

A Hard Case

By Eileen Valinoti

In the 1960s, I had a full-time nursing job at St. Clare's, a small Catholic hospital run by Franciscan nuns on Manhattan's Lower West Side, known as Hell's Kitchen. I enjoyed the work, but the pay was meager. Worse, the elderly nun who did the payroll sometimes made mistakes with our paychecks, never in our favor. I had been invited to join my cousins on a trip to Europe, so I decided to moonlight on my weekends off for extra money. Even in those long ago days, \$2 an hour was barely enough to keep body and soul together, in my mother's cheerful phrase. I knew that city hospitals were hiring private duty nurses on weekends for their sickest patients, so I went to Metropolitan Hospital in East Harlem for an interview. I was hired on the spot and told to report on duty the following Saturday for the 3-11 shift.

"We're desperately short of nurses on the evening shift," the interviewing supervisor told me. "No one wants to work these hours because of the neighborhood." She added quickly, "But you'll be fine- just make sure you get off duty on time. A bus stops in front of the hospital and takes you right to the subway, but it stops running at midnight."

New York City in the 1960s was experiencing a rise in crime, especially in its inner cities. A heroin epidemic was decimating neighborhoods, muggings were commonplace, and the tabloids headlined lurid accounts of assaults and robberies. A friend of mine was taking a late afternoon stroll near Central Park when a policeman stopped her. "If you're going to walk here alone, ma'am, I'll have to walk with you," he said. Even in the most treasured parts of the city, danger lurked. I promised myself to leave promptly when my night shift ended and get safely on the bus. I would keep careful track of the time, making sure to check my watch, an old-fashioned model which I wore pinned to my collar like a nurse in a 1930s movie.

The following Saturday I punched in at Metropolitan's nursing office for the 3-11 shift. I was looking forward to seeing my friend Marie, a nurse who worked at the hospital. She was on duty this evening too, and we planned to meet for supper in the cafeteria. The evening supervisor, a Mrs. Dawson, was on the phone; I waited, anxious to get information on my patient. But as soon as she hung up, a distraught woman confronted her. Wiping away tears, she said, "I can't get a hold of his doctors; my husband is dying." If I waited longer, I would be late going on duty. So I checked the cluttered bulletin board for the assignment sheet. Next to my name I read "Joseph Taylor, Rm 518- admitted at 11 am." That was all.

I took the crowded elevator up to the sixth floor. Room 518 was at the end of a long hall. As I approached, I saw a crowd of medical students going in and out of the room. I had to nudge them aside to get to the patient's bedside.

Doctors were hovering over the patient, a sturdily built young black man who appeared semiconscious and was foaming at the mouth. He was arching his back and contorting his

limbs in bizarre movements I had never seen or imagined. I stood frozen, still holding my nurse's cap. There was something almost sinister about the patient's bizarre postures and his wild gyrations as if his body had been taken over by some diabolical force. I thought of Christ in the gospel story casting out demons as the crowd draws back in fear.

No one took any notice of me. The medical students, all young men, were talking excitedly to each other. I overheard one say, "He's a heroin addict with full blown tetanus." My throat went dry.

Tetanus is a disease of unearthly ferocity caused by bacillus *clostridium tetani*. The bacilli emit a toxin with a stunning affinity for the central nervous system. It is one of the most dangerous poisons known to humanity. There is no known cure. Tetanus is an infectious disease but not communicable person to person. Though rarely seen in the U.S. due to high immunization rates of the public with the tetanus vaccine, it does occasionally appear without warning, as it did in January 1942 when six people in New York City, all heroin addicts, died of the disease. In *A Pinch of Dust*, the journalist Berton Rouche, famous for his New Yorker stories on medical detection, writes vividly of that event, describing the dogged search by epidemiologists for a batch of contaminated heroin.

Now in the patient's room, I was filled with dread. I had no idea of how to care for a tetanus patient. I was tempted to call the evening supervisor to tell her I had suddenly taken ill and needed to go home (it was partly true- a feeling of nausea had come over me). But almost immediately I was overtaken by events with no time for fear. The patient had started to choke- I ran to suction out his mouth- he couldn't swallow because of the secretions blocking his airway. He was breathing rapidly- I raced out into the hall for an oxygen tank and placed the mask over his face. At once in his delirium, the patient tore it off. I was struggling to replace it when an intern appeared in the doorway carrying a small package. He was disheveled and out of breath but smiling in triumph. "I got it," he said. The resident had sent him on a citywide search for the tetanus antitoxin, unavailable at the hospital. At once he removed the vial and drew up the medicine into a syringe. It took two medical students and myself to restrain the flailing patient as he injected the drug.

