

ART IN MEDICINE

Home

Anthony F. Valdinì, MD, MS
Lawrence, Massachusetts

In 1901, the Presbyterian Church founded a mission in Ganado, Arizona, the largest Indian mission in America located "40 miles over the worst road in Arizona." In the ensuing years, the mission grew to include a church, a school, and in the 1920s, a hospital named Sage Memorial. When it first opened, Sage Memorial was the only hospital serving an area equivalent to West Virginia, and it remained so until the establishment of the Indian Health Service in 1957. It went on to become the first Native American-controlled hospital in the United States. Anthony F. Valdinì, MD, MS, formerly served as medical director of Sage Memorial Hospital on the Navajo Reservation.

From the Department of Family Medicine and Community Health, Tufts University School of Medicine, Boston, Massachusetts. Correspondence should be addressed to Anthony F. Valdinì, MD, MS, Lawrence Family Practice Residency, 34 Haverhill St, Lawrence, MA 01841.

"Do something, Doctor! Please!"

The infant's eyes were rolled back in her head, her arms fixed tight in an odd posture. She let out a cry and began to shake with snoring respirations. "Oh, please, please stop this. Do something to make it stop."

I scooped the 16-month-old out of her mother's arms to get a better look. The baby's skin was hot and dry. She sucked air erratically and her little body jerked and arched. Even though the seizure frightened her mother, there was nothing to do while she was pink and breathing.

I quickly peeked at my watch to time the episode—10:31 PM. I spoke calm, steady words of reassurance to the infant, but they were more for the mother, and probably me as well. As I laid the baby on her side, the mother asked, "Is this a seizure?"

"Yes."

"Is my baby going to be all right?"

"Yes. These things usually last only a minute or two and then stop." *I hope.*

"Why is this happening?"

"The baby's temperature is high. Sometimes fever alone is enough to irritate the brain and cause this. It's called a febrile seizure."

"Are you sure?"

No, I can think of a dozen worse reasons. "Yes, I think so. It seems to fit the picture of a febrile seizure. Two nights ago, we cared for a baby with the same thing." *Lord, please don't let this be meningitis. Please, not the result of a blow to the head. Please, no unpronounceable viruses or, worse, a tumor.*

"How long has Susie been sick?"

"She's had a cold, but was fine until six o'clock. Then, she wouldn't eat. She felt hot. Later, she seemed to be picking things out of the air. She was acting weird and then started to shake."

There had been little warning for the mother. Her child had a runny nose, then warm skin, and now *this*. "Did you take her temperature?"

"The thermometer broke."

"Did you give her any Tylenol?"

"We ran out three months ago."

Mom was scared, defensive, and suspicious. Questions like these, especially when the answers are negative, can sound judgmental, as if blaming her for the child's illness. Neither the guilt nor the hostility that would result from an "inquisition" would help us get information. We needed to be partners. If we knew all the details, maybe we could control the situation.

To get past the barriers of race, culture, and fear that separated me from this mother and child, I had to prove my abilities and good intentions. The only tools at hand were the medical history (with accusations removed) and the magic of medical interventions. We all needed a ritual with needles and monitors and the smell of alcohol.

A long string of drool came out of Susie's mouth. It dribbled onto the white exam table cover and made a saucer-sized puddle. There were bubbles in it and it seemed to have no end. Mom, Mary (the RN on duty), and I were hypnotized by this bodily secretion. Susie gave a sigh and stopped shaking. *Thank you, God.*

Mom was about 30 years old. She was exhausted and closer to panic than worry. She began saying the Lord's Prayer in Navajo. *Too late.* Susie started retching. She vomited pink liquid—*what could she possibly have eaten?*—with pieces of fruit cocktail in it. We held her on her side while Mary unraveled the suction apparatus. Vomit was everywhere—her hair, my trousers, the floor. The volume and pitch of Mom's "Our Father" increased until the eruption was over.

The entire episode took less than 2 minutes. When it was over, we had a limp, hot, stuporous little girl on our hands and no one to call for help. It was my shift, and the responsibility for this frightened mother and her possibly critically ill child was mine.

We moved the baby into the code room for easier access to resuscitation equipment. She lay there sleeping in the middle of the gurney with oxygen prongs in her nose and pink vomit in her hair. We cleaned her up and got a rectal temperature—103.8°. Mom began sponging the child off. After a few minutes, Susie started to stir. She called, "Mamma," and started to cry. *Crying is OK. If you're crying, you aren't seizing. If you're crying, you're breathing.* My own pulse started to come down.

"I want to get a couple of blood tests and watch the baby after we give her a Tylenol suppository." No answer. We called the lab and sat back to wait. Mary knew exactly what to do. She talked softly with the mother, and together they began to clean and stroke the child.

While we waited, I rehearsed explaining "the right thing to do" in this case. "Even though the seizure has stopped and the baby is asleep, we

need more information than the blood tests alone can give us."

"What do you mean?"

"I mean that the cause of a 'first' seizure in anyone is something hard to pin down."

"But you said—"

"Right, a febrile seizure, but occasionally—rarely—meningitis causes a seizure." Mother's worried face asked the questions.

"We need to do a lumbar puncture—a 'spinal tap'—to be sure that there's no infection around Susie's brain."

"Oh, OK."

"OK?"

"Yes. When she was two weeks old, she had pneumonia and the doctors at Fort Defiance did one."

Mary got the consent form and I explained the risks and benefits. Mom didn't listen. It was hard for her to find the place to sign through the tears in her eyes.

"Do I have to be here when you do it?"

"No, you don't." *A wave of relief.* I had done hundreds of spinal taps. They aren't difficult to perform and don't take long, but having a distraught parent at your elbow can make for some anxious moments.

Bill, the head EMT, held the baby. She was gradually waking up, which made the procedure more difficult. A needle in the back of a wriggling infant is a disturbing sight. Luckily, everything went smoothly and the fluid was as clear as spring water. We sent it off to the lab.

It was 11:15 PM the next time I saw a clock. As we awaited the test results, the mood in the code room was tranquil. We put out the lights except for an overhead spot pointed to the side of the gurney. Mother sat, barely moving, on a stainless steel stool at the head of the bed. Along with the sponge bath, acetaminophen was bringing Susie's fever down, and she was waking up. Mom started to talk to us and answer questions, but only after the crisis was over, blood had been drawn, and test results were pending. We asked about her other children.

"I only had one, and he died." Mary and I looked at each other.

"What happened?"

"He was born at this hospital—a breech. It was hard to get him out."

"Oh."

"This is why I'm so worried about Susie."

"Yes."

"My boy never came home."

"Um."

"He had a 'trach.' Trying to get him out, they dislocated his shoulder and pulled on his head. It was hard for him to breathe. He suffocated and had brain damage." While she talked, she stroked Susie's forehead and hair. There were new tears on the sheets. "He never came home. He left here and went to a hospital in Phoenix, then to the hospital at Fort Defiance. He died there when he was two and a half."

We didn't say anything. On the reservation,

silence is always preferable to empty words. We drifted in and out of the room waiting for the last lab tests to return. Bill got Mom a cup of coffee and half of a fruit pie.

By 1:00 AM, all the answers were in. We had found a "hot" right eardrum, all the labs were normal or negative, and Susie had cooled down and was sleeping peacefully. Mom had stopped crying. We talked about febrile seizures and how to use acetaminophen.

"Does Susie have to stay in the hospital?"

"No, she can go home with you." Mom noticed my voice cracked, but she was too polite to let on. Relieved and exhausted, we helped Mom gather up Susie and her things so they could go home.