

The Things I Carry
Third Place Prose Co-Winner 2002

A worn black leather bag sits on a shelf in the rear of my closet. It is a doctor's bag, and my grandfather carried it for nearly twenty years, caring for his patients in their homes. Its leather is dry and cracked and the key to its tarnished brass buckle was lost long ago. My father used to keep spare electronic odds and ends in it. If you ever needed a speaker wire or a camera battery, chances were you might find it in the bag.

When I was accepted to medical school my father cleaned the bag and gave it to me. I accepted the gift with gratitude, but in my mind I categorized it with the faded antique copy of Netter's anatomy on my bookshelf: both seemed relics of a time gone by, of interest to a historian but not very relevant to medicine today.

So that summer the bag took up residence in my closet, and it stayed there through all of medical school, while I memorized biochemical pathways and struggled to bring myself to violate the flesh of a cadaver with my first halting incision in Gross Anatomy lab. The bag never moved through my third year of studies as I woke at four to pre-round on surgical patients or as I experienced my first delivery on the obstetrics service.

One afternoon in my last year of residency I was busily looking over job opportunities (1:6 call, salary guaranteed for 24 months) when a local ENT paged me. He had just diagnosed a patient with advanced, inoperable squamous cell carcinoma of the larynx and she had no primary care practitioner. Would I see her in the hospital and assume responsibility for her?

Then he told me a little bit about the patient. She had schizophrenia with paranoid delusions that kept her from seeing a doctor about her multiple medical problems. She smoked three packs of cigarettes each day and had visited the emergency room five days earlier when the pain in her throat became unbearable. The ER physician sent her for laryngoscopy, but the police had to be called to cajole her into keeping her appointment because she so feared leaving her home. The more I heard, the more impossible my task seemed. How could I possibly help this woman?

I first met her that day in the hospital. She was still groggy from the anesthesia but seemed far different from her description. She spoke to me softly and helpfully discussed her condition with me. We agreed that she would come to my office in a week.

I asked one of my faculty mentors about her. I described her suspicion, her cancer, and her poverty. He looked at me quizzically when I told him she would be in to see me later. "Why don't you just plan to visit her at home?" he asked. My patient arrived later that day with her caseworker and I described that plan to them. "You mean you could just come to my house and see me for checkups?" she asked, incredulous. "Really?" She turned to her caseworker inquisitively, as though she thought we might be making a joke. Finally, she accepted my offer. "That would be wonderful," she sighed. That night I retrieved my grandfather's bag from the closet and filled it with things I might need for a house call.

I went to her home a week later. She lived in a small house behind the YMCA on the top floor. I ascended a staircase that managed the seeming impossibility of being simultaneously vertiginous and claustrophobic. Finally, I reached her door: 5B. I knocked.

She greeted me warmly and I followed her up another staircase, this one even narrower than the one in the hall. A snow globe sat proudly at the top of the stair on a low wooden box. Inside the glass was a miniature replica of the Statue of Liberty, and a small brass plaque on the base was inscribed with the words "New York City."

Grace led me to her kitchen table. First we talked about her pain, discussing analgesic options. Later she told me about her family, and about her new caseworker. She brought out her photo albums, telling me about her estranged family. Grace offered me coffee and then demonstrated how she could prepare food in her tiny kitchen without ever leaving her seat at the table. She smoked constantly while I was there. I noticed her hands trembling as she brought the cigarettes to her lips.

Over the next few weeks we became friends, and I learned about the rhythms of her life. I followed her to the drug store around the corner and watched as she bought an entire weeks' supply of groceries from the Revco's sole snack aisle. Each visit she told me even more about herself and she never tired of chiding me for not drinking her coffee. "It tastes too strong!" I always protested.

One night that spring I was finishing up with Grace when she put her cigarette down. She looked over the rims of her glasses at me and I saw her lip tremble. "I know that I will die soon," she said. "I'm really not afraid. It seems like the right thing for me now." She laughed softly. "Someday you'll understand."

Grace was right; she died in her sleep the next week. The Hospice worker called me to Grace's apartment that morning to certify her body. As I walked up the stairs to her tiny home for the last time I carried my grandfather's bag in my hand. Inside it, jumbled with the stethoscope and the reflex hammers, lay a connection to my past and a promise for my future. I sat down at Grace's table and drank a cup of coffee to her memory, black.

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