

## **The Baby Who Gave Up**

Being born as a girl child in India never bothered me a lot. I grew up in a house where I was treated as an equal, perhaps more than my brother, as I was in medical school. I was interning at a rural hospital, affiliated to my college, where many people were below poverty line. As a student, I had watched people die in the course of an ongoing treatment, but never had I seen anything like what I saw on 3<sup>rd</sup> October, 2013.

I was posted in the Obstetrics and Gynaecology department which I hated because of the heavy workload. It was so hectic that at times I cried myself to sleep while the nurse came and knocked on my door, calling on me to attend to the perennial patients in labor. This department, in particular, was very versatile and so very emotional

and exhausting, both mentally and physically. There were women elated about their firstborn, along with scared and sad unwed mothers, in addition to families waiting for a precious baby after years of marriage and teenage mothers who had no idea as to how they had even got pregnant.

It was a sunny day, like most of the days in the tropics. We were sitting in the labour room and monitoring the progress of a few patients in labour when a female patient, accompanied by an older woman and a young man walked in. The woman complained of experiencing nil movements, which in layman's language meant that she had to be taken up for a C-section immediately. We started preparing for surgery and called our gynaecologist, took the consent forms and wheeled her into the operation theatre. She was operated upon and delivered a baby girl. I loved holding little newborn babies with their mushy soft skin. The paediatrician came and said that the baby, though premature, was fine and could be handed over to the mother for feeding and bonding. Female babies have a higher survival rate somehow, maybe because God wants

to perpetuate the race or maybe because God is a female.

The doctor in-charge would usually inform the anticipating family about the sex of the baby. I loved doing this as the family would offer sweets out of happiness. There was this one instance when the family even named their baby after my colleague who had broken the happy news to them. Thinking how exciting it would be to have a baby named after me, I happily went to tell the husband and the family who were peering in through the glass doors of the sterile theatre and announced excitedly, *"It's a girl!"* Their reaction was so shocking that it made me feel as if I had told them that I had killed the mother. It seemed as if they were expecting Superman but got Ugly Betty instead. The mother-in-law, who in India is considered the Center of the Universe, started beating her head in frustration. I felt so tiny at that instant that I wanted to vanish, but little did I know what lay ahead was even more horrific!

My colleague, who was monitoring and checking on the mother, brought the baby and laid it next to her and told her that it was a girl. The

woman looked petrified at first and then she began to cry. We didn't know if these were tears of joy or sadness. But then she revealed that she wanted a boy and "*not this.*" She even refused to feed the baby. And I refused to monitor her from then on, disgusted by the fact that she was a woman who didn't have any self-respect and was being sexist towards a tiny little baby. After she was moved from the labor room, my colleagues somehow convinced me that she was a typical rural woman and like the rest of them, wanted a son who would bring her dowry and a free helper in the kitchen in the form of a daughter-in-law. It made me wonder that if I ever had kids of my own it shouldn't be a girl, because I wouldn't want her to see such horrors and have her heart crushed. This world would be a bad place for her.

I pacified myself by thinking the moment the mother-in-law would hold the newborn she would fall in love with the little baby. But I soon realized that I was living in a bubble where I could only dream that everything was fine. The mother-in-law held the baby reluctantly and looked at it as if she would strangle it. I asked her if she wanted to

put the baby up for adoption which we could arrange for and she agreed to it at once. But the staff nurse and all the doctors tried to counsel her to take the baby home by saying that the government would give rupees two lakhs for a girl child's marriage when she turned eighteen, so there was no need for her to worry. They thus sent a reluctant family home with the baby and asked the mother to return for vaccinations later.

I soon forgot about all this and got on with my life as an obstetrics department is one of the busiest postings there is, but at the back of my mind, I was always worried for that baby. Soon the summer ended and made way for the rains. It was drizzling that day and I had an intuition that something was wrong. I saw a familiar face in a long queue ahead of me. It was the same woman who had delivered the baby girl. I asked the other patients to make way for her and called her first. We asked if she was feeding the baby properly and she said that she was, but the baby was refusing to be fed by her. Then, I saw the little bundle of joy in her arms, opened the layers of clothes but what lay beneath shocked me. The tiny thing had bruises on her body

and looked unwell, even her breathing was labored. I was infuriated and felt that the mother should be jailed, but then I was just an intern who was there to help. So, I told her that the baby was in dire need to be taken care of and should be admitted to the ICU immediately. The mother refused and left. There was only so much I could do. It wasn't my baby. But I was scared for her.

As the rain continued to get more violent, I saw the tiny baby come again for her immunization. She seemed tinier than before and there was sadness on her face which felt like she was almost pleading me to help her. I informed my superiors and convinced the mother to admit the baby in the ICU, where she would be taken care of properly. The mother cried and said she couldn't as she was wasting money coming to the hospital for a girl child and that her husband would beat her at home about it. We admitted the baby and started to take care of her, but sadly as the rains got worse, so did her health. She didn't show any signs of improvement, she didn't want to fight.

A few nights later, the rain stopped and the sky was clear after a long interlude. When I reached the hospital to check on the tiny baby, I saw that she had finally given up. She seemed to have thought that this was not the place for her and God seemed to have welcomed her back into heaven with clear skies.

## Paani Sir

It was just the beginning of college. A new place, new friends, a new identity and most of all, a new vision for me. Everyone around me called me sensitive and child-like, but I didn't want to be known as one. I wanted to be cool, popular and a matured person who had the power to withstand anything. Being a freshman, I was scared of not being able to fit in and of being made fun of by other students and seniors. I tried to study people's minds, just as they were studying mine. But deep down, I knew that I was always an introvert.

I would usually take a seat on the bus and tried to make myself tiny and invisible, to avoid the prying eyes. During one such ride, my throat felt parched and I began to look in my backpack for my bottle, when I heard a voice saying, *"Have paani,*



*beta.*” It was an elderly man in his fifties. I thanked him and drank the water. He smiled and told me not to worry. He introduced himself as the Pharmacology Lab Assistant. From then on, Paani sir and I met every day on the bus. There was never a conversation, we only smiled at each other and he somehow made me feel comfortable and not so alien in a bus full of seniors. He did offer me paani every day and I felt happy that humanity was still present among a select few, who practiced it without any expectations in return.

As time passed, I cleared the freshman year and Pharmacology formed part of the next year’s syllabus. This was something I had always dreaded. We had practical lab classes and were supposed to hold frogs, guinea pigs and rabbits, to conduct experiments on them. I was easily petrified of even the slightest moving insects, imagine my horror when I was told that we had to study the effects of drugs on a frog’s heart the following day! If God granted me one wish, I would certainly pray for a special ability to form a shield of a certain radius around myself, into which insects or any other creepy, crawling creature could never wander.

I went home feeling tensed about how to wear gloves while I held the slimy frog in my palm. To make matters worse, my brother, who overheard me talking to my mother about my fears, came in and told me that I would get a multicoloured frog with red eyes to work on, which scared the hell out of me.

The lab sessions were usually in the afternoon and on the first day of the class, I got on the bus as usual for college. It was a fine day and Paani sir offered me a bottle of water which I gulped down in no time. He asked if I was worried about something and I told him about my fear of the frog jumping on to my hand while he had a good laugh. Maybe he thought of me as a baby inside a grown up's body. Paani sir assured me, "*Don't worry beta, the frogs we give to the students are brain-dead so, they won't move on your hands at all.*" It was such a relief to hear that piece of information. Somehow my hands stopped sweating, the image of multicoloured frogs staring at me with their red eyes vanished and I didn't feel nauseated either.

That afternoon as I sat in the lab with my classmates, the professor drew a disturbing image of a frog that was cut open, thus exposing its heart. He then told us that the frogs had to be "*pithed*," a procedure where we would crush the frog's brain but preserve its brain stem so that we could see its reflexes and then cut it open to see its effects on the frog's heart. As my professor explained nonchalantly about the drugs used in the procedure, I caught a glimpse of Paani sir in the background, wearing a glove and holding a frog. He was going to demonstrate how the frog was going to be pithed.

It was a big green frog. It seemed to be struggling to get out of Paani sir's hand, but he refused to let it go instead, he held onto it tightly and with one blow he hit the frog's head to the edge of the table. He then took a long needle- and pierced its head and with some swift movements, he crushed its brain.

Some blood trickled down the frog's head and its mouth lay open, but I could not take it anymore and I closed my eyes. Paani sir didn't stop, he kept crushing till the frog ceased to struggle.

When it finally did, only then, could I look up. My professor then started to conduct other experiments on the frog. He crucified the frog to a stand and cut its chest open. Then a small electrode-like thing was connected between its heart and a drum which recorded its heart rate. The black drum rolled on and recorded the heart rate. As the frog hung from the stand with its head bowed down, I wondered how Paani sir would feel if I strapped him up and pithed his brain while he cried in agony. As my classmates watched the frog's heart rate being controlled by the professor, who also showed us how the different drugs acted on its heart, I felt like my heart rate was being controlled by the frog's. As the frog's heart rate became slower, mine did too. Finally, when its little limbs stopped twitching and its heart stopped beating, I fell to the ground. When I regained consciousness, Paani sir was right next to me and offered me water, as usual, only this time I refused!

Later that day, I asked my father about why we had to kill the frog so brutally, he said that it was for science and that my heart should be strong enough to withstand such moments. To save lives later on, we needed to conduct such experiments.

People assumed that I was being overly sensitive and child-like, but I didn't care anymore. If being sensitive is not being able to withstand another being's agony, then I was. And I was proud of it. I didn't have the nerves of steel, I didn't have a cold heart or the ability to laugh at my professor's jokes at that time because I was too busy feeling bad for that slimy frog.

## **The Expensive Keys**

The casualty in a hospital is a place where everything is fleeting, the doctors, patient crowd, the interns and the nurses and even life. The only constant thing here is change. Patients here were the most critical, we would eventually assess them for an hour or two after which we would decide where they would be shifted to the wards, if they were better, or to the ICU, if their condition became worse. And if things were so bad that we could not handle them, we sent them to a bigger hospital. Not that they would do anything much, but because nobody wanted to deal with all the drama, paperwork and explanation as to why the patient died. The interns had alternate shifts for a fifteen-day period, so did the nurses and the twenty-four hours were broken down into three parts of eight hours each. No one

could leave until the person who was going to relieve them would take over.

I was a young intern and it was the last day of my duty. I had ten beds to monitor and my fellow intern had another ten. The patients in the casualty were known by their bed numbers, not by their names. It made us stay professional and avoided any emotional strain on our brain. Everyone always told me how lucky I was, as no one had died during my shift. On the other hand, they had to deal with a lot of angry relatives, but luckily, I never had to witness all that.

I was eagerly waiting for my reliever to come, so I could go home. I had a night shift the day and hadn't even taken a bath in the morning. My reliever informed me that she would be coming in five minutes and asked me to pack my bag. I put my hand into my apron pocket, the place where I usually put my locker keys. They were missing! I had put them somewhere else and had to figure out before my reliever came. In that frantic five-minute search, I realized that I must have left them in the cafeteria upstairs. As I rushed out of the door, the doctor in-

charge called out my name and said, “*Bed number five needs to be monitored, doctor. Please check her vitals stat.*”

It was already late and he was asking me to do all this extra work, so I rushed with my BP apparatus and stethoscope and pretended to check on her. I said she was fine. After all, it wasn't my shift. Before he could assign me some other work, I rushed upstairs to get my bag and the key and came down quickly. That was when I saw the doctor in-charge frantically performing CPR on bed number five. He looked at me and asked if she was fine when I checked her vitals. I know what I did was wrong. I know that going looking for my keys and not doing what I was asked to do, was also wrong. But I couldn't say it. I didn't want to be responsible for anything that happened. I wanted my slate clean, but more importantly, I think I didn't want to believe that my one minute of absence had triggered this catastrophe.

