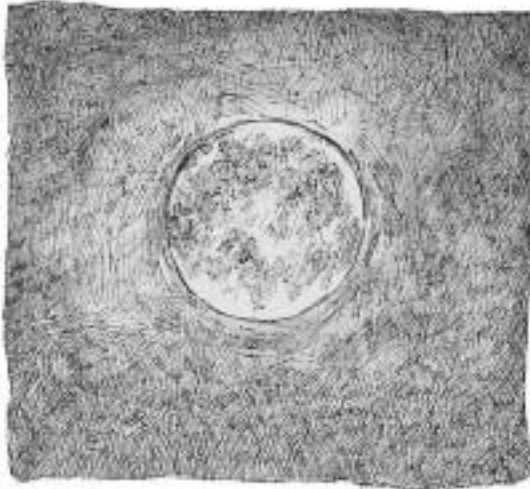


MEDICAL MUSE

*A literary journal devoted to the inquiries, experiences, and meditations of the
University of New Mexico Health Sciences Center community*



Vol. 9, No. 2 • Fall/Winter 2004

Published by the University of New Mexico School of Medicine

<http://hsc.unm.edu/medmuse/>

MEDICAL MUSE

Is published twice a year, in the fall and spring by the University of New Mexico School of Medicine.

Submissions may be literary or visual, and may include letters to the editor. Participation from all members of the UNM Health Sciences Center community.

Electronic submissions may be sent via e-mail attachment to: medicalmuse@salud.unm.edu Please include name and contact information.

Reviewers for this issue:

Eva Brodtkin
Rebecca Coalson
Mark Fischer
LaWanda Jim
Sharon Master
Rebecca Mayo
Paul Meier
Terry Mulcahy
Nuwan Perera
Janis Teal

Advisors:

David Bennahum
Richard Rubin
Norman Taslitz

Graphic Designer:

Paul Akmajian
*Center for Community Partnerships, funded in part by the
W.K. Kellogg Foundation's Community Voices Initiative*

Many thanks to Sandra Naranjo,
Dept. of Internal Medicine

The observations and opinions expressed by the contributors to Medical Muse are not necessarily those of the editorial board nor the University of New Mexico School of Medicine.

All rights for works published in the Medical Muse revert to the author.

Visit Medical Muse on the web at:
<http://hsc.unm.edu/medmuse/>

We are pleased to bring you this edition of the *Medical Muse*. This semiannual arts journal is meant to provide a creative outlet for members of the greater Health Sciences Center community: patients, practitioners, students, residents, faculty, staff, and families. In this business of the scrutiny of bodies and minds, it can be all too easy to neglect an examination of our own lives. This journal is a forum for the expression of meditation, narrative, hurting and celebration—all the ways in which we make sense of what we see and do.

It is our hope that in these pages you will encounter a range of experience from the outrageous to the sublime. What we have in common binds and steadies us, yet there is much to be learned from the unfamiliar.

We see the purpose of the Muse as a way of encouraging members of the Health Sciences community to express their creativity, and we encourage all to submit. Occasionally, subject matter may be controversial. It is never our intent to offend, however we wish to explore the full range of experiences reflected in our submissions. We apologize if this has not been made clear in previous editions.

Unfortunately, due to space constraints we cannot publish every work that is submitted in the print copy. We wish it to be known that our worst fear is that in selecting submissions we are discouraging the same creativity we wish to foster. We therefore sincerely thank all those who have submitted in the past and ask that you continue submitting. Without your creativity and courage to share the Muse would not exist.

– The Editorial Board

Stillborn

by Peggy Spencer, M.D.

“Get the med student to do it.”

The harried intern tossed this instruction to a nurse as he ran into another delivery room. She glanced my way, saw that I’d heard, and beckoned me to follow.

It was my clinical OB rotation at County General, a huge place overwhelmed with over 300 deliveries a month, not enough staff, and no time to teach a med student. The residents were always in the OR with C sections or Gyn surgeries, leaving Labor and Delivery to be run by interns. I had learned on the fly; how to “catch babies”, sew episiotomies, start IV’s, check “Mag” levels, and perform the various and sundry other scut jobs assigned to the “scut dogs” like me. All day I hustled between blood draws and monitor checks, urging laboring women to “push!” and sharing their happy tears when a squirming new life emerged. Every night I fell into bed in a trailer in the hospital parking lot, only to rise 4 or 5 hours later and start all over again, crazily, giddily happy.

Trailing the nurse down the busy hallway, I passed a woman in jail blues with cuffs on her feet and a scowl on her face, waiting her turn for evaluation. The frail and wondrous sound of a newborn’s cry wafted out of a delivery room next door. Down the hall, a woman labored loudly, coached thanklessly by a clumsy female friend. Families wandered the halls, staff came and went. The busy, cheerful bustle was familiar to me by now.

