

Retracting

I do this strange thing with my neck. It started two weeks into my surgery rotation. It's kind of like a tic. I arch my neck forward and tense it like a lizard flicking out its tongue. I think people are starting to notice. The intern is sitting next to me in the rounding room, frantically scrolling through a list of fifteen patients. I watch what he is doing with his neck. I marvel at the sustained control, the surety with which he drops his head to look at a printout and then back at the screen. This is what people do with their necks. I'll do that.

"What are you doing?" says the intern, not looking away from his computer.

"What?"

"Nevermind. Stay here."

I nod. This is my default response when I don't want to risk anything.

"Wait," he says.

Bowels leap into my chest. It's called a diaphragmatic hernia.

"Practice retracting while I'm gone."

He gestures to a contraption on the wall, a rubber band looped through a hook on one end and around a pencil on the other. He places a metal pellet on the table in front of me.

"Balance that on that until I come back."

I practice in front of him, give him a face to show the appropriate difficulty. The moment he is out the door I drop it and lean back in my chair. I have also developed a tic with my back. I arch and bend it sideways like an old man hobbling on a cane.

There are two urology residents a few computers over. I watch how they sit. It seems so easy, so natural, as though humans were made to succeed at such athletic feats. I try to sit like they do. It's painful. I ration my movements so as not to appear strange.

I listen in on their conversation.

"You know what I hate?" says one.

"What?"

"Consults. From the ER at 2 am and it's something like this 26 year old woman is pissing blood, and I get down there and she's on her fucking period! Her period!"

“Oh yeah. That’s the worst. It’s like, get a fucking medical degree and don’t call me until you know what a fucking period is.”

The first one laughs. I smile, try to make eye contact then look at the wall as though something interesting has caught my eye. A poster with a nurse smiling about sepsis. I nod at her like she is conveying some archaic wisdom.

They continue.

“But last night was brutal. Actually, it was fucking crazy.” He sits up in his chair and looks around like someone might be listening in. His voice gets low. I strain to hear.

“What?” says the other.

“Some guy goes into a psychotic fit and stabs his sister. She calls the cops. Cops come and shoot the brother like thirty-five times, handcuff him, and bring him to the hospital. They bring the sister too because, well, she was stabbed. She gets bandaged up and the first thing she says is, ‘How’s my brother doing?’ Well, the brother was DOA. No one wanted to tell her, so they brought one of the therapy dogs in. It was a special case so they had the dog balance a box of chocolates on his snout. She didn’t take one, and the dog nipped at her or something. Then that was a whole fiasco. But in the end I think it really helped. It’s the little things like that sometimes that make a difference.”

“Was he black?”

“Who?”

“The guy they shot.”

He nods solemnly.

“What about the cop?”

“Hispanic, I think?”

“Systemic racism. You don’t have to be white to be racist. It’s everywhere.”

The intern is back. I notice he has coffee stains all over his white coat. It gives me a warm feeling. I am not alone. Seven other people stream in after him. The senior resident, other interns, and several sub-interns. Their eyes are dead and they think no one notices.

Residents start shoving things into my white coat pockets. First gauze and Keflex and 18-gauge needles, and then sandwiches, drinks, cell phones, chapstick.

“You’re our walking closet,” says the chief.

We round. We barge into people’s rooms at the paralytic hour of 5:30, and all I can think of as they lay there with split necks and blood clotted bandages is how I would trade places in a second just to sleep in their beds. When the chief resident moves towards the patient’s neck, four sub-interns descend on him with penlights, gloves, and gauze like ducks to a man tossing bread crumbs.

I hang back. The sub-interns need all the help they can get. The worse I look, the better they look. Yesterday morning when the chief asked me for a doppler I handed him a syringe. It was painful, but I had to do it. “The doppler! We do this every damn day!” I turn helplessly to one of the sub-interns. I wink. She nods. The machine has already materialized in her hand. She hands it to me, and I make a big show of receiving it and nodding with great deference and then pass it off to the chief. On the way out, I tell another one of the sub-interns that I’ll get him the next day. One by one, we all stick our hands under the automatic dispenser that whirrs and dribbles a little mouthful of sanitized jizz into our palms. We rub with gusto.

“Closet!” shouts the chief. I scurry over. “Gauze!”

I reach blindly into my pocket and a packet of gauze slides across the floor. He bends over.

“This isn’t gauze. Christ, gauze! It’s just gauze!”

He reaches into my pocket and pulls out gauze.

Before we finish rounding the intern pulls me aside.

“Do you want to go into surgery?”

I hesitate.

