

ART IN MEDICINE

The Tap

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He slept all day," says his white-faced mother at the triage desk. "He had no fever until tonight." She explains, pleads, seems stricken with guilt. "He just had a little cold." The pitch of her voice rises, fear blooms within her pupils—black roses—because she sees us moving quickly now.

Outstretched arms reach preemptorily for the too-limp form in Winnie-the-Pooh pajamas that she clutches to her breast. For a moment, she resists, hesitates, as if we might be the enemy. Then she yields, gives him up.

Arms now empty, she turns and sags against the chest of the father. He wears his mechanic's uniform, though it is 3:00 AM. I get a flash impression of his trembling lips set in two days' growth of beard, before I turn away with their son.

We rush the boy to a stretcher, lay him supine. He is fair-haired, maybe 13 months old. The nurses and I strip him speedily. He fails to resist or cry, emits only a strangely pitched whimper. A terrible sign. Now our own voices rise, staccato and clipped, for this is the manner in which we contain our own burgeoning fear. "Ceftriaxone!" I squint, guessing his weight. "One gram, now!"

One woman kneels at his side, slap-patting at the skin of his arm, which she has encircled with a latex tourniquet. Not an attempt at arousal: she palpates the bend of the elbow, aims, inserts a needle sheathed in Teflon into his hot, infected bloodstream. We are in. A flash of red appears at the end of the catheter. She makes a small grunt of satisfaction, and the rest of us praise her skill. Now we gather the dripping blood in various vials, whisk it away, insert our tubes, begin the antibiotics.

A second nurse has already wrapped the other arm in a cuff, investigated the anus with a thermometer, counted the breaths, the heart rate, all without jostling her sister's questing needle. She snaps out her report: "80 over palp, temp 104 point 4, resps 32, pulse 130, regular." There is a tearing sound as she releases the Velcro of the blood pressure cuff, then thinks better of it, readjusts it, leaves it on. The bloodletter stares at a drop on a strip of sensitive paper. "Glucose 80."

These numbers are good enough for now. With the nurses performing their vital functions, I can turn my attention to the details of his body. With sorrow, I see that he is beautiful. In the folds of the groin, where the diaper had rubbed, there are a few pinpoint dots of purple, and my stomach lurches, although I suspected this. Petechiae. I imagine the extent of damage the bacterial toxin has wrought on the tiny vessels that have let this bit of blood escape. I regard with dismay this mute clue to the name of the monster.

The medical student, busily assessing the pupils, hears my sigh, and looks over. I point out the rash and she nods, tilts her head, and queries,

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"Meningococcus?" It is as if a gutter obscenity has been voiced in the room. The nurses look up sharply and all motion stops. Our team, all four, are mothers, and this particular microbe is swift, deadly, and it spreads. Is it leaping unseen to our hands, our throats? Each woman has been stricken with a vision of her own sleeping child suddenly present in exchange for this one in deadly danger on the stretcher. We cannot risk carrying this home. Silently, and in turn, each leaves her place to wash, glove, and mask, in preparation for the tap. Later, though the *Red Book of Infectious Disease* assures us it is unnecessary, we will each take rifampin for two days, and pee and cry orange for three. (Each of us *will* cry later, thinking of this night, and tell no one.)

The parents have huddled, mute, forgotten, and frozen on the periphery of these proceedings. Seeing our preparations, they make small motions and mutterings. I hear tears in their voices. We have achieved a moment of assessment and decision. The boy is stable for now, so I leave him in the care of the others and sit the parents down next to the stretcher. Names are exchanged, briefly. I urge the mother to feel free to touch and kiss her boy, as she now hangs back with fearful reluctance. Five minutes ago, she almost would not let me take him. We have transformed him, with our IV tubing, our cardiac electrodes, and nasal oxygen cannulae, into something she is afraid to touch.

I try to explain. I tell the story of the infection, how invisible creatures have attacked the coverings of the child's brain. I explain the purpose of the tap. A needle, so slender, so tiny, so insignificant in the face of what has already transpired, is inserted for a moment between the bones of the back, to confirm what we all fear, and guide our treatment. As I have seen a few times before, this terrifies them more than the sight of their bright boy comatose on a gurney. They stare at each other, aghast. They look at me with suspicion. I anticipate and explode ancient myths of paralysis and death with every ounce of confidence and persuasion I can bring to bear. I (perhaps cruelly) tell them the truth of their child's peril. "We must be sure what we are dealing with. We cannot afford to be wrong."

The man, not having felt this child slip through his body in its descent to Earth, defers to the woman, who has. He shrugs, looks at his mate.

"It's up to you." Now she is truly lost. And I understand, but regret, his abdication from the fray at this crucial moment. She glances at me and I shed the "doctor" look as best I can (easily!). I grasp her hands, let her feel how my own two sweat. "I have two daughters, five and seven. I would let them do this in a heartbeat. I swear I will not hurt your Angus." Later, I learn that Angus means "one choice," and despite her isolation and dismay, this mother makes it: "Do it."

The tap yields pure pus.

It is ten days later, and miraculously, Angus has survived. There were frightening days and nights. His platelets dipped low, and his kidneys teetered, and the dreaded *Neisseria meningitidis* grew exuberantly from the cultures of his spinal fluid, but with antibiotics, prayer, and good luck, he has recovered.

I knock at the open door of his room, a formality. He does not look up from the toy with which he plays, but his mother does, and smiles. I greet her: "Hey, Mrs McFadden, home tomorrow, huh?" She, now a veteran of the pediatric ward, rolls her eyes. "The IV infiltrated," she complains, but without rancor. "Yeah, I know. I can give him the last dose as a 'shot' and spare him another IV attempt. Want to do it like that?" She nods. Just then, a nursing tech in the hallway trips over a toy truck left by an 8-year-old asthmatic. Trays crash to the floor, and Mrs McFadden and I cringe, but Angus is undisturbed. He is stone deaf, sequelae of his infection, as we both already know. He will perhaps forget the sound of his mother's voice. He will never hear his playmates call out his name in schoolyard games, nor be soothed by the power of great music. Otherwise, he seems intact, although we cannot be sure for a while. At the moment, to his mother and myself, his deafness seems an acceptable price to pay. She and I make plans for Angus to come see me in the clinic after he is discharged. We are friends now, bonded by our fear and pain, and our concern for her boy. When her sister's children came down with ringworm, she recommended them to my clinic: the highest form of tribute.

On the way home, I stop at the bookstore. I buy *Sign Language Illustrated: The Complete Learner's Guide*. In the mirror at home, I practice. "Good boy." "Brave boy." "I am your doctor."