The nurse paused outside #7, the door of which was uncharacteristically closed. Turning to me, she gave me a once-over, and then said without emotion, “It’s a stillborn. Ever do one?” Stillborn. The word sank into me and settled, lodging somewhere behind my sternum.

“No, never,” I managed. My face stayed impassive, an expression I had practiced until it was internalized. Stay calm. Do not react. Show no shock when a 15-year-old tells you it’s her second child. Show no amusement when a patient mispronounces a medical term.

Show no horror when a child comes to the ER bloody and broken by her father. Show no hesitation when asked by a superior to do something. Be the steady, the rational, the nonjudgmental, ever-reliable doctor.

“Hmm.” She looked at me a moment longer, then seemed to come to a decision. “It’s just like a regular delivery. Give the baby to me.”



Lily

Sean Kelly

Just like a regular ----? But how — but who — but what do I — but — it was too late. The door was open and we were inside.

The heavy door swished closed on dimness and muffled silence. In the bed, the only sign of life was the movement of breath. A woman’s chest, gently heaving. A mother’s breast. A mother’s breath.

Her child, breathless and still inside her. Her family, tableaued around her in awkward support. Dull faces turned slowly toward me, incomprehension mixed with pain in their eyes. The nurse moved softly, preparing the scene. Sorrow clung like a mist to everything and everyone.

Suddenly, I felt like a marauder. These people had never seen me before in their lives. Here they were, gathered in grief at one of life’s most searing moments, and who is there to “help” them through it? An inexperienced student with an unknown face and unfamiliar hands. I had no business there. They deserved better. She deserved better. Death was laughing in this young mother’s face. She needed a dear and familiar healer to ease this pain, a seasoned guide to smooth this rough passage.

But this was County, and I was all they had.

Inhaling deeply, I lifted my head and stepped forward. □

Gasman

by Gabriel Ledger, M.D.

Department of Emergency Medicine

The case was going to be a whomp, and everyone knew it.

On the Operating Room schedule, its simple understated billing, "Exploratory Laparotomy" read like a luminescent neon sign to the ravenous band of surgeons.

EAT AT JOE'S...(flash)...EAT AT JOE'S...

Sterile masks concealed the slather that bubbled from greasy mouths, as each surgeon harbored hopeful anticipation of whetting an appetite on the case du jour, Delilah Pounce. Delilah was a jovial young girl with a very large belly. She had been sent to the surgeons because people thought she must be concealing a tumor (or worse) inside her tremendous abdomen.

But this feast would be gobbled up by Dr. Gasman. He was the renown uber-hacker of Hospital of Hope, and since all interesting cases passed over his desk, he gleefully (and this was a man who was decidedly without glee) plucked the luscious cherries from the bunch before passing the basket to the rest.

When he arrived in the operating suite, he felt a cold edge of satisfaction as he surveyed the drugged and denuded Miss Pounce. She was enormous, the rounded apex of her belly shaking softly, almost shyly, as the truncheon legs of Dr. Gasman stalked up to the table.

The case began with Gasman perched on his step-benches piled four-high. His hands-slick brown-gloved pincers-brandished a sizeable pair of scissors and a shimmering scalpel blade. Both hands dove into action simultaneously. As the first cut was made, there was a moment of hesitation around the room, as if an explosion or an eruption might flow from the subject on the table.

Gasman, however, did not share the pause. In fact, the bated breath of his spectators galvanized him to excavate even faster, relentlessly and unabashedly tossing various surgical instruments from his field, as his impotent assistants ducked and dodged their hairy flight.

Gasman's hands moved faster and faster as he worked deeper and deeper into the crater he had created. When the pool of Delilah's body rose above his

wrists, he suddenly ordered, "Gloves!" Instantly, elbow-high tan latex was procured and Gasman vigorously plunged in with his forearms. He jumped back to his work, and with every passing minute, he became more submerged in Delilah's body. Moments later, when it appeared that his head and most of his gown were hidden behind the walls of Delilah's propped belly, he again emerged violently, "Gloves! Gloves!" He was quickly offered heavy yellow gloves that encased each arm from fingertip to shoulder.

As he was about to return to her stew, a meek voice piped up from the head of the table. It was the anesthesiologist, "Um, Sir, she's tachycardic and hypotensive, um, I think."

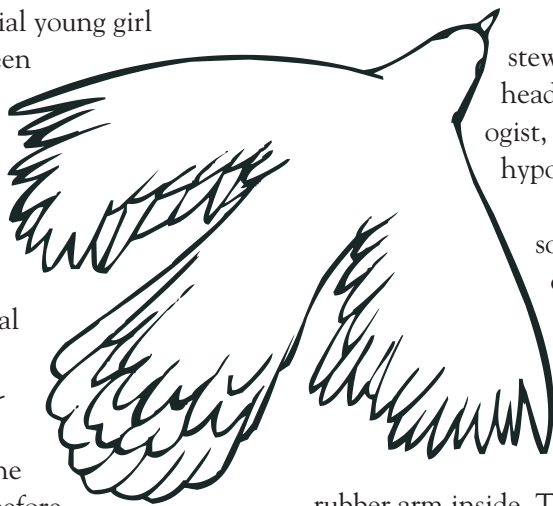
Gasman whipped his head around so fast that his tight fitting surgical cap flew off. "Well, dammit, just give her some Abgabaflab and get on with it!"