So, I lied. I said that she was fine before and went on to help my superior to perform CPR. Thereafter, my reliever came to whom I signalled for help. A multitude of drugs were pushed into “*bed*



*number five's*" veins. As we pushed her chest harder and harder, the pulse seemed to become weaker and weaker. Her heart started beating erratically and she started to gasp for air like a fish out of water. We noticed that during the procedure, her blouse had started to become wet. I thought she was bleeding, but we realized that the fluid was actually breast milk. Bed number five was a twenty-two-year-old woman, who had given birth to her child only a month ago. She had developed some clots in her blood due to a pregnancy-related complication and the clots had finally reached her brain.

My reliever asked me to leave and to get some rest as the death of the woman was inevitable anyway. Maybe it was, maybe I was in the wrong place at the wrong time. I wouldn't have felt this bad if I hadn't known that she had given birth a month ago. Was I the reason the baby was losing its mother? Would the baby end up being unloved and lonely?

As I walked away with both my hands in my apron pockets, I felt my keys. For a second, I thought that I should throw them away, as they reminded me of the most expensive mistake I had

ever committed in my life, but I couldn't. They were, after all, the most expensive keys in the world. They had cost a life and broken up a family.

# The Woman Who Became A Vegetable

When I chose to be an eye doctor, I did so because I would not have to see much suffering. I would not have to break the news of the death of a patient to their loved ones or see young people die. I mostly worked with the geriatric age group which suffered from eye disorders. Helping them see properly again was part of my job and I liked it. My work hours were limited and there was no life-threatening emergency. But I had to occasionally visit the emergency ward to deal with patients who couldn't walk. Even that never saddened me, as losing their sight was better than losing their life. Most of the time, I wanted to finish my work quickly and leave for home.

I had just married then and the thought of children scared my husband and me. So, I was on birth control for a year. The pills usually had side effects but that happened to one in a million. I had just gained a few pounds of water weight which was common to everyone.

One day, I got a call to visit a patient from the emergency ward. It annoyed me as my husband and I had made plans for a movie after a really long time. I was disappointed and angry at the same time. I went back to work, cursing my luck and went to see the patient. When one becomes a specialist, one tends to confine themselves to the part they specialize in, for me, it was eyes and I barely looked anywhere else. I took the case sheet, read it while the nurse guided me to her bed. I examined the patient's eyes and opened the case sheet to report my findings. There was nothing I could have done to improve the patient's vision. The problem was with her brain. She should be referred to a neurologist, I thought and wrote down the same.

There were anxious relatives on the other side of the patient's bed with whom I made no eye

contact, to avoid answering any uncomfortable questions posed by them. But the persistent mother kept muttering something, while I was scribbling my notes and I managed to hear something about the girl being on some pills. I stopped writing and asked her mother what had happened. The mother told me that her daughter was healthy until a month ago. She was a bright student but had to drop out of school because she had to work to support her family which comprised masons and was working in a department store. Hers was the only source of steady income when they didn't have any construction work. She was healthy, apart from the fact that she suffered from a little more than usual pain in her abdomen during menstruation, for which she visited a doctor and had started taking some pills.

I asked her mother to show me the drugs which she had been using and to my surprise, they were birth control pills which I had also been using for a year. Not many people are aware that birth control pills are also used to control pain and irregularity in the menstrual cycle, but these drugs have certain side effects too, like the rest. The

woman started suffering from severe headaches but had brushed them aside and continued working until she collapsed at the department store. She suffered from a massive brain hemorrhage which resulted from the consumption of the pills. Different specialists worked on her case and she had been taken to multiple hospitals in the hope of regaining her health. I had read about such cases, but it happened to one in a million so, I never thought I would be a witness to this.

When one gains experience as a doctor, one tends to overlook the smell of the hospital and the emotions of the people involved. The heart becomes stronger and one is able to mask facial emotions. It acts like a defence mechanism to avoid unnecessary emotional conversations. The medical fraternity trains us in such a way that we don't take emotions back home. But this time, I couldn't help but feel the pain. The woman was only nineteen years old, her head was shaved due to the multiple procedures on her brain and she couldn't eat, move or talk and lay on the bed like a vegetable. She might have dreamt of a bright future, might have wanted to get married one day, might have been in love!

Instead, she had become a vegetable, waiting to rot and die.

It made me angry. Why so much pain? Why couldn't God just have killed her in an accident and saved her the misery? It could have been me on the bed instead of her or anyone else for that matter. It's only because her body reacted to the drug differently.

Watching my dog die was the hardest thing in the world but to see one's child die in front of their eyes would be a million times that pain. I went home angry, sad and confused.

## **Pandu – The Crab**

When we started off as doctors, we weren't used to much nudity and it made us shy. The patients who wanted to get their intimate parts examined used to be apprehensive and initially, so were we. It was always awkward when an older patient came for a check-up. They were anxious about being judged and any question about sex or sexuality is always harder to ask than to answer. The department of Venereology (the branch of medicine dealing with STDs) was a tiny branch of a big hospital, but the stories about people from this department were the greatest one could ever hear. There was so much pain, perversion, superstition and drama in these people's lives.

There were real-life stories of children who were sodomized, men who were impotent and



women who had a lot of affairs. Most of these cases were categorized as “*biohazards*,” which is a more sensitive term for AIDS. Every one avoided to be posted to the Venereology Department for its reputation. It involved examining other people’s private parts and we had to take constant precautions so as to not get infected. One small prick with the infected body fluids was all it took to change one’s life forever!

As interns we did all our work as directed by the residents, no questions asked. Sometimes they would ask us to examine a case, ask about the history in detail (when, where, how, etc.) and we had to report back to them. I loved the part where I would ask awkward questions and the patients had to answer it honestly. Maybe it had to do with the fact that I was the youngest child and I could never ask such questions at home. So each of us was allotted a case and given about ten minutes to assess it.

My case dealt with a young man in his late twenties. He had a lean frame, sunken cheeks and deep-set eyes. He had red shiny nail paint on his nails and had combed his hair neatly to one side. He

smelled of fragrant talcum from TV advertisements. I had seen ninety-year-olds whose eyes were still lively and sparkled, but this man had cold, black and lifeless eyes. Something about him made me uncomfortable and he looked at me with a piercing gaze. I asked him to sit down and started to take my notes.

*“Why are you writing about me?” He asked.*

*“I have to report to my seniors about your problem. So what exactly is the problem, mister...?”*

*“Pandu, that’s my name and I have a rash on my legs. I am getting married in a week and it’s getting worse,”* he said, while he pulled down his pants so that I could examine his legs.

While he did so, I thought about his name and how funny it sounded. Pandu is a fruit in my native language. I laughed thinking about it however, composed myself and tried hard not to laugh.

Then I saw it. It was not an ordinary rash. It was a symptom of Kaposi sarcoma a type of cancer observed among patients with AIDS. But I could be

wrong. I was not that experienced and I had seen only one live case of Kaposi's sarcoma, the rest I had studied only from books.

*"You have to undergo a couple of blood tests. Are you losing weight? Do you suffer from frequent infections?"*

I started asking him a volley of questions related to AIDS. Physicians get a "high" when they are able to diagnose a case correctly, the success is addictive. So, while I tried to get my "high" from the diagnosis, Pandu cut it short by saying,

*"I know."*

*"Know what?" I asked.*

*"I know I have AIDS. Just give me some medicine so that this rash goes away before the wedding,"* he asked as his cold eyes stared at me. He didn't seem to have even the least bit of remorse.

*"Does your fiancé know that you have AIDS?"* I asked.

*"No, would you marry a guy who has it?"* He asked.

In the back of my mind, there was a conflict, I wanted to either get up and walk away or slap him hard, but I did neither. I remembered my mother telling me to look for the good in everyone and I wanted to try the same. Also, I wanted to complete my case history and not go back to the resident in-charge with incomplete notes.

*“How did you get it, do you take drugs?”*

*“No.”*

*“Did you have an unprotected sexual encounter with anyone?”*

*“Look, madam! Please give me the medicine.”*

He seemed irritated and I could feel those cold eyes becoming colder.

*“Why do you want to marry?”* I asked him. I wanted to know if he was lonely and needed some sort of help.

*“For the same reason everyone else does, to prove to the world that I am a MAN and capable enough to raise children of my own.”*

Pandu had begun to get really irritated and said he wished to see a senior doctor instead. He

then refused to answer any further questions until I took him to a “*real doctor*.”

I knocked at my resident’s door and told him about the situation. He looked a little taken aback and asked me to go to the other room while he tried to counsel the patient. He then took another professor along with him and together, they went to talk to Pandu. They shut the door so that, no one could listen to their conversation.

I hoped, for the sake of the bride whom Pandu was going to marry, that he would rethink his decision, the poor girl whose heart must be filled with so many hopes of a new life with her “*husband to be*.” She must have pictured herself growing old with him and starting a family. Her dreams for a better life were going to be shattered.

Pandu was so generous that he wanted the disease to spread to his family so that he wouldn’t have to suffer in solitude. His definition of manhood was to produce sperm. I knew, this was one of those instances where we could break the code of privileged communication, so we wanted to track down his fiancé and inform her about the

situation. But Pandu turned out to be smarter than us, he supposedly told my professor that his bride-to-be was also a biohazard.

There is a saying in my native language, *“When you put a couple of crabs in a basket, neither of them can escape, even though the basket is open because if one crab tries to leave, the others will pull it back.”* I wondered why his parents named him Pandu. He was not a fruit, a crab would be more appropriate. This was a man in all his selfishness. It made me wonder whether all of mankind is selfish. It’s embedded in our genes after all. If so, wouldn’t one rather die alone than procreate?

## **The Invisibility Cloak**

The Psychiatry department of our college was a lot of fun. Our professors were always eager to teach and we in return were eager to learn about the many wonders of human brain. Since we were students, we would observe the patient as they walked in a senior doctor's cabin and would listen to the conversation through the small TV. It was necessary to protect the patient-doctor privilege, but we were doctors too and had to learn, so the head of our department, Mr. Srikanth, had set up a TV room where we could listen and watch the patients being broadcast.

After a very interesting hour in the wards, we followed our professor back to the OPD and were sent to the TV room, to watch the conversation between a father-son duo. At first

glance, they didn't seem to be related at all. The father was a thin and had a tan. He wore a turban on his head and a simple cotton dhoti around his waist. His son was bald by choice, looked quite healthy and was really tall. He reminded me of the bouncers from the night clubs.

The old man appeared to be terribly sad. He said that he had come for help after his friend had suggested that his son might have a “*mental*” problem. He had gone to many temples and godmen, but in vain. When our professor asked him why he thought his son may have a “*mental*” problem, he said that his son exhibited very bad behavior and it was getting worse.