“You can be honest.” I know I can’t, but something makes me, some feeling of rebellion.

“No.”

“I could tell.” He looks towards my waist, where my hands are folded neatly in preparation for the OR. He is disgusted. “The devil made those hands.”

“Thank you,” I say.

“Follow me.”

We walk the same speed but somehow he is two steps ahead.

“You know what the secret to surgery is?” he says. I rack my brain for the solution.

“Focus?” I guess.

“No. Kegels. I can do a thousand. In a row.” He comes in real close. He’s more excited than I have ever seen him. “I time them to the heart monitor. Beep. Kegel. Beep. Kegel.” He smashes the elevator button six times. “My cock is as strong as a bull’s.”

The elevator doors open on a child hooked up to an IV and respirator and slumped in a wheelchair. He has all the enthusiasm of a dead bird. His droopy eye twitches. A gob of saliva runs down to his Mickey Mouse bib. I think that’s a smile. I smile back.

“Sad,” says the intern when we exit at the OR floor.

“Yeah,” I say.

“Kids like that--”

“Yeah.”

“Should be put out of their misery.”

“The cost,” I say thoughtfully.

The intern pushes his way through traps of nurses and residents. He is on a mission, and I dread that he will have me take some part in it. He cuts sharply from the hallway through a door but stops before it swings closed.

“What are you doing?” he says.

“Going to the OR?” I guess.

“This is the bathroom.”

“Oh.” And so it is, the androgynous icon indicates.

“Do you have to go to the bathroom?”

“No?” I say.

“Wait here.” He disappears.

But I do have to go the bathroom. I’ve missed my chance. If there’s one thing surgeons don’t like, it’s waffling. “No one likes a waffler,” one attending said to me. “If you’re going to be wrong, my god go out in a hail of bullets.” This maxim felt poetic. It touched me to my core. I began to take real pride in being wrong. “What’s that artery?” an attending would demand in the

OR, pointing at some throbbing cord. “The innominate!” I would exclaim. No matter what the artery was, it was always the innominate. I was never wrong.

A few minutes later the intern storms over to me from the opposite end of the hall in a great sweat.

“Where’d you go?” he says.

I had been standing next to the bathroom door the entire time, enduring looks of pity from passing residents because they sensed the mess I was in.

“I was waiting--”

“Nevermind. Just come with me. You need to help prep the room.”

“Okay.”

We hurry to the OR, slap masks on our faces and booties on our shoes. The room is a flurry when we enter. The patient is already strapped in.

“You see this?” It takes me a second to realize the nurse is talking to me. “You see this?”

“Yes?”

“You do this. You get here early, and you do this.”

“Okay,” I say.

“Now excuse me while I queue up Schindler’s List.” She waddles over to the computer in the corner.

“Great soundtrack,” I say, trying to relate.

“Not the soundtrack,” says the intern. “The whole movie. Like the dialogue and everything. His favorite part is when Ralph Fiennes snipes Jews from the balcony. Then he really kicks things up a notch, just starts pulling and hacking away at everything in sight. Once caught my hand. But I couldn’t move it. The exposure was too important.”

“We all need something,” I say, not knowing what I needed, what soundtrack I’d play.

“Right,” he says, grabbing a pair of loupes from the counter.

The attending, a tall, balding man with bushels for eyebrows, storms in. His name is Dr. Skinray. The room goes silent. I have the nagging sense that I recognize him. Then it comes to me. He’s dating one of my classmates. I had seen him at a house party, and he was standing in the corner looking old. I hold this image up like a screen print over the world.

“Scrub!” he barks.

“Me?”

“Yes! Can you believe this guy?” he says to the intern.

The intern shakes his head. “No. I can’t.”

I scrub in. I accidentally touch the outside of the glove.

“Another pair of seven-and-a-halves,” says the scrub nurse to the rotator. She drops them onto the sterile field with sincere disappointment. I manage to put them on correctly this time. Then I stand there, my gown flagged open like a man who’s just shit himself.

“Dance with me,” says the scrub nurse. I am confused. “Dance with me!” He shakes his right hand. I extend the gown’s paper holder to him. It rips off and the tie falls to the floor. He sighs. Things like this make people quit their jobs.

“Get over here!” shouts Dr. Skinray.

I get over there, press myself between the intern and the sterile field. His gown pulses against mine. Kegels, I remember, and get started.

The patient’s neck is slashed open, making a ghoulish smile.

The attending’s hands move in a frenzy like he is chopping vegetables. Blood splatters my cheek. I realize everyone else is wearing face shields.