Assured that he would not again be disrupted, he turned back to Delilah's belly, and reached a rubber arm inside. Then, with his arm down, his head suddenly came up and flashed a quizzical look—perhaps the only quizzical look that had dared to spread itself across his face since his medical school days. An instant later, a squawk and a flutter sent him toppling away.

From Delilah's body, a bird flew out of her belly.

It wasn't a particularly exotic or beautiful bird. It looked like a regular pigeon, slate gray. In fact, if it had not come from inside a patient's body, not to mention a sterile field, it probably would not have attracted any attention at all. Now, it hovered in an upper corner of the operating suite.

Momentarily stunned, Gasman sprung to action. "Forceps! Large forceps!" he roared. Into his hands were thrust a pair of forceps so large that they required two hands to operate. He jumped from his step-bench and began to chase the pigeon around the room, waving at it grossly with his metal grappers that measured some four feet long. The bird easily dodged his instrument, but Gasman doggedly pursued, his shoulder high yellow gloves and his blood-stained operating gown bustling noisily below.



After five minutes of chase, a tired Gasman puffed his cheeks as the bird perched tauntingly on the large surgical lamp above Delilah's body. Gasman was about to roar a frustrated command, when the door of the operating room slowly opened. Through the passageway stepped a young girl with blond pig-tails, wearing a red smock dress. All eyes in the room moved from Gasman to the girl, as she reached into the kangaroo pocket of her smock to pull out a clear plastic bottle and a small baton with a hoop on one end. She dipped the loop of the baton into the bottle, and a soapy prism of colors filled its hole. She put her lips to the prism, and blew a shower of bubbles into the air. The bubbles floated softly to the pigeon, and the pigeon reacted immediately to follow the young girl. To no one in particular, she said, "When I don't know what to say, I put my words in a bubble and let them go." And even before she had turned to leave, with the pigeon hovering quietly at her shoulder, Gasman was back at Delilah's body, throwing instruments. ▣

Geraniums

Geraniums growing in a sun-soaked window
Dance stiffly on a breeze for a moment
Then still
Puppets to an unseen master.
The vibrance of green and red
Make you unbelievable,
A child's painting.
Your paradoxical scent of
Supersaturated organicism
Overwhelming
Intoxicating
Yet I cannot be satiated.
The smell of elemental mortality
Ensnarers
Fascinates
And we dance for a moment
Then still
Puppets to an unseen master.

– Paul Meier

When Angels Stop Listening...

If I had but one wish
It would be to see my son
I want to hold him but I can't
Too weak, too weak

If I had but one wish
I would tell my daughter
We're going to be OK
I'm sorry I missed her wedding

If I had but one wish
I would tell my wife
That she's wearing the same scent
She wore on our first date

If I had but one wish
I would silence the IV beeps
And tell my brother
That I owe him dinner
The Cubs didn't win the World Series.

If I had but one wish
I would tell the respiratory tech
That he should invest in real estate
The markets booming

If I had but one wish
I would tell the resident
That the restaurant she's ordering dinner from
Gave me food poisoning two years ago

If I had but one wish
I would tell the nurse
That at the end of her shift
The intern will ask her out for coffee
(Even though he doesn't intend to pay for it).

If I had but one wish
It would be to ask
Whoever's in charge
Can I have more than one wish?

– Pranith Perera

Shoes

Old shoes have taken so many steps
like the running shoes that have jogged in
Oregon and Idaho and Denver
and carried wobbly legs from the car
accident that somehow everyone survived
and have run through the foothills at sunset
chasing or running from what?

And the brown shoes that explored
Spain and Portuguese beaches
and crowded, shrouded Moroccan streets
and were rescued from the heat and sweat in Sardinia
by a friendly Italian man in a truck with three wheels
are the same brown shoes that stood devoid of feeling
delivering a baby through a fog of wake-sleep
yet felt a twinge of sadness at the wedding of a prom date.

And the shoes that played tennis with dad
and basketball with the guys and
biked and trod everywhere
and rested
under your bed some nights
for a couple months
only to find another under which to rest.

So I wonder with new shoes
how we will part,
with what memories
and with what blisters
bleeding tears onto my
socks.

– Paul Meier



BabyBoy

Who is whole?
We try to describe psyche, soma and cell
Individually
And expect that
By declaring parts, the whole will be revealed.