“When he was young, he used to go to school and study, but as he grew up, he would run away from us, take whatever money was in the house and come back only after he had spent all of it. I am a farmer, sir. I don't make a lot, but he is my only son, so I forgave him every time. He still keeps running away, a lot these days. I never thought anything was wrong with him, until now. I just wonder if I should beat him, but I have never raised



my hand on anyone, sir. But this boy! He beat his own mother and stole the money we had saved for the monsoon and ran away with it. I thought the devil had entered his brain, but my friend suggested that he may have a mental problem, that's when I thought I should bring him here for help."

We all felt sad for the old man. It looked like a scene from a movie. It fit the description of a "*classic villain sidekick*" story and we felt prejudiced. It was so much easier for the father to think that there was something wrong with his son mentally, than the fact that his son was actually a bad person. No parent can see it, really! 'Flaws in an offspring? What flaws?' Unconditional love blinds, mutes and deafens the truth. I had a gut feeling that the son would be a perfect example of an anti-social subject. So I scribbled in my notes and wished the minority report was true- where we could identify a person committing a crime beforehand and arrest him for good.

Our HOD, who was a lot more patient than me, sat calmly and asked the fat son as to why he did

what he did. The boy looked straight ahead and said, *“I don’t know. Something happens to me and I do them.”*

*“What happens to you?”*

*“I don’t know.”*

He was still looking straight ahead of him. It seemed like he had no remorse, just steely eyes with an air of arrogance.

*“Are you sad?”*

*“No,”* he said sternly.

Sir quietly looked at him and told the farmer that he had done a good thing by bringing him and that his son was essentially a good person but acted in that way as the neuro-transmitters in his brain were defective. Our professor prescribed some drugs and asked him to come back after a month for a follow-up.

I was infuriated. I kept looking at the bald guy as he left the room. He showed no remorse. People like him shouldn’t be given an invisibility cloak of a psychiatric problem to hide into.

When sir came back inside, we asked him what he had prescribed and what he thought about the case. He didn't say anything and told us that it was important to maintain a certain level of privacy with a patient. But we insisted he justify his reason for the prescription and so he said, *"I always give a patient a final chance to change. Maybe he is genuinely going to try. He can hide under the term 'mental illness' for a while, as long as I see that he is making an effort in the positive direction. If I had embarrassed him in front of his father who believed in him till now and said he is a bad person, he may think he is really a bad person and not even try the least bit to become a better person, yes? Therefore, if I give him an invisibility cloak like you said that's okay! Because I also know when to take it back but just so you know, I gave him vitamins!"*

We were trying to come to terms with Mr. Srikanth's goodness and exited the TV room for lunch, outside our classroom, stood the bald son with his father. They were buying some drugs at the pharmacy. I continued to stare at him and a voice in my heart told me, that the son would not change. I pitied the old man. There wasn't anything much to

do. Whether he would change for the better, or turn out to be a social outcast, only time could tell.

## The Electrician's Wife

In our lives, the hardest thing to do is to break the news of death, instantly or eventually. I never had to do it as a junior resident as our seniors thought we were still sensitive and could not deal with it well.

It was a regular day and my colleagues and I were busy in the outpatient station. It was a Saturday and unlike the weekdays where we couldn't catch a breath due to the constant rush of patients, we were relatively free that day. A young girl, must be in her twenties, came and sat down in the waiting room. She showed us a swelling on her right cheek and according to her, it made her look ugly. She had a dark complexion and was beautiful. Her eyes were warm and she seemed happy, as if she had no trouble in the world.

The woman said that she was the electrician's wife and her husband had been working at the hospital for the past five years. We looked at the swelling and decided to take her up for a surgery and cut the growth away. Young surgeons were eager for every opportunity to cut away parts of the patient's bodies, like scavengers waiting for a prey! A surgeon's reputation is only as good as the number of organs he cuts open and that too successfully. In the end somehow our body would do most of the healing.

So when Chaaru, the cheerful woman, wanted to undergo surgery we gladly agreed and told her that we would remove the swelling so that she would be pretty again. Chaaru was scared but positive and got admitted for surgery the next day.

I worked hard every day. Sometimes work started as early as 6 a.m. and went on until 10 p.m. We did all the work which was assigned to us, in the hope that we would be taught surgery. So, when my professor called me into his chamber and said I would assist him tomorrow, while he operated on Chaaru, I was delighted to get such a surgery so early

in my residency. I went home to read and prepare for it. It was a delicate surgery, but people told me that my hands were good for this kind of surgery. We removed whatever part of the tumor was visible along with more margins. The tumour looked benign so we were not worried. Surprisingly, Chaaru was a good patient. She never squealed, never complained and sat patiently through the entire ordeal.

I was happy. It's never just the skill of the doctor, the patient's cooperation and other factors also go a long way for a successful outcome. As the protocol demanded, we sent Chaaru's growth to the lab for evaluation. Later, when we went to check on her, she was her usual cheerful self, "*Thanks amma!*" She said, somehow assuming that I had performed her surgery. I smiled and checked that the report was due next week but Chaaru was healing like "Wolverine", so we sent her home.

Later, she brought us sweets made by her mother. "*Poothareku,*" Chaaru told us. It was her mother's specialty. We thanked her and sent her off as a happier and healthier person.

The following week, we got a call from the pathology lab, asking to speak in person to a patient named Chaaru. The report of the growth from the lab was sent to us and it said she had secondary cancer, which meant most of her body already had cancer. I felt miserable and her smiling face kept popping in front of me. I had to call and inform Chaaru that she had cancer. We had to send her away to an oncology hospital, as we didn't have that wing in ours. "*She is your responsibility*", said my professor and I knew I had to break the news to her as soon as possible.

I decided to call Chaaru at night, so that I would not ruin her entire day. I think I had called her five times and hung up before I could actually talk, but luckily her husband answered the call later. When I told him the news and said that it was cancer and that Chaaru needed to see the doctor immediately, his voice changed, his tone saddened, but he thanked me and told me he would be there the next day.

This was by far the hardest thing I had ever done. That night, as her face kept flashing before my



eyes. I tossed and turned in bed, thinking of my loved ones and decided that I would take all of them to do a full body scan every year. I remembered something a friend had said a long time ago when she lost her father to cancer- God gives grief only to those who actually have the ability to endure it and not to the weak ones. It didn't make sense, but it made me feel better at that time.

## **The Brain Drain**

In the second year of medical school, we had to study forensic medicine. As a subject, it was brilliant. Everything made sense. All the crime shows on TV came to life while we were in class. I think it was safe to say that eighty percent of the students were always awake during the forensic class. Maybe it was the tv show *How to Get Away with Murder*, the sexual perversions or just the curiosity of how to become an investigating officer in the real life that made the subject intriguing. It satisfied everyone's little weirdness, made one feel okay, there were other people in the world too, who shared their version of sadistic pleasure, or there were people who were worse. Either way, it made us feel saner.

At the end of the academic year, we were to visit the morgue. It was practical education and I was pretty excited to see if the forensic pathologists were like those from the crime shows, gathering evidence and carrying out autopsies. The morgue was part of a huge government hospital. The building was really old .It was built by the then reigning Nizam. A few policemen were stationed outside along with a group of women who were crying disturbingly in sync.

While we were waiting outside, we were given bright yellow masks and the instructor asked us to enter inside slowly. I went inside the small room, but my tall friends in the front were blocking the view. From my peripheral vision, I saw something that looked like a heap of gunny bags. I tried to peep to get a clearer view, but in vain. In the center was a large, discoloured and bloated body of a male, supposedly for autopsy. Luckily, the instructor saw my discomfort and asked me to come to the front. While I was happy to get a clearer view, the smell from the heap of gunny bags made me flinch.

The bloated body of a male had every colour of a rainbow on it. It lay on a white ceramic table with a pool of blood beneath it. It reminded me of a slaughterhouse. Only these were people and they were dead. Our instructor briefed us about the way the fat man would be cut open and how to look for signs so that we could determine the cause and time of death, etcetera. During the process of demonstration, many of my sensitive friends started to leave the room. All this time, the morgue attendants were bringing more gunny bags from outside. We all wondered what could be inside those bags.

After looking at the bloated intestines inside the fat man, we had to examine the brain. I was eager to learn what three to four days of decomposing would do to a body. The instructor then took a brain saw and started to cut the skull. It was very skilful as if she was sawing into really hard wood. She waited till the entire skull was sawed so that she could show us the brain and then I saw it, flowing like molten gray lava, it flowed down from the white ceramic bed into the pool of blood. Though my mind was

strong, my stomach said it had to hurl that morning's breakfast and I rushed out for some fresh air.

When I went back inside and saw a bundle of clothes and an ID card at the corner of the room. I examined the ID. It belonged to the fat dead man who was an auto driver. He looked happy and not so bloated. When I asked the instructor about how the body was found, she said that it was found in the wilderness two days ago and had come for autopsy. Outside the room, a woman who was wailing inconsolably and banging her head against the wall, was being comforted by her family. Assuming it was the fat man's family, I gave her my condolences. When my instructor finished, I asked her what the autopsy report was, she said the man was hit on the head with a heavy object and had suffered other bruises on his abdomen with the same weapon.

Motive: Money in his wallet (probably), or a gold ring which he wore and was found missing during the autopsy.

What now: Report to be given to the police

Family status: The sole earning member of the family dead, two small children, a widow and his elderly parents

Cause of death: Possession of a gold ring.

The mystery of the gunny bags was also solved: Six unidentified bodies for autopsy.

1. A mother and three kids were burnt by an unknown person,
2. A young unidentified man had died on the highway,
3. A boy had drowned while playing near a lake.

My mental status: Brain drained.

## **The Man Who Loved A Goat, A Coconut and A Prostitute**

When I was in my early thirties, I used to work at a government hospital. Most of the patients I saw during those days had minor psychological illnesses. Rarely did we get other psychiatric patients who actually needed pills. But people here weren't up for counselling or anything on those lines. They wanted medicines and injections, even better. If I didn't give them medicines they considered me a quack.

It was a very hot day and our hospital didn't have power every second Saturday of the month which made us extremely irritable. There was a long queue of patients and as soon as I cleared a few patients, I peeped to see how many more were still

left. Every time I did so, there was one particular boy who caught my attention. He was lean and dark and seemed to be in his late teens. His attendee was a young man in his twenties.

When it was their turn, the boy tried to leave, but the man accompanying him pulled him back into the queue. A shy patient always means a difficult patient. It was easy to treat someone who knew something was wrong with him, but someone who didn't think he needed medical help, was often also reluctant for treatment. We call them "ego-syntonic." When I asked the boy what the matter was, he looked at the man like a child looks at his parents for answers.

*"He can't have sex with a woman, madam."*

I have to admit, his reply shocked me and I was not a person who could be easily moved. After all, psychiatry was a complex subject.

*"How old is he?"* I asked.

*"He is eighteen, but he has this problem from the time he was a lot younger, I think. It's only recently that he told me about it. I tried to help but it didn't work."*



As a doctor, one is not supposed to judge people but sometimes my heart would surpass my *'doctor's'* brain and make me judgmental.

*"He might feel scared at times, he might need to be counselled and we also need to run some tests, to see if there is indeed a problem,"* I said to the man.

