

In Sickness and in Health

Category: Stories

written by Larry Zaroff | August 16, 2013

Larry Zaroff

Four months after having a knee replacement, I stumbled into the bathroom at three AM, not fully awake, hoping to urinate.

Losing my balance, I fell. The result was a compound fracture of my left leg—the one with the prosthetic knee.

Gazing at my shiny white kneecap, I lost all logic, all control. I simply cried.

At eighty, I was unprepared for this unexpected anatomy lesson: my twenty-nine years as a surgeon had simply not prepared me for viewing the inside of my own knee.

It felt like my life was over.

Fortunately my wife, Carolyn, a painter, four years younger than I, and without any orthopedic experience, took one look, said little, but acted.

She wrapped my naked bones in a clean towel and drove me to the emergency room. I had urgent surgery, with removal of the prosthesis, followed by a post-op period with no internal knee, organic or inorganic. Thus began my one-legged life, and what I now think of as Carolyn's pre-widowhood.

After my discharge, because of the contaminated wound, I began four weeks of at-home intravenous antibiotics, then two weeks' waiting to be certain there was no residual infection before I could be scheduled for further surgery to replace the knee prosthesis. Those weeks were overwhelming: I was relegated to the bunny ward—hopping along, my left leg affectionately enclosed in a big external brace.

I felt anything but affectionate about my circumstances; pity the kind physical therapists who had to work with me. My non-weight-bearing regimen left me confined to our third-floor bedroom. Because our house has enough steps to reach the Washington Monument, I could get upstairs or downstairs only by bumping my butt up or down one step at a time. Fatigued, bored, and depressed, on intravenous antibiotics, I yearned for a wheelchair.

Finally came the reoperation, with new parts. But the infection had destroyed the extensor tendons (which straighten the leg), so another external brace was required. It all seemed endless—an eternity that managed to mingle continual, nagging pain with stupefying boredom.

Throughout these afflictions, and despite our having home care, the burden of support descended on Carolyn.

An oil painter used to producing beautiful landscapes and flowers, she became a nurse-technician-psychiatrist, administering intravenous antibiotics, moving me from bed to wheelchair to couch, preparing and carrying food to the upper level many times a day, being available to hand me a toothbrush, a razor or ten different pills, helping me don clean underwear, emptying the urinal four times every day.

With never a complaint or a pessimistic word, she provided all the things I needed to remain attached to our species: newspapers, iPad, laptop, NPR, TV remote. She kept our brown standard poodle, Duncan, away from my incision. She gave up many of her activities to give me her time, that precious asset of the elderly. The rhythms of her life were disrupted.

At the same time that I fell ill, two close male friends, both married to younger women, also became seriously incapacitated—one with a stroke, another with a major intestinal ailment. These events allowed me to observe and consider our common predicament more closely.

My male friends and I are eighty and above, withered but still working. My friends' wives are in their sixties or early seventies: they are living active and independent lives, with strong interests outside of their marriages. These women, sturdy and still green though past the flowering stage, are loyal and loving, like Carolyn. And now all of these women are stuck with us and our inevitable diseases.

Illness is sticky, its tentacles reaching out to capture anyone who ventures close to the sick. With effort, time and distance, the glue can be dissolved: friends feel sad, but can leave; relatives and children can lead their own lives. But wives are bound—they are half of a clamshell that closes with serious illness. This shut-in state is what I call pre-widowhood. That I would cause my wife to suffer this felt intolerable to me.

At times I've wondered aloud to my wife, "Wouldn't you and I both be better off if I were gone?" Death imposes an ending, a limit to the suffering. Though her loss would be painful, a wife can grieve and then get on with her life. She has time for other possibilities.

"No, no and no," argues my wife of fifty-six years—not as long as a portion of your brain is intact. For her, the loneliness would feel worse than her current loss of freedom. And we're fortunate to have resources and help that enable her to continue some of her life outside the home. For many families, long-term support is impossibly expensive, not an option, so the wife's burden grows heavier, all-enveloping.

However unfair the burden has been on my wife, I have great cause to be thankful for her willingness to care for me. In the depths of my debility, when I felt trapped in despair and helplessness, it was largely her efforts that helped me to continue to hold on to life and hope.

My recovery, though progressing well below the speed limit, has allowed me to continue to teach and write, occupations that are compatible with sustained sitting. Limping along on two canes and hoping soon to graduate to one, I am

grateful.

About the author:

Following his residency and two years in the U.S. Army Surgical Research Unit, Larry Zaroff MD PhD has pursued five careers. He focused for twenty-nine years on cardiac surgery, including a stint as director of the cardiac surgical research laboratory at Harvard. There his work centered on the development of the demand pacemaker. He spent the next ten years concentrating on climbing and did a first ascent of Chulu West, a 22,000-foot peak on the Nepal-Tibet border. His third life has been at Stanford University, where he received a PhD in 2000 and where he teaches courses in medical humanities. His fourth career was as a writer for the *New York Times* science section. For five years he worked one day a week as a volunteer family doctor. He has received awards as the outstanding faculty advisor for the Human Biology program and in 2006 was honored as Stanford's Teacher of the Year.

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