We imagine that if enough parts are dissected
We will have preserved the whole.

We have looked at this baby,
head to toe.
His foot, brain and heart deformities
And then there was another fact, he didn't grow.

Can we find the parts of his psyche and spirit?
Or can we just say "He is so young."
Will his young parents dissect their beliefs for us
So we can say we understand them?

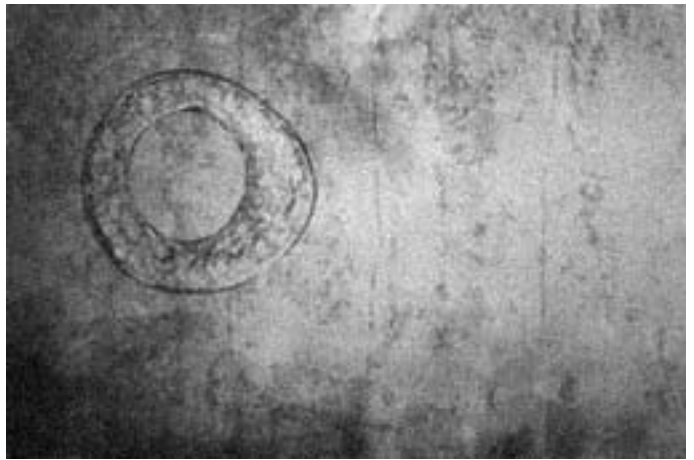
And from everything we did, did we help them?
Their tradition does not talk of the future.
Their tradition does not talk about prognoses.
Their tradition does not talk about death.

But we dissected all these topics for them.
Anyway.

As we look at our tradition of particulate medicine,
Can we commend ourselves that we did the best
Anyone can do?
Even though we only did what we know.

Beyond our beliefs
this baby
is surrounded by
his family's tradition,
And in those beliefs, he was whole all along.

– Eva Adler



Oceana, monprint 2002

Paula Bittner

When You Pledged Your Love To Us

We all lay in that little hollow,
The sweet space on your chest,
Our heads pillowed on your heart,
As you stroked our hair of
Varying lengths and colors.

And you held us and told us
You loved us, so much, so much.
And we drifted off to sleep
Assured of our place in your heart
That, for varying lengths of time,
We thought we held.

– Rebecca Mayo

Chances – Taki’s story

by Martina Rosenberg

This was the last semester. Only a few classes left, then the decision where to do the lab work for my masters. Immunology was a possible direction, allergies in children one of my electives. I was looking for something applied and grounded in the reality of everyday life, not just basic science for the sake of accumulating data sets for mere academic satisfaction.

The speaker today was a familiar face. Professor Wehman, the physician who was heading a special program for childhood neurodermitis and asthma. He was also interested in other malfunctions of immune system.

A mutual interest, sparked on a more personal level. My son Leon has had food allergies from birth. It was practically impossible to feed him regular food. It wasn't obvious what the problem items were since his severe skin reactions were often delayed for hours or even a day. Trying new alternatives was not free of risking an anaphylactic reaction. That's why we were here in this hospital, hoping that Leon would benefit from Dr. Wehman's dual interests: pediatrics and immunology. We were about to find out that on his list of bad foods were dairy products, soy milk, potatoes, grains like wheat, barley, quinoa, as well as fish and nuts. ELISA and RIA tests showed that he also had elevated IgE for certain pollen, but he didn't have any hay fever developed yet.

The professor was a good speaker, in his mid-forties, confident and with a pleasant voice that was reassuring and passionate at the same time. His case study was capturing the audience. He knew how to connect the clinical facts with the recent research in that area. Despite his efforts I was still phasing and thinking back to the

time that I spent with Leon in the hospital to test out an array of foods that he could actually tolerate.

Leon was amongst peers. Most kids here had an inhaler, some had other portable devices; none seemed to be particularly disturbed about it. This was what helped — this was natural and that was all there was to it. The rookie was questioned briefly about what brought him here and on they went to play.



Daughter of Aliyu with scraped knee, Robert Glew, PhD & Dorothy Vanderjagt, PhD

A second case study: A patient, female, 4 years old. Many of her family members were affected by this condition. Most of her relatives were still in their native Morocco. A family tree showed who in the family had the disease, to what degree and also who did not survive early childhood. It also showed that the parents were cousins. The couple lost all the male children before birth or in the first year. They lost another daughter before the age of 2 and they had a third girl who seemed to be unaffected so far.

Even though the condition was X chromosome linked and recessive the daughters had a chance to be affected. It appeared that there was a second trait of immunodeficiency that ran in this family. It caused the absence of B cells and susceptibility to bacterial infections.

Taki was one of the younger patients. Most of the time she would stay in her bed and physicians would discuss things of importance with her parents. Taki's mom was easy to spot through the glass walls. She was wearing wonderful long exotic robes and had tired eyes. Taki's dad had a calm and soothing voice. When Dr. Wehman made his rounds, he spent a good amount of time in her room. Often a flock of med students would follow, listen in awe and leave again.