I asked him to go out as I wanted to talk to the boy alone. I asked if he was comfortable talking to me. He looked nervous, but he nodded his head in response.

*"Do you like women?"* I asked.

*"I don't know."*

*"Do you like men?"*

He looked offended so, I assumed he wasn't interested in men and went on to ask him as to when he came to know about this problem.

*"I didn't know anything, my brother asked me to come with him to meet a woman. He slept with her. He told me, I needed to practice too. I was trying, but that woman told my brother that I could not be aroused. My brother was offended. He took me home and spoke to our uncle about it. My uncle told me to do 'something'."*

He started to fidget and looked rather embarrassed.

*“We tried everything, but nothing seemed to work.”*

He was genuinely upset.

*“What did you try?”* I asked.

*“My uncle asked me to practice with a goat and a coconut, but I couldn’t,”* he confessed looking at the floor.

*“Did you want to do it with a goat or a coconut?”* I asked him.

*“No,”* he said, still looking at the floor.

*“You don’t have to prove anything to anyone,”* I said.

I was angry that this boy had to go through some kind of strange ritual to prove himself. I wanted to ask him, how on earth it was even possible for him to do those things, but reckoned that he would not want to talk about it and refrained from thinking out loud.

We advised him to undergo counselling and scheduled appointments so that he could revisit us.

We told his brother that nothing was wrong with the boy. It's just that he didn't want to do anything immediately and that he shouldn't be pressurized into doing anything he wasn't ready for.

The man seemed elated that his brother wasn't "*different*" and said he would bring him in for counselling, but insisted that he be given pills as well. I gave him a strip of multivitamins and asked him to take one daily.

I quit after two months as my husband was transferred to another town and thereafter, I started my own practice. Five years had passed since the episode with the young boy. One day, as I was about to close the clinic, a patient walked in. It was a pregnant woman accompanied by her husband. I asked her to sit down and inquired what her problem was. Her husband kept looking at me and told me that he had once been my patient and that he had come to give me the good news of his expecting wife. He gave me a box of sweets, thanked me and left. I had treated a lot of patients over the years and I didn't have a particularly great memory.

He returned, alone this time and told me that he was happy I had given him the pills and that he never had to practice on a coconut. It was then that I realized that he had come with his pregnant wife to *“prove himself to me.”*

It was so frustrating to know that he was feeling so bad about himself for the past five years, that he went to the extent to look for me and track me down to validate his ego. So much for being ego-syntonic!

## A Heavy Head

Babies are the cutest. You can dress them up and talk to them all the time, they are the best listeners, they don't even judge, they don't mind if you're naked at home or want to play with your Barbie dolls even though you are twenty-three years old.

When the time came for me to choose the branch of specialty, I chose paediatrics. But what I was not vaguely aware of was that it wasn't as rosy as I had imagined. Every time I entered the ward, it looked like a million people were cramped inside a hall. There were so many babies on the beds, anxious parents, grandparents and aunts and uncles. The new-born infants are always considered the star of the family. They are a fresh start and everyone

wanted a piece of that. Parents were already making ambitious plans for the infant- to make their precious child either a doctor or an engineer, even though most of them were themselves daily wage labourers. The baby brought a new ray of hope to get them out of poverty. For grandparents, it was a do-over to rectify the apparent “*mistakes*” they had committed with their sons or daughters.

I realized soon enough that babies were NOT the cutest, especially sick babies. Granted they were sick and helpless, so they cried all the time, but what about people like me? We worked for fifteen hours a day, sometimes with night shifts and the constant crying made my head ache. In addition, there was the constant questioning by the new parents and I would get myself a migraine.

One particular day, while I was on duty, my senior resident instructed me to insert an IV cannula (a needle with a tube to send drugs and fluids into the body directly) into a baby’s vein. I wasn’t perfect at it yet. I tried with all my heart, but I just couldn’t do it. The vein was just too small. When I gave up and withdrew the needle, a stream of blood started

to gush out. The baby started to wail and pulled his hand with all his might. I tried again on the other hand, but still didn't succeed. I realized that all the people around me were giving looks of extreme hatred so I begged my senior to do it, saying I would learn on another baby and was content by just observing him do the task on this one.

Round one: Crying baby versus Junior resident: baby-one, junior resident-zero.

My senior asked me to hold the baby's head in a downward direction and told the nurse to hold the baby's feet and he swiftly pushed a needle into his vein. Two minutes later the baby stopped crying.

Round two: Crying baby versus Senior: baby-one, senior resident-one.

While I looked at the now peaceful baby, I felt like something was wrong with him. His face was peculiar and he had low set ears which meant he might be mentally challenged. My senior then told me that they were suspecting a syndrome and were on the lookout for any more signs. But it was likely that the baby would die before he turned five. I was

quite taken aback when he said that. I won't lie, I wanted him only to keep quiet, but not die.

It was one of those days when my migraine had aggravated. I went into the doctor's room to take a quick nap and dozed off instantly. Suddenly, I was woken by a knock on my door. When I rushed out with a throbbing headache, I saw the mother of the baby whom I had pricked twice the other day. She was crying and said the baby had started throwing a fit. I ran out to examine the baby. It was having a convulsion and ideally, I was supposed to inject the drug so that the seizure would stop. I don't know why, but I couldn't do it. Maybe it was because of the severe migraine and somehow the image of a dead baby was imprinted in my brain. I reckoned, why to save him now when he is going to die in five years anyway. Wouldn't now be better than then? His parents would have grown attached to him five times till then. Such vile thoughts began to consume me. While I stood staring at the baby, my senior suddenly rushed with a syringe in his hand and injected the drug to counter the seizure, the baby stopped convulsing and the parents started thanking him profusely.



Round 3: Crying baby versus Junior resident versus Senior resident: baby-one, senior resident-two, junior resident-zero.

While all this was happening, I just stood still. I could not believe I allowed someone to die when I could have saved a life. At that moment it seemed correct. Did this make me a bad person? I wondered, but then I started to justify my mistake “*I work hard every day, treat sick people, volunteer on the weekends to treat more sick people,*” I consoled myself. Without me even realizing it, I had started to think more with my brain and less with my heart. My senior thought I froze because I was new. He made fun of me saying, I had a convulsion myself and laughed his head off. I went back home with a heavy head. I didn’t know if I should say a heavy heart instead because I didn’t think I had one. I didn’t know if I could go back to work after what I had done.

## The Perfect Patient

Just as teachers aren't supposed to have favourite students, doctors too aren't supposed to have favourite patients but I think one tends to have a favourite in spite. We like it when a patient listens to us and does what we ask them to do. When I saw a thirty-five-year-old Padma with her neatly combed and oiled hair and her cotton sari draped impeccably, at once I knew, she was going to be a good patient. Not to mention her good looks and her sunny disposition which drew me instantly towards her.

She carried a file of previous medical records with her which is a boon for any doctor. It saved us time and we didn't have to do anything which was previously done. In the pool of screaming and bleeding patients (usually in labor) which we were

used to seeing, Padma was a relief to the senses. The smell of sandalwood talcum powder and the jasmine flowers from her thick black hair made her stand out even more. I wore my mask 24/7. The smell of the hospital was fierce. There was formalin, sweat, blood and sometimes even the bad breath of the patients who wouldn't brush for weeks. I once smelled a dead rat and after a futile and frantic search by the maid, we realized there wasn't a rat in the ward, but a sect of people who ate rats for a living and had eventually start to smell like them.

Padma was an elderly primi (was having her first child). For us, it meant more vigorous monitoring and more investigations. After one crosses the age of thirty-five, we categorize the pregnancy as a "*risk criteria.*" Apparently she had been trying for a long time, but due to the miracle of "*pedamma thalli*"- the village deity, she had been able to conceive. Padma visited us regularly for her monthly check-ups and her husband would drop and pick her up on his scooter every time. She was highly envied by many patients. Even some doctors thought that she was lucky. Padma and I didn't talk much, apart from the professional conversation, but

once I asked her as to what she did for a living. She told me that she was a housemaid before, but had quit because she wanted her baby to be healthy. Her husband was a driver and he earned enough for both of them now, she smiled.

When our patients reached thirty-five weeks, we usually asked them to stay in the hospital, so that they could be taken care of, in case of any complications. When Padma's due date was near, her husband dropped her off to the hospital and she began to stay with us. She brought with her that wonderful smell of jasmine and sandalwood. She was everyone's favourite patient. When she was thirty-seven weeks pregnant, we shifted her to a ward, which was more intensely monitored. Everyone around her was in labor, except her. She used to compare herself to a ripened fruit in a basket of raw mangoes, kept to speed up the ripening process for the rest. When we tied an ultrasound probe to her stomach to hear the baby's heartbeat, she smiled with such happiness, it made us feel as if she was going to be the happiest mother, but she never had any labor pains. Every morning, the first thing I would do after coming to the hospital, was

to ask her if she experienced any pain, but she would decline.

Finally, we decided that she would have to be taken up for caesarean section the following day. I come to work as usual the following morning, but the smell of jasmine was missing. I looked for Padma, but didn't find her either. When I asked my friend who was on duty that night, he said that she was taken for emergency surgery, as the baby had stopped moving. He said the baby had died in the uterus. I felt as if someone had jabbed me in the heart with a knife. Reluctantly, I asked him where Padma was and he said she was in the post-op ward. I walked there as fast as I could and peeped through the glass doors. She was sleeping. I wanted to go in and hold her hand, tell her everything would be fine, but I couldn't. It was no one's fault really, there were risks involved, but we should have dealt with them more cautiously. Had she been operated a day before, everything would have been fine. I thanked God that it wasn't me who was on duty that night. I wouldn't have been able to see her in that condition, scared and sad, being wheeled into the gloomy operation theatre, wearing that faded hospital gown.

Come to think of it, was she really like the fruit to ripen the rest of the mangoes? Most often than not, it ended up being super ripe and would ultimately wilt.

The memory of her smile when she heard her baby's heartbeat kept flashing into my mind. We stole her "*pregnancy virginity*". She wasn't going to be the same person and neither was I.

# The Famer Who Lost His Ferrari

I was born and brought up in a city. My idea of a village was film-like, lush green fields where heroines donned chiffon saris, sang and danced, whilst their heroes came from the city to whisk them away. The farmers were usually in their dhoti and turbans and would live in big ancestral houses with tiles on the roof and the cows roamed freely in their green pastures.

The emergency ward made me feel like I was the most powerful person. I think it was because, until now in life, I was vertically challenged. At four feet nine inches, most of the schoolboys were taller than I.

I was pushing fluids into a man who was dehydrated when a young man in jeans and a vest was brought in on a stretcher. There was a lot of commotion and crying. I assumed it must be a case of poisoning. I rushed over while my other colleague started to check his vitals. When we asked the person next to him what had happened, he showed us a bottle of what the man had drunk before he had passed out. It was a regular phosphorous compound used as a pesticide. It was one of the most common compounds which the farmers drank to kill themselves. We asked the people who had brought him to the hospital to wait outside, as we pumped his stomach. We were almost done when I noticed the young man's vest. It was torn and as I shifted my glance to his hand, I noticed that he had a big scar on his left hand. I remembered that scar! No, wait a minute, I was responsible for that scar! Then it came back to me vividly.

