

of day when the men hurried to the mosques, and the women returned from the markets, and the children ran home to complete their schoolwork.

“We watched these strangers as they passed us by. ‘That one,’ we would say, ‘he has sold many items today. His business has done well.’ Or: ‘That one,’ we would say, ‘she is angry with her husband. She will not cook well tonight.’ It was a game that we enjoyed very much. And I ... I was very clever at this game. Once, I remarked about a young man: ‘That one, he has the voice of a songbird and the devotion of a mare.’ My friends were intrigued, so they followed this man through winding streets of the village. They found him at the top of a minaret: he was a *muezzin*, the one who calls the faithful to prayer!”

He paused, turning his gaze on me.

“I have been in this country since 1978. Many strangers have passed in and out of my small shop. When you entered, I said to myself, ‘That one: He is a doctor.’”

The man’s story was captivating. While he spoke, I found myself considering not what he had come to know about me, but rather what I understood about him. While he spoke, I found myself considering not what he had divined about me, but rather what I thought I knew about him. This was a man who had once known turbulence, tragedy and exile. Now, a certain serenity enveloped him, as if, among flowers, he felt vindicated for a lifetime of hardship. I sensed I knew these things with the same clarity he must have felt as a boy with his aching feet immersed in water.

We shook hands after he handed me the finished bouquet wrapped in a protective covering.

“You would make an excellent doctor,” I said.

He smiled, his eyes sparkling. “And you, an excellent florist.”

I left the shop, holding the flowers close to my chest. Outside, the sun was high and the streets were alive with morning bustle as people made their way to work for the day.

Stuart Lubarsky
PGY3, Neurology
McGill University
Montréal, PQ

Notes

Raising Lazarus

Grand rounds in medicine are, well, grand affairs. In my student days the senior don, a super-cat physician, would lead us, a motley flock of interns, final-year medicos and postgraduate students as he tapped a chest here and palpated a liver there. He was a genius, this man, and he knew it. He could verily see through the patient. We were in awe of him.

One morning, as we scurried behind him through the wards, we heard an unearthly groan rising from a corridor-side bed: laryngeal stridor producing a nerve-freezing wheeze and splutter. But this was more. The last throes of death. A desperate attempt to ward off the designs of Atropos. We novice interns, as yet unschooled in the proximity of death, went jittery. The professor moved on. It wasn’t his patient. But one of my fellow novitiates, a fresh house-surgeon, stood transfixed. Just beyond, a man lay flailing, fending off with weakened fists and weakening resolve the machinations of Yama.

“Can we do something, Sir?” my classmate gingerly queried the professor, who turned round to wonder why this joker, this dodo in a white coat, wasn’t moving with the herd.

“Do what, Doc? Just a few pages of *Davidson & Price* and already a cardiologist, eh? Do something, indeed,” the don snorted.

The rest of us shivered in our pants. The man’s temper was as famous as his wizardry in his subject. But the stubbornly stupid Subbu was unfazed. He blurted, “*Something, Sir, anything!* Intracardiac adrenaline?”

“Oho, adrenaline indeed! I wonder how could I have forgotten that, Doctor? Now, shall we try and resurrect this Lazarus!”

We all stood motionless. This dodo, why couldn’t he keep his mouth shut like the rest of us? We were all going to get it now, in style, and in ample measure, too. As we braced ourselves for Vesuvius to erupt, the senior don snatched a stethoscope from the nearest student and purposefully entered the ward, striding up to the dying (and, mercifully, now dead) patient. With a derisive earnestness he dabbed the bell of the stethoscope this way and that, unplugged the earpieces, and handed them to the insolent dodo, his right hand firmly affixed on bell, which he held exactly over the heart-sounds zone. The message was: Now take over, the patient is yours.

The imbecile, Subbu, was as dumb as they come. Instead of blurting out an apology and calling curtains, he, the numbskull, plugged the stethoscope into his ears and auscultated the dead man’s chest. The don’s fuse was sputtering with electricity and smoke. He had to explode soon.

Then, to our amazement, Subbu trotted to the medicine counter, filled up a syringe with adrenaline, ran back and drove the needle home, straight into the chest between and through the left parasternal intercostal space.

He had hardly finished when we heard in the deafening silence that now enveloped the ward a low growl and groan rising from the throat of the dead man. Lo, his chest began to heave. The dead man had returned to life.

Suavely, Subbu dabbed the stethoscope over the thoracic wall, this way and that, and in a final show of utter contempt pulled out the earpieces and handed them over to the grandmaster of cardiology, keeping his right palm firmly affixed on the bell, which he held over the heart sounds.

What the don heard through the stethoscope, I don’t know. But I suspect it was a voice that drubbed, over and over, “Physician, heal thyself.”

Arunachalam Kumar
Vice Dean (Academic)
K.S. Hegde Medical Academy
Mangalore, India

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