“Without T cells life cannot be sustained. In case 1 we have learned that an absence of B cells was compatible with a normal life style so long as infusions of immunoglobulin G were maintained. When children are born without T cells, they appear normal for the first few weeks or months. Then they begin to acquire opportunistic infections and die while still in infancy. An absence of functional T cells causes severe combined immunodeficiency (SCID). It is severe because it is fatal, and combined because, in humans, B cells cannot function without help from T cells, so that even if the B cells are not directly affected by the defect, both humoral and cell-mediated immunity are lost. Unlike X-linked agammaglobulinemia, which results from a monogenic defect, SCID is a single phenotype that can result from any one of several different genetic defects. Approximately 55% of cases of SCID have the X-linked form of the disease.”

Every once in a while, on her good days, Taki would be out of her room with her little lifeline of infusions in tow and would play in the big room with the colored blocks, looking at them intensely with her dark deep eyes. Or she would hum a little melody while riding a tricycle down the hall. We were always glad to see her around.

Even though it was better than in most hospital situations it was difficult to be patient and the urge to leave was strong. It was the fact that you have to follow some other schedule, not your own. There are only a limited number of decisions that are yours, instead there is dependency and you can only hope and trust. Above all, the boredom was draining and unrelieved.

“The patient was treated with intravenous gamma globulin at a dose of 2 g/kg body weight and her serum IgG level was maintained at 600 mg/ dl by subsequent IgG infusions. She was given trimethoprim-sulfamethoxazole intravenously for prophylaxis against *Pneumocystis carinii* and was prepared for a bone marrow transplant from her paternal aunt.”

The little patients came and went. Most stayed only for a few days, others for a week or two for their food provocation challenges. Only a few, like Taki, did live here for a longer time. Compared to what she faced, our task seemed easy and the time short. We just identified more food items that were ok for Leon to eat and would still cover his daily nutritional requirements. Only the calcium had to be supplemented. Instead of being impatient and counting the days, we learned to be happy for everybody who was ready to leave the hospital and return to their real homes and lives.

Finally the day came. We gathered our stuff and while we were waiting for the elevator everybody wished us good luck. Taki was looking at Leon with her big eyes. She waved goodbye. We waved back. It would take some time to learn to live with his condition, but we had the tools and were ready and relieved, though at the same time a little sad for the ones who still had to wait.

That was almost in a different lifetime. Today Leon has outgrown most of his allergies. His skin is fine, his asthma under control. He can't even remember these few long weeks, years ago.

The end of the lecture was approaching; already some students were putting away their books and making arrangements for lunch as Professor Wehman reached his concluding remarks.

“This case study is published and will hopefully help the much-needed research in this area.” He hesitated to find the words. “Sometimes the tools available are frustratingly inadequate.” I felt a little chill when he concluded. “We lost the patient.” □

Skin Whisperings

My skin whispers that the air is dry
That some of my ancestors
Moved along the Mediterranean Sea
Among the olive trees,
Cloudless expanse of blue above
And sparkling salt spray

Others emerged from
Cool tree covered mountain passes & meadows
Villages of farmers, hilltop manor houses & winter

The others from drizzly island fog,
Forests long cut, hedgehogs & formality
Anxious, expansive, curious
No memory of olive trees remains

Then when life compelled
With blind faith and large boats
They committed their futures to this land
Meeting others like and unlike themselves,
Learned to communicate, some even learned to hear
A quiet truth in whispering skin...

– P.H. DeVoe

Jeanne Guana and Che Guevara

I think about Jeanne Guana
and Cuba and Che Guevara
Little brown woman
with the huge smile
tiny NM town Jeanne
in big city Albuquerque
trips to Cuba
(the country, not the town)
sugar cane and rum
new houses new clinics
I think about Jeanne's velorio
about her friend the priest
he said her language was
colorful
but he spoke of her work
tireless fighter for justice
a revolutionary
a friend

Jaime was there too
he'd been crying
I didn't recognize him
sunken red eyes
behind dark glasses
Is he on drugs
I wondered oddly
I barely knew him
but he knew Jeanne
fellow traveler
husband Eric smiling
he smiles like Jeanne
after years with her
what else could he do?
son Carlos was there
Carlitos grown to man
fighter for justice

A revolutionary never dies
Che lives Jeanne lives
revolutionaries touch people
in ways we don't imagine
until they're gone
our lives are different
we remember them
we dream their dreams
we feel them near
we miss them
we carry on

– Terry Mulcahy



Between Wards

Through atrium leaves he spots her
Four and a half years she disappeared, and she in here too?
He smirks, partly at himself
then floats forward, the constraints of ward behavior reasserting politeness
“You can be yourself,” she says
and her reassurance swings him into
an arc with high-point as baby’s cry
but he doesn’t know which face to show
not this time