I remembered him because he had worn jeans even when he had come first and well, it had contradicted my preconceived opinion of a typical farmer, someone old and in a dhoti. The young man had tripped over an electric circuit board when he



had gone to check the fuse and burnt his hand so badly that we had to debride tissue (remove the contaminated tissue) from his entire skin and suture his tendons. To put it in a simpler language, he had gone in order to repair the wiring of his farm and lost the wiring to his hand as a consequence. It was a rather complex surgery, usually, a plastic surgeon would be better skilled at it, but that meant, he would have to be shifted to a hospital two hours away and he didn't look like he had sufficient money to travel to a big hospital.

Our hospital was affordable, neither too big nor too small. When we were suturing his hand, my colleague suggested that we consult a senior surgeon, as we weren't too sure if we were doing it right, but I brushed it off and continued to suture. I mean, ultimately what surgeons did was remove the infected part and suture the good part to help it heal. Help it heal, not make it. The body would take care of itself, we only needed to provide a little help, that's all. Honestly, I did my best and had the patient's best interest at heart. His injury was gruesome, but we managed to save his hand in the best possible way.

After many hours in the operating room, I went home and felt like I had achieved something great. I remember talking about it to my parents too, who were proud of me. When I went back the next day, the wound had started to swell and the hand had turned green. There was pus in the wound too. So technically, I had not done a good job and I was wrong about myself. The body didn't heal itself. I felt stupid, but we took the young farmer to our professor who then told me that I hadn't cleaned the wound well before the surgery and advised us to put him on some high antibiotics. This was an expensive affair, almost amounting to 1000 rupees a day. The young man was shifted to post-op and they took care of him and I became busy with my routine. I didn't check up on him after but I knew he was discharged in due course and that he was well.

When he came to the hospital anew, we told him there was no need to worry, but he would have to stay in the hospital for two days under observation. His family was relieved, but the young farmer wasn't the least thrilled that we had saved him. I asked him, how his hand was, he smiled and said, "*It works!*"

All cases of attempted suicide were given a session of counselling before discharge. I wasn't a big fan of small talk either. I was an introvert who strictly limited herself to work and left for the day. But I wanted to hear why the stylish farmer had felt the need to give up his life. So while he was in counselling, I stood outside the cubicle, pretending to work. It was easy to eavesdrop since they had not closed the door. When asked, why he had tried to kill himself, the farmer did not reply for a really long time. I was about to leave and just then, he began to speak.

He said, he had spent a lot of money, while he was injured and hence fallen into debt. His hand was hurt so his work efficiency was reduced. He had even dropped out his kid from school for a year so that he could use his help. And to add to it, two days ago, he had sold Laxmi, his cow, so that he could clear his debt.

It was all I needed to hear. I was guilt-ridden before, but his story only made it worse. Could I offer him money or would he be offended? I wondered. I had saved around two lakh rupees.

Though I didn't know how much a cow would cost, I reckoned it was enough to buy one. The next day, he was to be discharged. I went over to him while he was packing his belongings and offered him a cheque. He looked at me reluctantly, said he could manage and thanked me. I told him, I was sorry he had lost his cow and that I wanted him to buy one with the money.

He smiled in that sheepish way he did when I asked him how his hand was and replied, *"I had bought Laxmi with my first few savings, she was very special to me. Thank you so much for offering me money though. I fell on the electric pole by myself, doctor, you didn't push me and as for the surgery on my hand, well, you did your best and from what I see, you tried to help. It's not your fault. It was a moment of weakness, in which I tried to kill myself."*

I felt like crying. I wanted to be the bigger person, but he was. There was goodness in this world. He changed my perception of a village and its inhabitants. Not only were there men in dhoti, there were also farmers in jeans, working in the harsh sun, while they struggled for water and electricity. They live in small thatched huts but also have big hearts.

Any other person from the city would have sued me.  
I offered the man money, but he wanted his Laxmi.

## **A Three Percent Chance**

I come from a big family where everyone is a doctor. It means having to deal with infections, which we often bring back home. My dad was a paediatrician and he would come home sick at least once a month, it was either the flu, or body aches or something else. Kids would urinate on him, cough on his face, while he smiled and played with them without caring about its contiguity. There was once a breakout of Ebola in Africa and I remember having a conversation about it with my dad while watching the evening news. Doctors from India were stranded in Africa and wanted to come back home. People were dying from the virus. My father kept saying that they took an oath to treat and they should stay there no matter what. But I wasn't as big-hearted as he was. I argued saying, they have a

right to treat or not to treat and that their safety mattered. Only if they are alive, they can save more lives in the future! If hotels had the right to refuse service, why couldn't we?

For me work was always hectic and it was just us three postgraduates who worked in the labor room. We had three beds, so at a time we could deliver three babies, but sometimes around eight to nine women gave birth. It's therefore not surprising when they say a baby is born every five seconds, one can see it happen in the labor room. For the rest of the women in latent phase of labor, we tried to accommodate them in other adjacent rooms. Sometimes, women even delivered on the floor. We would make the *ayah* tie a big green curtain to separate them from the rest of the ward and make it into a make-shift primitive room.

It was one of those really terrible days when we felt like killing ourselves. All our beds and rooms were full of women in different stages of labor and we were running around in our scrubs with monitoring devices. My friend Ramya was inside the L.R. and I was scribbling notes in the biggest register

one could ever see. It was so big that it needed a whole table for itself and we never closed the register, apropos the work never stopped.

Suddenly, the door was pushed open and I saw a woman in a wheelchair writhing in pain. Her stomach wasn't large, which meant she was probably having a preterm baby or an abortion. I asked her a quick set of questions and told her that we would need to see her antenatal reports to go ahead and admit her. She said she didn't have any antenatal reports with her as she had never visited a hospital. The woman who accompanied the patient told us that she was her aunt and they had come from a distant village. She was in so much pain that they had to rush her to the hospital. I looked at the woman in the wheel chair, she looked unclean as if she had not run a comb through her hair or even brushed her teeth in a long time. It didn't make sense. Pregnancy is the only time a woman takes care of herself the most, however financially challenged she is, she always takes a bath at least.

I told her to wait outside and went over to talk to my colleagues. *"It could be a case of girl feticide or*



*rape. I think we should send her away to a place, better equipped to take care of the legal issues,”* I said.

My friend Ramya was more soft-hearted compared to me. She looked at the village woman and said she would take care of her. She asked her to lie down next to another woman, who was also in labor. We took her blood sample for the lab and sent it immediately for testing.

We divided the patients, six who needed immediate assistance and two, intermittent. This meant we had two patients each, out of which, one was on the table. I am left-handed and my table was right in the middle. While Ramya was pulling a deformed tiny fetus from the village woman, I pulled out a healthy baby. But from the corner of my eye, all I kept seeing was the deformed infant. My baby was big so, it took a little more time to come out, while Ramya finished earlier and was sewing the episiotomy.

In general, anything abnormal gets attention. I was thinking about how we would document the case and use this experience for our presentation. With a hundred thoughts in my brain, I absent-

mindedly took the same surgical set with my left hand, which Ramya had used for the village woman and sutured my patient's episiotomy as well.

Usually, surgical sets were placed on the right since I was a lefty, my set was on my left. I finished sewing and shifted my next patient to the table. When I asked the nurse to give me a new surgical set, I realized, I hadn't used the previous one. My heart skipped a beat, but I pacified myself thinking nothing would happen, as it was only a small needle prick.

I asked Ramya to monitor my table and rushed out, unscrubbed and called the lab. They said they were sending the report in five minutes. Those five minutes were probably the scariest five minutes of my life. I asked my colleagues to come outside and told them to not take any new patients until we received the reports. I asked the *ayah* to shift the remaining patients into another room and to tie the green curtains. When Ramya asked me the reason for the hassle, I said I had a gut feeling that something bad was about to happen, but was waiting for the report.

This was the first time I experienced stress like how it is written in textbooks. I felt my throat turn dry and my body shivered. The body's response to stress was flight or fight, but I could do neither.

When the lab called, I answered at the first ring and then I heard what I had dreaded. The village woman was HIV and hepatitis positive. There wasn't a hundred percent chance that I had transmitted the disease to the other woman, but there was a three percent chance. We usually took plenty of precautions when we dealt with infective cases so that we would not contaminate healthy people. Our surgical attire for dealing with infective cases was different too. Our clothes, gloves and goggles were designed to protect us. After all, we needed to be safe too!

I looked at Ramya and realized that she was just as surprised as I was. She looked pale and confused. She wanted to help, the poor thing had risked her own life too. What if she had a cut on her skin, what if she had pricked herself with the needle? While she was contemplating the several possibilities, I had a few of my own. I didn't know if

I had transmitted the virus to my patient. What would happen if I told her there was a chance she might be infected with a deadly disease.

I wanted to tell her, but I couldn't. I was willing to believe there was a ninety-seven percent chance she would be healthy. I never told anyone about this mishap and I never will be able to. But I have tremors now and then when I think of the incident and I'm coaching myself to use my right hand.

## Doctor Amma

As a child, I could never stay in one place. I think I had too much energy for my good. It was a trait that stayed with me till adulthood. Whenever we had medical camps, I would be the first one to sign up. “*Reaching out*” camps were usually organized in very remote places, where people didn’t have even basic medical needs. One of the camps was in a tandaa nearby. A tandaa is usually inhabited with a certain sect of tribal. They wear colorful mirrored clothes with heavy silver ornaments braided into their hair. They are considered as beautiful people. Most of them are dark complexioned, have sharp features and piercing brown eyes. But they were uneducated, gullible and hardworking which made them easy and cheap labor to the building contractors and others.

We wanted to do our bit and help them by conducting our biannual eye camp in the habitation. We chose a local school for our weeklong camp. I was a young eye doctor, hardly sixty surgeries old. We worked hard all week, so that our professor would let us have those “*twenty minutes*” in the operating room. If our professor thought we deserved it, only then, he would assign us a case, which we could practice under his guidance, of course. So, a majority of the surgeon’s learning is dependent upon so many such factors. Sometimes, we would joke to ourselves that even though the ancient system of gurukulam was extinct now, as surgeons, we were still in it. We would do our senior professor’s chores, would even go out to buy a cake for his daughter’s birthday, would make sure his cases were ready when he came, etc. It was then, that he would decide if we were worthy of being enlightened by his skill. Luckily for me, Dr. Mohan thought, *I* was worth it! We went to many camps together and I learnt quite a lot from him.

Day 1:

The day was mostly spent in observing the patients and deciding whom could be treated with medicines and who needed to undergo a surgery. We segregated them. There were about two hundred people and all of them looked similar as they wore almost the same attire. We divided the classroom into two parts, where an optometrist would test the eyesight of a patient and I would see if there was a problem with the eye. Almost half of the patients addressed me as “*sister*,” to which the male optometric assistant would smirk sheepishly.

I was a patient person by nature and did correct by telling them that I am a doctor and not a ‘sister’- a nurse. But after the check-up of almost a hundred patients, I lost my cool and started to rebuke anyone who would call me a “*sister*”, not because I was offended of being referred to as a nurse, not because they called the optometric assistant, a “*doctor*”, but because I thought they were being gender-biased.