People wail in German over the speakers as machine guns pop off in horrifying succession. It is strangely soothing, knowing that there are people worse off than me.

“Army-navy!” shouts Dr. Skinray. The rotating nurse slaps a big metal thing the size and shape of half a pelican beak into his hand. The attending slaps it into mine. “Army-navy!” Slap. “Senn!” I am holding three things now, and I don’t have enough fingers. They slide along each other like kitchen knives.

“In here!”

“What?”

He jerks my hand towards him, forces the instruments into the bloody pit just so.

“Stay.”

Unfortunately, I had been standing on one leg, scratching my calf with my foot. Also unfortunately, I had been in the middle of rotating my back and was angled like a bent street sign.

My hands are completely still. He jerks my hand in and up in the manner of prying a two-by-four with a crowbar. I hold the instruments completely still. He jerks my hand again, this time giving my fingers an extra squeeze, a type of warning like the mob gives when they leave a dead bird on your porch.

“Where did you get this guy? Is there another rotator?”

“Break,” says the scrub nurse.

“Break? Break? I don’t get a break! Goddam unions!” He punctuates his anger with taking a big bite out of the patient’s sternocleidomastoid muscle. The scrub nurse sparks the bovie and the bleeding stops.

My intern is disappointed in me.

Ten minutes pass, and they are the longest ten minutes of my life. My thumb is cramped and my fingers are numb. I tense and release my muscles. Every movement is painful, but the pain is different, so it masquerades as relief. I start bargaining. I’ll take any exam, run any number of miles, endure any amount of sleeplessness, just to make it stop.

Finally, Dr. Skinray pulls away the instruments. My hands tingle with a cool, refreshing burn.

Now the scrub nurse is poking me with a sharp object. It is a pair of scissors. I slide my ring finger into the hole, like a surgeon, and wait for someone to compliment me on my superior technique. No one does.

“Five millimeters,” snaps Dr. Skinray.

“What?”

“Five millimeters!” I notice the taut suture straining towards the ceiling. I fumble around with the scissors and snip.

“Goddamnit, my first-grader could do a better job than that!”

“He has more practice,” I say under my breath.

The room goes silent. Hands stop working. Eyes look up. Daggers pierce my back. The intern drops his head to make clear he is not the one to blame.

Dr. Skinray drops his instruments.

“What did you just say?”

“Nothing.”

“No. Tell me.”

“I said, ‘he has more practice.’”

“My son,” he says, “is quadriplegic.”

Machine guns rattle overhead.

“Get! Out! Of! My! OR!”

I stand there, dumbfounded, waiting for the room to break out in miraculous laughter and reveal that this is all a hazing ritual.

“Get out!” he repeats, pounding his fist on the table.

I scrub out and retreat to the rounding room. Two of the sub-interns drop their heads to their computers when I walk in. Word has already spread. I gather my things and head home.

Hours later, I see that I have missed a call from an unknown number. I check my email. There are fifteen from deans, mental health staff, and the AMA requesting their membership back.

“Please come to my office. We’re rooting for you,” says an email from the dean. It reads in his soothing voice, but there is something ominous about the second part. On my way to his office I become dizzy and pray that I will pass out on the street and get out of all of this.

I knock on his door. He opens it as cheerfully as though I am there to discuss scholarships. I sit down and gaze over the 65 golden apples on his shelf.

“Ben,” he says, his voice a rare elixir. “Tell me what’s going on.”

“I don’t know,” I say. “Apparently his son is quadriplegic.”

“You couldn’t have known that.”

“Yes,” I say, grasping at this glimmer of hope.

“But...” he says. “My hands are tied here. Dr. Skinray wants you to get four physicianships, one for each paralyzed limb.”

“Physicianships sound like a good thing.”

“They’re not. They...go into your residency application.”

“Oh.”

“I’ll try to bundle them into three. Apparently his right hand--thankfully the one he would use to cut things--is regaining some function.” He sighs, places a calming hand on my knee. “I can’t know what this feels like. But I can empathize with your situation. Ben, I want you to know you can still be a doctor. Probably not a surgeon or emergency physician, and likely not in California, but there are still options. Have you ever considered family medicine? Maybe in Kansas. There’s a doctor shortage there now. Plus the opioid crisis.”

“I read about that.”

We linger in silence. After a few seconds he guides me out of his office.

“Think about it, okay?”

“I will.”

On the way out the secretary is on the phone and stares directly into a corner. I am sure there is no one on the other end.

At home I sit on my bed for quite some time until fatigue overtakes me.

“Fuck it,” I say, and take a good, long nap.