It’s all coming together, though inappropriately
enough to direct his stare past her
now hunching at that sign: AWOL RISK
He points
“Shouldn’t it include some LEVEL of flight risk?
Yellow, orange, what-have-you?” He is smirking aloud now
but nervous
the old ache for her rebuilding

Then the blocky images seek him out again,
(raging memory leading as always, seeing her with
other men)
but now coalescing into downward pinging
in oceanic sob
wailing up and out
as sideband
in slowmo

till, when he awakens
where her bare arm should be
in turning aura of gentle attention
to him, she is gone

you call it schizoaffective
I call it a slowly widening spiral
of realizing

– Arun Ahuja
University Hospitals outpatient

The Antenatal Clinic at Gombe: Jewel of the Savannah

by Robert H. Glew, PhD and Dorothy J. VanderJagt, PhD

Department of Biochemistry and Molecular Biology

The town of Gombe, Nigeria, is situated on an arid plain that experiences mid-day temperatures in excess of 100 degrees Fahrenheit for most of the year. As soon as you cross the Dindima River and pass the federal game preserve at Yankari, you quickly appreciate the desiccating air of the western Sahel of Africa. From there, in less than an hour you leave Bauchi State and enter Gombe State. The boundary is marked by a huge welcoming billboard that reads "Entering Gombe State, Jewel of the Savannah." Every time we pass this welcoming message on our visits to Gombe, one of us asks the driver of the JUTH vehicle the same question we have been asking drivers for the past ten years: "Can you show us the jewel of the savannah? We would like to see it." In light of the parched, monotonous landscape of rust-colored sand, thorn bush and occasional baobab tree that stretches to the horizon in every direction, our question was an attempt at ironic humor.

Alhaji Muhammad Danjuma Goje, the widely popular and highly civic-minded governor of Gombe State, had allocated 325 million naira (about 2.5 million U.S. dollars) for the reconstruction project of the area Specialist Hospital and the Antenatal Clinic. Mr. Goje was elected governor in 2003, during the second nation-wide federal election since democracy had been restored to Nigeria in 1999 after 15 years of repressive military rule. In addition to renovating the Specialist Hospital from top to bottom and upgrading rural health clinics throughout the State, the highly popular governor had built or resurfaced roads and built many new public schools.

As soon as we entered the main gate of the Specialist Hospital, we were immediately struck by the scope and quality of the renovation project. Every structure on the campus had been gutted and then freshly plastered, painted and roofed with sturdy zinc sheeting. The clinics and wards were being equipped with new beds and instruments. In addition, several new buildings were close to completion, among them an architecturally pleasing new Antenatal Clinic and Immunization Center. The Director of the hospital, Dr. James Mahdi, M.D., kindly gave us a tour of the place. As impressive as the facilities were, so too were the grounds. We noticed how the space between buildings had been beautifully landscaped and that areas had been set aside

with canopies, tables and benches where families could rest while visiting a sick relative.

As enjoyable as it was seeing the physical improvements that had been made in the hospital, our main interest was in learning about the Antenatal Clinic. The temporary facility is located in a largely open-air structure situated on an elevated 50- by 70-foot concrete slab. The clinic is open on three sides. On the fourth side are two small examining rooms.

It is still early in the morning, but already 30 or more pregnant women are lined up waiting their turn for a prenatal examination. The head nurse, Mrs. Ibrahim, informs us that patients start forming up as early as 6:00 am, even though the clinic doesn't officially open until eight o'clock. On the sandy ground right next to the clinic, the considerate hospital director has erected a large canopied waiting area and provided white plastic chairs for the many women who will be attending the clinic this day. Otherwise, by mid-morning the broiling sun would have made waiting most uncomfortable and perhaps even unbearable for the pregnant attendees of the clinic. It is only 7:30 am and already half of the 50 chairs are occupied. The bright colors of the women's wrappers and head pieces make the place as colorful and cheerful as a flower garden. Many of the pregnant women have come to the clinic with one and sometimes two other children. While waiting their turn, the women pass their babies around and exchange notes on their pregnancies. The ambience is very pleasant and seems more social than medical. Furthermore, the movement of the patients into the clinic is orderly and peaceful. We saw no instance of line-cutting. By some mysterious mechanism, everyone seemed to know when it was their turn to be seen by the nurses.

Mrs. Ibrahim, explains the purpose and operation of the clinic to us. Each day from Monday to Thursday the staff of 16 nurses sees approximately 150 pregnant women. On Fridays the clinic becomes a well-baby center, providing immunizations, nutritional supplements, and education about breastfeeding and nutrition to about 80 mother-baby pairs. The day we visited the clinic the nursing staff numbered only ten; the other six nurses were attending a day-long continuing education class in the town. The nurses told us that



Women waiting while their children are being measured, Nigeria.