It was as if the law of nature, when a male and a female are in the same room, it automatically meant that the male is more qualified than the

female and people prefer conversing with him more. So when the old woman with multiple ear piercings called me sister, I snapped at her and berated, *“I am not a sister, I am a doctor! Go out, call me a “doctor” and then come back in!”* The poor woman looked bewildered but apologised and called me a doctor. My little ego was satisfied and I left it at that.

#### Day 2:

The next day, we checked the patients who were to be operated on the third day. A lot of pre-operative work was necessary and we examined the patients with great detail. Once again, the women from the tandaa called me a sister. This time the optometrist’s smirk turned into a laugh and my anger shot through the roof. When the women with many earrings called me a sister, I told her to learn the word doctor and sent her to the back of the line. It was wrong of me to do so, but I felt compelled to do it. When she came in last, she apologized again and said she was uneducated and did not know the difference.

#### Day 3:



My job was to scrub and drape the patient for Dr. Mohan to perform the surgery. I did this at lightning speed. The drape covered the whole face and chest except the eye. The surgeon would not know whether the person underneath was a female or a male. Nothing mattered to them except doing a successful surgery without being bias. And to me, nothing mattered, except “*cleaning up*” and “*covering up*”.

Towards the end of it, Dr. Mohan called me in and told me that I could operate on case number twenty-eight. I was ecstatic. I quickly changed and started the surgery to the best of my ability. In my attempt to be perfect, I pulled at some fibers in the eye which gave away. Luckily, I realized something was wrong and requested Dr. Mohan to take over who then dealt with my mess. Case number twenty-eight would develop complications at a later stage, maybe five or ten years down the line. I sulked the whole evening, but he reassured me, “*You will never be a good surgeon unless you make mistakes,*” and that it could happen even to an experienced surgeon. I ate a whole bar of chocolate to feel better and slept through my guilt.

Day 4:

The patients were seated as per their number and we went to each bed, untied the bandage and saw the condition of the eye after surgery. As we came closer to bed number twenty-eight, my heart began to beat faster. I saw the woman with many earrings lying on it. She was smiling, eagerly waiting for her eye patch to be opened, so that she could see the world!

Dr. Mohan who noticed my grief-stricken face and told me to not show disappointment on my face. He asked me to either have a poker face or to go outside and relax. I chose to stay. The woman with multiple piercings told us, she couldn't see much, but we told her, it would get better after a few days. But alas, we lied!

Day 5:

As we gave medicines to all the patients and sent them off one by one, the multiply pierced woman was smiling, as she wore her new black goggles. She waved to me. Only this time she said, "*Bye, doctor amma!*"

## O.D. In O.T. (Overdosed in Operation Theatre)

Usually the male doctors from the gynaecology department were very successful. Women don't trust other women in the workforce so they went to men for a consultation. Which was ironic, men did not have a uterus and couldn't empathise as much with women.

Dr Murthy was one such successful man. People called him Katthi Murthy (knife-Murthy) because he wielded the weapon of the department—the scalpel, very freely. His motto was *“why wait when you can cut.”* He cut out uterus like a watermelon. It was rumoured that postgraduates didn't want to work under him. The nurses didn't want to assist him during surgeries. He was a tiny man who

shouted so often, that every other sentence was close to a scream. No one complained against him, as he was the boss's brother-in-law.

When it was my turn to work with him, my seniors prepped me and told me to look him in the eye. This will make him believe that you are strong. Never ever look down or he will stomp you further down into the ground, they said. But luckily for me, Murthy had hovered around earlier that morning and had already selected his new target, a new nurse called "*Baby*". Maybe it was her name, maybe because she was only five feet from the ground, or maybe because she was an easy target, we will never know. But anyhow Murthy began to bully her. He humiliated her by calling her stupid and dumb in the beginning. He would deliberately order her to bring a tray from outside the theatre, she would rush to get it, without realizing, she would become unsterile and the moment she would put her foot out of the operating room, he would spew out another round of insults at her. Baby couldn't take it any longer and would often start crying. Amidst the sobs, one day, a senior nurse asked her to leave while she took over.

When the day finally came to an end, I unscrubbed (a medical term for taking off the scrub suit) and went to take a look at the roster, poor Baby had another four days with Murthy. But somehow, I was glad it wasn't me. You must also know that Murthy had very prominent veins. Surgeons had access to easy drugs and there was a rumor, that he took drugs from the operating room to inject himself. It could have been a rumor, for all I know, but it kind of explained his eccentricity.

Day two turned out to be worse for Baby, who tried her hand at *Gandhigiri*. She being indifferent seemed to provoke Murthy a lot more and he even got her family and friends into his insult radar.

I should have interrupted, but I felt like I needed to save my own skin and hence kept quiet. After all, even for Baby it was only three more days. The next day, while we had made the O.R. ready for Murthy, he didn't turn up. It was unlike him to be absent without notice and anyway, what else would he be doing while his latest target was out in the hospital. Even the next day went by and no one had

heard from Murthy. Baby was lucky, I thought and maybe she was responsible for his absence. But what could a tiny nurse do to this mean man!

Two days later, when I reached the hospital there was a big commotion outside the O.R. Apparently someone had drugged Murthy and he was furiously shouting at the staff, his eyes a fiery red, were almost teary. He abused nearly everyone and zeroed in on Baby. *"I know you did this! I will see your end. I will go to the police, they can identify the fingerprints on this bottle,"* he threatened maliciously and stormed away.

While people stared at Baby suspiciously, she was coerced by a few senior nurses into telling them the truth. They told her that he was just threatening her about the police and that she should apologize if she had indeed drugged him, but she began to sob uncontrollably and ran away to her quarters.

We all suspected that she had somehow managed to drug him. That evening while we were going back home, there was a shrill cry from the nurse's quarters. Baby's roommate was sobbing

continuously. Baby had hanged herself. While they brought her body down with the swollen purple face, she had left a note saying, she had indeed mixed a drug, which had made Murthy sleep into the vial. Baby wrote she was sorry and didn't want to go to jail.

Murthy apparently used to take drugs from the O.R. to sleep in peace, but Baby had added a sedative to it, so instead of sleeping for one night, he slept for three. God alone knows how she even got the courage to do it. She was only eighteen-years-old and had travelled a long way from home to be able to work in a hospital like ours.

The incidence was followed by a big protest and all the nurses went on a strike. It was in the news and Murthy had also quit. But a few days later, everyone forgot about Baby, no one was willing to stay in the room where she had hanged herself and we assumed Murthy must have joined some other hospital.

But the image of a person hanging from the ceiling, the purple face, the tongue hanging out and the fact, that life was so fragile and that I did nothing

to help her with the bully, would keep me awake at night. Katthi Murthy had found another target, not a uterus but a life.



## **Bloody Dhoti**

Whenever I went to visit my old neighbour, I used to feel sad for him. Mr. Singh stayed alone after his wife's death and insisted on it, but I knew he would have loved to have company. He was the kind of person who would always put himself first. Needless to say, he didn't make a lot of friends. You can be proud, stubborn and selfish when you're young and healthy, only to realize that when you're old and sick, nobody cares for you because you didn't care for them either. He used to give me sweets on Diwali and this was what made me think of him on Diwali. I would visit him sometimes when I was bored and we would occasionally play chess. He was too busy for his son before and now in his old age, his son had become too busy for him. Mr Singh made me sit down once and lectured me about

karma for a whole hour. *“There is no after-life, beti! Every score is settled before you die!”* It got me thinking and the thought of being so vulnerable in old age scared me.

I am a surgeon. Life is full of new challenges every day and my parents taught me that good wishes are always more important than money. We weren't rich, but we were content. My grandpa Sheshu stayed with us. He wanted me to be a surgeon and when I would come back from work, he would listen to all of my anecdotes with utmost attention, however trivial the stories were. I was the most important person to him. I would usually go early to the hospital, before the patients arrived and would set up my desk and read a little before work.

On a fine Monday morning, I went to work as usual and saw an old man already waiting for me, he must have been in his seventies. He wasn't sitting on a chair meant for patients in the waiting room, but on the floor. His face was buried in his hands and it looked like he was in pain, as he sat on the floor in a weird stooping position.

Everything leads to a diagnosis, the way a person walks, sits, talks, even the way his head tilts, points towards something. In this case, I was baffled, as I didn't know what made him sit so awkwardly. When I asked him to come inside, he got up and looked a little embarrassed. As he stood up, I noticed, there was a newspaper on the floor, stained with blood. The old man wore a white kurta and a dhoti, it was also stained with blood. He looked at me sadly and apologized about the mess. I instantly felt sorry for him. As he walked to the dustbin with great difficulty, I noticed that he rolled the blood stained newspaper into a ball and threw it inside neatly, in spite of him being in pain, he wanted to make an effort to keep clean. He carried a small satchel in which he had more newspapers. I reckoned, he carried them and laid them down when he wanted to sit.

I asked him if he had come alone, to which he replied he didn't have anyone. He stayed with his son and daughter-in-law. Initially, they were good to him, but later, she became tired of cleaning up his blood and asked him to leave their house. He had been bleeding from his bottom for a long time and

had been using herbal medicines, which weren't helping. The old man couldn't sit anywhere as "*something coming down*" from his buttock prevented him from doing so and it also hurt him. I asked him what the newspapers in his satchel were for to which he replied that even the *ayah* had reproached him previously for dirtying the floor. That's why he had started using newspapers as they were all he could afford. As he spoke, I saw that he was holding back his tears. He had a strikingly handsome face and a thick bushy salt and pepper moustache.

As a doctor, I couldn't feel sad. I needed to be professional and get to the point so, I urged him to stop crying and to show me what his problem was. At first, he seemed rather reluctant, but then he untied his dhoti slowly.

I didn't expect the problem to be as grave. I had even handled cases of rectal prolapse but it was the first time, I was dealing with a case as severe. (Prolapse- think of it as your rectum being outside instead of in). The human body is wonderful! No doubt about that, but would you really want to see the insides of your own body? This man had to see

his rectum, carry it around as he walked and even try to push it back inside when he could with his own hands. I couldn't help but feel sorry for him! I assured him that we would do our best, talked to a couple of senior doctors and posted him for surgery in the following week.

In the evening, when I told grandpa Sheshu about the man in the bloody dhoti, he seemed really upset. Then I told him what Mr. Singh said about karma and that maybe the old man had done something to deserve all the pain he was going through.

*"Maybe he did not take care of his son, or of his old father and that is why this has happened to him now,"* I contemplated.

*"Maybe what you say is true and maybe not. I am not thinking about his physical pain. I am thinking about his heart which is probably in more pain right now, He didn't care earlier about his bloody dhoti. He cares now because he had to leave his son and is lonely. Just be a little kinder to him than usual,"* grandpa advised.

I promised grandpa that I would be nice to the old man and would make sure he recovered well.

My mom gave him some adult diapers, so the old man wouldn't have to sit on newspapers and also some old clothes, which belonged to my grandpa.

After a really long procedure and after spending a lot of days in the ward, the old man was recuperating and when it was finally time to go home, he thanked us profusely. He even wore the clothes which I had given him. The old man took his satchel, threw out the newspapers and placed a little bundle of cloth in my palm. He told me that it was all he had and asked me to open it at home. I took the bundle home and showed it to grandpa. When we opened it, there were grains of wheat.