One terrifying symptom followed another. I watched in horror as the patient's jaws contracted into *risus sardonius*, Latin for the eerie grin caused by the sustained spasms of the facial muscles. The infection was taking its inexorable course untamed by the arsenal of drugs being administered- penicillin, muscle relaxants, sedatives, morphine, and the tetanus antitoxin. The fever kept spiking despite the liters of I.V. fluid coursing through the patient's veins, the ice packs I put around his torso, the towels soaked in alcohol drenching the sheets. His pulse was so fast I couldn't count it as his blood pressure fell.

"Don't leave her alone. It's a hard case," the resident told the intern, giving me some courage. The intern was a helpful presence- a tall skinny fellow with a shock of black hair rising from his scalp like a shaggy pompadour. He was cool, unflappable, perfect for this dire event. Repeatedly, the patient pulled out his I.V. and he restarted it in the blink of an eye. The intern found a piece of plywood and I padded it with an ace bandage and heavy gauze. Together we

strapped the patient's arm to it with thick adhesive tape. Fearful that he would injure himself, I wrapped pillows around the metal siderails, as the thrashing movements and the spasms continued unabated. Time stopped. Once I glanced out the window, shocked that daylight had gone and the sky was pitch black.

The noise in the room was constant- the student's chatter, the sound of their beepers going off, the blare of the loud commands from the intercom. Adding to the din was the patient's harsh groans, his shout of entreaty- "Harry- Joe- Pete!"

"This guy has a stack of friends," said the intern, chuckling to himself.

It was long after midnight when I realized I was at the end point of exhaustion. I hadn't left the room since the early afternoon. My hands had begun to shake, my uniform was soaked with perspiration. I knew I couldn't go on. The medical students had all gone home to bed. Only the intern and I remained. No nurse had appeared to relieve me. The intern would have to stay on the rest of the night.

I still had to write my nurses' notes on the patient's chart. Somehow during the night I had managed to compile a scribbled record. I took the crumpled sheet of paper from my pocket and began to copy my jottings into the chart- the list of medications given, the patient's vital signs, his levels of consciousness, etc. I held my pen in a death-defying grip to help me focus as the words on the page began to blur together.

The room was in shambles. Empty bottles of I.V. fluid, needles, syringes were everywhere, wet sheets were piled in a corner. Incredibly an admonition from a nursing instructor came to mind: "Always leave the patient's room neat and tidy." I made a hasty effort to straighten out the mess.

The intern had collapsed into a chair, his long legs stretched out. I kept tripping over them as I went about my frenzied housekeeping. He was snoring softly. I had to wake him. It occurred to me that I didn't even know his name. I shook him, and he woke with a start. I grabbed my cap, still in its little plastic bag, and ran.

The buses had stopped running. Alone in the dark streets, I was filled with dread, only now it was for myself. Every shadow seemed menacing as I hurried past housing projects that even the police avoided. Why had I been so stupid, staying on so late? And for what? The patient would surely die. Everyone knew that. It was impossible to imagine someone surviving such a brutal assault. I would be another statistic like poor Joe Taylor, both of us victims of the heroin epidemic.

Then in the distance, I saw a taxicab. The light was off; the driver was going home. I ran out into the middle of the street, waving my cap. The driver stopped. "I couldn't leave you alone in this neighborhood, nurse," the cabbie said. He drove me all the way home to Queens. I have never forgotten that gentleman.

My mother was waiting up for me. "I was worried sick about you," she said. I felt a stab of guilt; my mother looked careworn and weary, sitting in her drab nightclothes, her hair sticking out from the curlers she put in every which way. Her legs were stretched out on the old ottoman; her battered feet on full display, so red and swollen I had to look away. She would have to get up early the next morning for her saleslady job. How she stood all day in her high heels, I couldn't imagine.

I tried to explain how sick my patient was, but she just shook her head. "Your life is more important than his," she said and in the same breath, "God forgive me."

"Don't do this to me again," she said in a warning tone as we went to bed. Thus ended my moonlighting career.

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Marie phoned me the next day. When I hadn't shown up in the cafeteria, she called the nursing office. "I heard about your patient," she said. "The word is he's alert and oriented." The news about a tetanus case was all over the hospital. I was too stunned to speak. "I'm stopping by to see him today," she said. Joseph Taylor, homeless heroin addict, had become a celebrity.

Later that day Marie called back. "Your patient remembered you," Marie said. "He mentioned your watch."

"What else did he say?" I asked.

"He said, 'Was she surprised that I'm alive?'"

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