Robert Glew, PhD & Dorothy Vanderjagt, PhD

the opportunity to continue their schooling was important to them and the main reason for the high morale of the clinic's staff.

Some of the patients have to travel 30 kilometers from as far away as Lawanti to reach the Specialist Hospital. The cost of round-trip taxi fare for the journey from a rural village to the town of Gombe might well be 150 naira, which is the equivalent of a day's pay for a laborer, farmer or market-woman.

The first time a woman presents at the clinic she is issued a card on which the record of her visits is maintained. She keeps this card and carries it with her to each successive clinic visit. The patient pays 20 naira (about 15 cents U.S.) for the card. The clinic retains a copy of the patient's medical record which contains information about her medical history, weight, use of nutritional supplements and the progress of her pregnancy. At each clinic visit, her blood pressure is also determined and recorded. If it is the woman's first visit, a blood sample is drawn and her hematocrit is determined in order to assess whether she is anemic. The cost

of the hematocrit determination is 60 naira. If she is found to be anemic, a blood sample is sent to the laboratory where a smear of her blood is examined under a microscope to determine the nature of her anemia (e.g., iron-, vitamin B12- or folate-deficiency). If the patient is found to be anemic, then her hematocrit will be determined again the next time she visits the Antenatal Clinic. On the first clinic visit a urine specimen is also obtained, mainly to test for glucose, cells and specific gravity. Urinalysis costs the patient 20 naira. Thus, the total cost of the first clinic visit is 120 naira (about 90 cents U.S.). If a woman is too poor to pay for her clinic visit or the supplements, these fees are waived. "How do you know if a woman is being truthful when she says she is too poor to pay the fees", one of us asked. Mrs. Ibrahim smiled and said in Hausa, "Badamoa." which translates to "No problem". She explained, "It is not a problem for us. We want as many pregnant women as possible to have access to the services we provide." In fact, about 20% of the women who visit the Antenatal Clinic have their fees waived. Mrs. Ibrahim estimated

that about 70% of all pregnant women in Gombe and the surrounding villages are being seen at the Specialist Hospital or one of the five other antenatal clinics in the town. However, not all of these satellite clinics provide the same extensive services offered by the Specialist Hospital's Antenatal Clinic.

One-by-one, the pregnant women go behind a partition where they are given a check-up by a nurse. The examination usually lasts about three minutes when there is no evidence of complications or problems. Following examination, the women visit a nurse whose job this day is to dispense nutritional supplements. The two vitamins provided by the Antenatal Clinic are folate and vitamin C (ascorbic acid). Iron supplements are also provided. The cost of a week's supply of each of these supplements is 40 naira.

The results of our own research on the subject of anemia in pregnant women in Gombe have indicated that the folate and iron supplements are doing some good. Whereas the incidence of anemia among pregnant women in other rural regions of northern Nigeria commonly runs in the 45-50% range, we found that only about one-fourth of the pregnant women in Gombe who participated in our study were anemic, based on the criterion of having a hematocrit (packed cell volume) below 30%. However, in that same study, our analysis of the blood serum of pregnant women attending the antenatal clinic at either the Specialist Hospital or the Federal Medical Centre-Gombe revealed that slightly more than half of the pregnant women in Gombe were deficient in vitamin B12. Apart from the fact that inadequate vitamin B12 can cause anemia and have adverse effects on the central nervous system, vitamin B12 deficiency can also result in elevated blood levels of homocysteine that correlate with preeclampsia/eclampsia and are a risk factor for cardiovascular disease. Since vitamin B12 supplements are expensive relative to the cost of iron, folate or vitamin

C supplements, the Antenatal Clinic at the Specialist Hospital may have difficulty providing vitamin B12 supplements any time soon.

Most of the women attending the Antenatal Clinic make their first visit when they are five months pregnant, which is about two months further into pregnancy than the nurses like to see. It is not uncommon for a woman to make her first visit to the clinic when she is seven or even eight months pregnant. The nurses tell us that the likelihood of complications affecting the morbidity and mortality of the fetus and the mother increase in direct proportion to lateness of the pregnant woman's appearance at the clinic.

In addition to tracking a woman's pregnancy and providing her with nutritional supplements, the nurses also provide periodic educational programs. Because of the generally low level of literacy among the women attending the clinic, most of the teaching the nurses offer use visual aids (e.g., posters, displays). We were told that these classes are extremely popular with the women.

The classes tend to focus on matters pertaining to maternal and infant nutrition and hygiene, the major aim being to prevent the newborn or mother from becoming malnourished. Not all of the teaching is conducted at the Antenatal Clinic. Teams of nurses periodically make excursions into the rural areas and make 'baby friendly' presentations to women who are pregnant or likely to become pregnant. These classes emphasize the importance of exclusive breastfeeding for the first 4-6 months of the infant's life. When weaning is started, the most common supplements are gruels made of 'raza' (cassava) or 'doya' (yam).