Grandpa smiled. *“These, my dear, are gold to him. He just shared his legacy with you. These must be his best harvest.”*

I now earn about a lakh per month, but that bundle of cloth is probably worth more than anything in my house right now.

## Not Today!

In other professions, there might be abundant material for practice, but we needed either dead or alive humans. Even amongst the dead ones, we could learn only on the ones who were unidentified and forsaken in a morgue. We would then process the body and insert chemicals into their veins in place of blood, to keep it fresh for a longer time. All this so that we could cut open the body, part by part to study it.

When I saw the bodies on the dissection table, I was petrified. One after another many of my classmates would either swoon when we started dissection, or vomit because of the smell of formalin and almost all of us dreaded to enter the hall alone. But after a couple of months, we took pictures of

the heart that we had cut open. It's ironic that some of us still believed in ghosts. Sometimes I wondered when one is cutting open the body so intricately, would its ghost not want revenge! Yet, it let us live in peace and allowed us to dissect it.

Most of us had become impassive in four years that we studied medicine. It wasn't our fault. It was finders learners and losers failures. When people were poisoned, it was more about how well I could insert a tube into the patient's stomach and learn from the experience, rather than how the patient was feeling. In the emergency room, we were like vultures, waiting for the next sick person to devour knowledge.

During one particular night shift, almost at the very end of our year's course, a couple of us sat together and talked about all the procedures we had learnt or at least attempted to carry out. Two of us hadn't placed a tube, called as an E.T. tube, into the throat. It was a life-saving procedure and we made up our mind that we had to learn it tonight. So, at around 3 a.m., during dusk hours, when a new unidentified dead body was brought in, we looked at



each other and knew that this was our chance. We had just finished watching a medical animation on the procedure and it was time to experiment. Our colleagues asked us to go and learn while they covered for us at the outpatient station. So off we went to learn how to insert an E.T. tube into a dead man's throat.

We wore the surgical gloves, tied masks, picked up the E.T. tube and put our stethoscopes around our neck. As we approached the dead body, we noticed that he looked quite decent. His hair was neatly combed to a side. The side pocket of his trousers had a comb with a tiny mirror. My colleague tried to look for his wallet or any source of identity but in vain. It was difficult since the body hardens after death, but we still tried to open his mouth. While we were struggling, we noticed that his breath stank of alcohol. It could be a hit-and-run, or he probably had drunk himself to death by consuming cheap liquor, but at that time, we didn't care. He was our "*practice subject.*"

We tried a couple of times but it was too hard. We then called a senior, who came over gladly

and showed us how to hold the tube and as he inserted the tube into the man's throat, a squirt of vomit fell on his shirt. The subject was alive! We had labelled him dead, had not even checked his pulse which was a little weak and attributed our inability of placing a tube correctly due to rigor (the hardening of the body, when a human being dies). If we hadn't called our senior to help, he would still be lying down with vomit which could have gone into his lungs and killed him slowly. It was like saying to the god of death," Not today!"

## Girl with the Slit Throat

One day, as I was getting ready for work, my aunt who lived with me, asked me to hurry since I was running late. She was reading the newspaper and I hurriedly ate my cornflakes. She asked me to chew, otherwise, she would have to write an obituary for me under “*death by food.*”

“*Young boy slits a girl’s throat over a spat,*” she read to me. After the classic, “*Tsk tsk! What has the world come to,*” she read out the details which I pretended to listen while eating. An ex-lover took the girl, whom he apparently loved, to a remote place on the pretext of talking to her and slit her throat because she refused to marry him. “*Hey! That girl is admitted to your hospital,*” my over-enthusiastic aunt said. I had no intention of getting involved in a

police case and hoped that she wasn't anywhere near my duty-ward. But sometimes God gives you what you need, not what you want.

Unfortunately, I was the doctor-in-charge of the room in which the girl with the *"slit throat"* was admitted. She had been brought back from the operating room and was lying on her bed before I reached. When the previous doctor on duty was handing over the ICU to me, I asked him about the girl's case. *"Don't worry! All the police formalities are already over. We took her in last night for surgery. Can you believe how beautifully her lover cut her neck? It was like art,"* he said.

*"Hub! I don't understand! How can trying to kill someone be an art?"* I asked.

*"Don't get me wrong! I just meant that he did so deliberately, so as to not kill her. It was a perfect single line, nothing serious. The major vessels, her windpipe, everything was intact. It was just the skin, that too, in the neck fold, so the scar wouldn't be visible unless she lifted her neck! Maybe he wanted to scare her. But the guy will probably go to jail,"* he suspected.

I was single. I never had a boyfriend and somehow never thought I was pretty enough to have a person fall in love with me. So when I looked at the injured woman, I was jealous. Probably the only idiot on the planet who would be jealous, but still I was! Someone loved her so much, that he could not bear the thought of her being with someone else. Her parents were by her bed. They looked at her as if she had murdered someone. It's ironic how the victim becomes the accused in an Indian family, especially if the victim is "*a woman who fell in love.*"

I kept my distance from the girl who was attacked. I didn't want to get involved, but as she sobbed while her mother hurled insults at her, I felt the need to intervene. I sternly asked all the attendees in the room to leave, while specifically looking at her mother. I asked the girl if she was all right. She stopped crying and looked at me with tear-laden eyes and confessed, "*I did love him, you know. But I let him go so that my family would be happy.*"

She began to sob again. I pleaded her to stop crying as her wound was still fresh and would gape.

*“But if he loved you, why would he hurt you?”* I asked.

*“I told him over and over again, that I couldn’t be with him. He insisted that I stop talking like that. He just wanted the words to stop coming out of my mouth! That is all! I don’t want to press charges. He gave me so much love that I started to believe that life was a dream.”*

While she was talking, I could see the anxious mother walking up and down peeping through the glass doors. She looked tensed and angry. The girl patient stopped talking. It felt like she was scared. It made me wonder what kind of power love had and what it would make people do. There were so many instances of women with raccoon eyes and dislocated joints. In the beginning, I would get furious and ask them to go to the police station and file a domestic abuse report. But they almost never did. I always thought these women have no choice as they were financially dependent on a man and that has been a part of the reason why I wanted to be a doctor, financial independence. But most of these women supported the man. They worked while he drank off their earnings. Some of my friends who

shared my thoughts came to the conclusion that somehow women have it at the back of their mind to be submissive and that getting beaten up or abused verbally is their version of love.

Though I have never been in love, I have seen supposedly in-love couples beating up their partners. Maybe passion just finds its way through the body. Be it a scuffle, sex or even verbal abuse. If it's one-sided, then it would be a perversion. But if the woman with the slit throat can justify an attempt to murder with love, then who was I to judge. Who are any of us, really!

## Chinnabbai

My roommate Sruthi and I had a made a pact from the start, neither of us would never bring work home or even discuss the subject and we strictly adhered to it!

Sruthi was ebullient and amongst the two of us and she was also more talkative. Every day, we napped for an hour when we came home for lunch and then would head back to work. One day she was awfully quiet. She was sad and tossed around in bed as she tried to sleep. She kept fidgeting in bed, muttering to herself, so I finally got up and sat next to her.

*“What’s up!”* I asked.

*“Nothing, just a sad day at work,”* she replied.

*“You can tell me, Sruthi. Maybe I can help.”*



*“Nab! We promised we wouldn’t talk about work. It’s okay. I will sleep it off,”* she said and pulled the sheets over her head.

I reproached myself for making such a stupid pact. After all, there was no one else for both of us. Our families were far away and we were practically like sisters. I turned around to see if Sruthi was awake. She was peeping through a small opening in the blanket to see if I was looking at her. We both laughed hard and decided to put an end to our stupid pact.

*“So tell me, what happened at work that has made you so upset?”* I asked.

She came on to the edge of the bed and with her feet dangling, she said, *“Today I met a boy called Chinnabbai.”*

*“I was at work and a man walked in accompanied by two boys. He introduced himself as the warden of a hostel for orphan boys. He seemed like a nice person and was happy-faced.”*

*“Wait, let me guess! He made a pass at you!”*

*“No, let me finish!” She said and hurriedly continued, “So, he had brought two boys with him and said the younger one, Chinnabbai, was facing some troubles. When I asked him as to what the trouble was, the warden said, he had trouble while going to the bathroom. Chinnabbai was cute. I think he was around seven years old. He seemed like a happy person too.”*

*“Okay. So, what happened? Cut to the chase!”* I exclaimed. The suspense was killing me.

*“I asked him if he had recently started eating something new other than his normal hostel food which could be the source of food poisoning. But the warden said Chinnabbai didn’t have any money to buy outside food and said that Chinnabbai had come to the hostel roughly two years ago, he was supposedly picked up from the streets. I prescribed some antibiotics after he said Chinnabbai had loose stools a few days ago and told him to come back if the trouble was persistent.”*

“The warden thanked me and left with the boys, but at the door, Chinnabbai tugged on the warden’s hand and they turned back. The warden said he forgot and smiled at Chinnabbai. ‘He felt something when he washed his bum also madam,’

he said to me. I asked Chinnabbai to pull down his shorts and to show me what he had felt. But Chinnabbai's felt ashamed and was hesitant. He tightened his hold around his shorts. He looked like a kid from whom I was trying to snatch a candy. I thought he wasn't comfortable, as I was a woman and went to call my male colleague. After almost ten minutes of persuasion, Chinnabbai finally untied the thread holding his shorts and then you won't believe what we saw!"

"*What?*" I asked eagerly. I was now on the edge of my bed.

*"Anal warts,"* she said.

*"Okay so?"*

*"It's one of the most common STDs. Usually, it is observed among homosexual males, AIDS and with a few other conditions, but it is very uncommon across this age group!"* she said.

*"Which means Chinnabbai could have been sexually abused. Wait! It's the warden right! So clichéd! Did you report to the police?"*

*“Okay, seriously! Just wait for me to finish. No, it wasn’t the warden and no, I haven’t filed a police report yet. We spoke to Chinabbai privately and asked him if anyone was doing something to him. It was so awkward to even ask this small kid. I didn’t even know what to ask him. We asked him if anyone was misbehaving with him. At first, he declined, started shutting us out and looked down when we questioned him. Later, he started talking slowly. He said one of his seniors in the hostel did things to him at night, but he could not tell who it was, or he would get beaten up!”*

My face became pale. Only by listening to the story, my stomach churned. Poor Sruthi had to deal with the boy and poor Chinnabbai had to deal with a pedophile.

*“Did you inform the warden?”* I asked.

*“No, I couldn’t. What if the warden made a big scene back in the hostel and the older boy, who would or wouldn’t be punished, ultimately beat Chinnabbai! He told us his secret after a lot of coaxing. I didn’t want to break his trust,”* she said sadly.

*“I didn’t know what to do. I told the warden not to let Chinnabbai alone at night and that he should visit again.”*

*“So you let him go to that place to be abused again?”*

I asked angrily.

*“It’s not like he has parents who would take him away! He will have to go back to the streets if it wasn’t for this place! I couldn’t decide in the heat of the moment. So, I asked him to come back next month for a review. I figured it could buy me sometime so that I can talk to everyone and decide on what is to be done,”* she said.

Every day after, for almost two months, I asked Sruthi if Chinnabbai had come, but she always declined. Eventually, I stopped asking. We could only hope he would.