What are the major problems the nursing staff at the Antenatal Clinic encounter among the pregnant women they see? We have already mentioned the problem of anemia. Mrs. Ibrahim explained that the most common and most significant problems the pregnant women have are related to malnutrition. "Many of the women, espe-



*Sister of wife of Abdulkadir, Toro, Nigeria.
Robert Glew, PhD & Dorothy Vanderjagt, PhD*

cially those who live in the rural areas, are so poor they cannot afford the food they and their children require to stay healthy. The most common nutritional deficiencies are in calories, proteins and vitamins. This is a big problem and one that is difficult for us to correct. But, nevertheless, we try to tell the women which of the less expensive foods are still nutritious for them.” She went on to say that taboos were another problem the clinic staff had to deal with. “Some of the pregnant women have been told by their elders that fasting for long periods of time is healthful for them and their fetus. Other times they are advised to abstain from eating certain foods that otherwise would be healthful for them and their fetus. So, you see, we have a lot of work to do to counter the strong taboos that exist in the community.”

At the last antenatal visit the nurses advise the pregnant women about how they should prepare for delivery. Mrs. Ibrahim explains: “We tell them to bring pads, baby clothes, soap (Omo), bleach and a razor-blade.” In general, patients wherever they are being cared for in the hospital, are responsible for their own supplies.

After nearly two hours of interviewing Mrs. Ibrahim, the clinic director indicated she had to get back to work. We thanked her for informing us of the services provided by the nursing staff of the Antenatal Clinic, and presented her with a case of multivitamin tablets to be distributed to the attendees of the clinic. But Mrs. Ibrahim would not let us depart until we had promised her we would visit the clinic the next time we came to Gombe. As we left, we thought about what we had seen. We did discover the Jewel of the Savannah. It was the Antenatal Clinic at the Specialist Hospital. □



George Grove

WHO AM I?

I am not am who I am
From the bristly hair on my face
To the weight on my soles.

As I strut across the sand to
take aim at the first head to
Look my way.

Across the dunes I look and I see
the length and breadth of humanity.

Each particle screams to me of
their dryness like droplets of water
cascading down the sides of a ship
Lost in the maw of a water spout.

I am the one who got away
The third of a party of three
Even though the other two did not
Know of me.

Down we all descended over and under
The waves of the river Styx
The mountains rose through the charcoal
Sky and the wind drove the souls of the
Damned.

I am Gian Galeazzo the one who
Sacrificed the crusaders to
The Saracens on that fateful
Day at Nicopolis.

In this manner I look down upon
Humanity and I can see in it
Its own seeds of the event that
Will one day take all the heads
Off of the Hydra.

But I often ask why?
Why the children?
Why must they be the silent and innocent
Victims of man's apoplectic follies?

As the fires of the morning flames
Cool the lusts of the young Turks
Sentiment rains on my skin
Like an acidic morning dew.

I ask a palpable question:
Am I not am who am?
I am all who were and
And all who are and all who will be.
I am the past, present, and future tense.

– John Brandt

paranoia

How that fear never quite goes away...
"Is he gonna ROB me?"
Creeping itself after the lightest of social plans
Such as decisions to have music rehearsal at YOUR place

Time carries you up out of South Berkeley
You become rich
You become famous
Persons declared their undying love for you, but
For you, all they wanna do
Is rob you

So you flow slickly
In slow sneak
Past commitments

...wonder, after it all
why you have no visitors
on this, which just might be
once again
your final,
yes this could be it
DEATH BED

Are they, even family
Scared off by you having been so
Scared off?

I'll confess
The YOU above is ME
I have learned thence to drop
With great rigor like a commando
Parachuting
Drop deem into a Deeper Bossom
Serving strongly, not like some wimp
All the while, just to see Her giggle

– Arun Ahuja
University Hospitals outpatient



Rio Path

Catherine Joy

March 20, 2004

In Loving Memory: Ode to Mary Helen, "My Sister!"

I am here for you Sister
 flaws and all,
I am here by your side Sister
 hoping not to fall.
I Honor you Sister
 with my hollow understanding of hunger and pain
Gathering my strength
 from a light up above
Waiting for nothing,
 giving only my Love!
A week ago life was a Celebration on the fast lane,
 Today,
 the first day of Spring
 finally, a respite from pain.
I hear my nieces' voice trail, "Go to the Light!"
 ... I know I'm too late
 and it's alright.
I Imagine...
Her smiling, in Gods unfolding consciousness
 full of Gentle, Everlasting, Light & Love!
Gathering my strength
 from High up above
Waiting for nothing,
 giving only my Love!

Your loving Brother,

– Victor Proo



Ghost Ranch

Catherine Joy