Chinnabbai never came back and we didn’t even know the name of his school. In fact, Chinnabbai wasn’t even his real name! It meant *“a small boy.”*

## Shushed Forever

In our state, there was a rule of compulsory rural posting after you graduated from medical school. It was the government's way of making us serve the country. But I never understood how it worked. Basically, it meant that a twenty-three-year-old graduate with just one year of experience would be responsible for a primary health center, which catered to a population of say about, twenty thousand people. Soon after my graduation, I had to work in a really remote town, while all my other engineer friends who cleared final exams, took air-conditioned metros and went to work in big fancy buildings. I took a ride in a red bus, packed beyond its full capacity. It travelled on a muddy road in the harshest summer heat.

Usually, I enjoyed long rides. I would just plug my earphones and look at the lush green foliage around. The first two hours of the ride passed through a thick forest, which I thoroughly enjoyed. It was beautiful. The breeze, the monkeys and the occasional spotting of deer, which I would believe, I saw. People later told me that the forest was inhabited by the naxals. Even the road wasn't a real one. It was just a make-shift, made by chopping down trees and wearing the soil down with a road roller. Enroute, I saw heaps and heaps of red mirchi, men and women working on the fields in the hot sun.

On the first day of my work, the bus stopped at a junction and I got off. I asked for directions and took an autorickshaw to the health center. The auto driver seemed really happy to give a ride to a doctor. At least someone was happy, I was there.

The center was small and old. There were lizards on the wall but otherwise it was neat. I went inside and met a couple of other doctors and staff members who worked there. After an hour, a senior doctor came and met us. He divided our duties in

such a way, that each of us had about forty-eight hours of work. We could lodge in the room upstairs, he said. My workdays were Fridays and Saturdays and I was really happy with the arrangement. He showed us around and made us meet a couple of people who worked there. There was a tiny room where we could take up minor surgeries, an outpatient block and a small ambulance, in case anyone had to be rushed to a referral hospital which was three hours away.

Life at the PHC was quite peaceful except that the place wasn't very well-connected, slow WiFi and not many food options. But there were basic amenities and that was fair enough for the job. I survived on cup noodles from the fear of food poisoning while in the evenings I would usually take a walk outside. I liked the rows of houses, occasional buffaloes and colourful sodas in the small shops. There was a woman in her forties who sold pakodas near the bus stop. Though I did not want to eat the pakodas, its aroma was tempting. She was always there with her little basket. Her ear lobes were so long one could fit a pakoda in them! They sagged



from the weight of her heavy silver earrings. My job was simple:

- 1) To use whatever medicines I had in stock, which weren't much.
- 2) To refer anything too complicated to a referral hospital, which couldn't be treated with the couple of drugs the centre had.
- 3) Lastly, if in dilemma, call a senior. He stayed about an hour away in a little town nearby.

Life was going on pretty smoothly. I was surprised by how much I could do with only a couple of drugs. Almost six months through my PHC posting, there was a knock on my door at 8 p.m. on a Saturday. There was a lot of commotion and the ayah who had knocked on my door, told me, that someone had been hit by a bus at the bus stop. When I rushed out with my stethoscope, I realized the victim was the woman who sold pakodas. It looked like she had a head injury. She was also bleeding from her leg which seemed to have caused a lot of blood loss. I was petrified. It looked like one of the cases, where blood was accumulating inside her brain and the only thing we could do, was to burr her skull and remove the blood.

But I had to send her off to a center where there would be a CT scan machine so we prepped the ambulance and got her in. I had to hold the oxygen mask and sit next to her with a couple of drugs, just in case her situation got worse on the way. So, I got into the ambulance, but the driver asked me to call my senior as the ride was dangerous for a girl at night. I tried to tell him that it was okay, but he wouldn't budge. He didn't want to take responsibility if anything "happened to me." So, I called my senior and informed him about the situation.

*"Keep oxygen and keep monitoring her. I will start right away! Give me half an hour. I will drive there as fast as I can,"* he said and cut the call.

I was furious. We had lost time already and he wanted me to wait. I told the driver to start and told him that nothing unsafe would happen. He shushed me by saying I didn't know this area. I tried calling my senior who shushed me by not answering. So, I did the only thing, I could do. I kept monitoring every two minutes which made no sense because I did nothing. It was probably the longest

half an hour of my life. When he finally came, speeding on his bike, I started to shout at him for not coming earlier.

*“Look, it’s not safe for you. These roads are really unsafe at night and there is a forest here. You should be happy I live nearby!”* He said and they rushed off in the ambulance.

I never went out after 9 p.m., except when I had to work on a night shift, during which usually my father or brother would pick and drop me. My mother always told me that she wanted me to become a doctor so that I wouldn’t have to depend on anyone for work. But here I was waiting for my *“senior in the shining armor.”* It wasn’t his fault really! He was just trying to be nice. But he didn’t realize, he being nice, made me feel like I was insignificant.

The woman died on the way, just an hour short before they reached the referral center. If only, I hadn’t allowed myself to be shushed then, I could have saved her from being shushed forever.

## The Rolling Pumpkin and The Goat

When people get trapped in situations that are unrelated to them, a saying in our community would often refer to such a situation with the story of a rolling pumpkin and the goat. While the goat was happily chewing away on grass, without a care in the world, the pumpkin falls on its head and kills it.

I worked as a postgraduate under my professor, Dr Sabita. She was really popular for her subject and for clinical skills, so people came from far and wide to get a consultation with her, which ultimately made me super busy. It was a 24/7 job, with the expectation of us being *Brahma*- the all-knowing.

We had insurance agents since I worked in a corporate set up. I was the prey at the bottom of the food chain, led by hospital administrators, head of the departments, office secretaries, assistant professors, insurance agents, senior residents and lastly, junior residents like me. The never ending flow of patients who paid good money for a consultation wanted the whole package. In addition to providing medical services, we needed to fill their insurance forms, make sure they actually got their insurance, along with consultations from other specialists, all in a very short span of time.

The process:

The OPD was on the ground floor of a different building and the insurance personnel occupied five offices. It took about fifteen minutes to walk to every office, which was again fifteen minutes away from one other. In addition to my work, we had to memorize the contact numbers, addresses and insurance schemes, along with their discounts, to guide the well-educated patients. It was ironic that they couldn't remember the details whilst being so educated. Out-patient services would

usually start at 8 a.m. but the patients would come after 10 a.m. We would send them for investigations around at 11 a.m., after which they would inform us that they did not have insurance.

The catch: Insurance office, closing timing: 2 p.m. Not a second after they would be available.

On one such really busy OPD day, I was going through a patient's file while she told me she had an insurance form to be signed. I filled it up absentmindedly as fast as I could and handed it over to her and then asked her to go to the concerned office. It was on that day that I saw "*Ramya*". She was a short chubby woman who had come to our hospital as it was the biggest in the area. She was expecting twins which meant double risk. She was to deliver in "*pedda asupatri*"- which meant a big hospital.

At 2:30 p.m., Dr Sabita, gave me a call and asked me to come to her chamber. Supposedly, the woman whose insurance forms I had filled earlier had come back. I had made an error due to which her insurance hadn't gone through. My professor was embarrassed for me and herself. She asked me

to apologize and told the well- educated patient that she was sorry for my carelessness and assured that I would be reprimanded for the error I had made. I didn't know what was wrong so, I asked her, *"Mam, what mistake have I done?"* This infuriated her. I didn't want to create a scene so, I apologised to the woman and left. In a corporate hospital, one learns it the hard way to not ask questions.

At lunch, I confided to my senior, Akhila and told her what had happened. Akhila contemplated, *"I don't think it was right, to throw you under the bus. As a professor, I would expect Dr Sabita to defend us for all the work we do for her, but her reputation was at stake and so I guess she became furious."*

We posted Ramya for *"trial of labor"* which meant, she would be allowed for a trial to deliver vaginally and in case of complications she would have to undergo an emergency C-section. As I was injecting a drug into Ramya's vagina to help her to go into labour, I realised she was apprehensive. She asked, *"Can I have a C-section, please? I'm scared."*

Most of the woman had pleaded the same before, so I reassured her by saying that the process

and pain was only for a little while and soon she would have two babies.

We waited until evening, but Ramya never responded to the drugs. Maybe it was nature's way of keeping her babies safe. Meanwhile Akhila, who was on call, doubted her skills in delivering twins. In the evening, when Dr Sabita came to check up on the progress, I told her about Ramya's request to have a C-section and the fact that Akhila was not confident about a normal deliver and also, that the first dose of drugs had not worked. She looked at me angrily, as though I doubted her "*decision making skills,*" and asked me to do as documented. And so I wrote, "*Informed Dr Sabita that patient opted for elective caesarean section. On call doctor was apprehensive, but Dr Sabita asked to follow orders as instructed to me by her.*"

We gave Ramya another dose of drugs to induce labor as instructed and waited. At around 6 p.m., she had started to get labour pains and we were coaching her through the process. Akhila promptly scrubbed in and was waiting to deliver the babies. She looked nervous. The first baby's head was



visible but Ramya was unable to push the baby out. We then did a forceps extraction of the baby.

Usually twins are to be delivered within a specific time interval, otherwise the birth canal would close and it would be difficult to get the other twin out. So, we started to look for the other baby whose head had now rotated upwards. This meant, it had to be delivered from its buttocks. It was not impossible, but difficult. Akhila asked us to call my professor and we did, but Dr Sabita lived far away and took time to drive down to the hospital. Ramya started to push again and the baby's legs popped out. The baby had delivered up to the neck but its head was stuck. So once again, we used our trusted forceps and tried to pull the head out, but it wouldn't budge. We tried to pull hard, while Ramya kept chanting some prayers.

More nurses joined us after hearing the commotion, as we shouted in synchrony "*Push... Push... Push...!*" Akhila frantically kept calling another senior professor for help, but she was inside an operating room with another emergency. We finally called Dr Sabita, who said she would reach

within five minutes and then we saw it. The body of the baby had become limp. The lifeless body of the baby was hanging between the legs of her mother and the mother still kept pushing, the memory of which is etched forever in my brain. Akhila held her hands down, her eyes were moist and pleaded, *“Someone do something, please! The head is stuck!”*

Just then, Dr Sabita came running through the door. She hadn't seen what I had seen, the limp body of the baby. They put Ramya on a trolley and wheeled her away to the operation theatre. They cut open Ramya's abdomen and removed the lifeless baby via the abdomen. I couldn't watch it anymore. While I was exiting, I saw Ramya's mother anxiously waiting outside, occasionally peeping through the glass window, trying to get a glimpse of what was happening. After an hour of struggle, the surgeons and Dr Sabita came out. She looked heartbroken. Ramya's dead baby was wrapped in a white cloth and the live one in a green cloth, to be given to her family. Her mother was crying and hurling abuses at Dr Sabita, demanding why the requested C-section was not done. She tried to pacify the family and left after a while.

Ramya could be compared to the goat in this instance whose head got injured by the rolling pumpkin, which represented the series of events around her. Dr Sabita lost her reputation. In addition to that, we had written about the series of events in a typical corporate style. It was her decision to continue with trial of labor. This would come to light during the investigation of the infant's death and her job would be at stake. Maybe that's why she was always angry. It wasn't anger, it was the tremendous pressure of the responsibility under which she had to take and live with such decisions.

