

I screamed involuntarily. The pain was not as great as when the initial fracture occurred. The scream was much shorter, and unlike the first time, it did not seem to be coming from someone else. One of the two funeral home flunkies, otherwise known as ambulance attendants, had bumped my left foot against the window frame of the Pullman car into which I was being lifted. The old hearse, which served as an ambulance and desperately needed new springs, had brought me on an agonizing, bouncy ride from the small hospital in Queens to Penn Station in Manhattan, where the attendants were loading me directly onto the train.

It felt as if I were being placed alive into a coffin, but I was glad to finally be on my way to Boston, out of my father's control and into the care of physicians I could trust. I was not yet 21 years old, but I had almost completed my first semester of anatomy, physiology, bacteriology, and pharmacology at a prestigious medical school. I was looking forward to a relaxed holiday break in December when it snowed. I let myself be persuaded by Al, an upperclassman whom I barely knew, to ride along on a weekend trip to Stowe. The prospect of learning a new sport and enjoying the woods and cold mountain air was enticing. But for a mishap on an icy slope, I would have taken my final exams, and I'm sure I would have passed. I was recently reminded of this episode that took place seventy years ago in December 1954, when my mind was quick, my joints were supple, and my hormones were much too high. It would be a particularly cruel twist of fate, both literally and figuratively, in my coming of age.

It had snowed the day before, freshening the mountain with powdery flakes. Beginners were practicing snowplows on the gentle hill designed for them. Skis made swishing sounds as they sliced through the snow. It was an exhilarating day to be on the slope, breathing the chill forest air. The lengthening shadows, the imperceptible drop in temperature, and the weary muscles unused to the weight of skis and snow, all should warn one that enough is enough! But after all, there is just one day to use the rental skis. The arms tell the weary legs, "let's just go once or twice more, up and down, up and down." The legs are taken for granted like paid servants. "Get going thighs, flex the hips and knees, stiffen those ankles! You don't even know what real fatigue feels like!"

It was the late afternoon of my first time on skis, and the snow had melted then refrozen along the rope tow. My skis had regular bindings instead of safety bindings. I did not know what a safety binding was nor what it was supposed to do, i.e. release one's foot in an emergency; Al had not taken lessons, so I figured I could also get by without them. He took me right up to the intermediate slope on a chair lift and vanished down the trail, leaving me to get down as best I could. After snowplowing my way down, I was content to use the rope tow taking people up the beginner's slope. There was a fee for using the rope tow, which in addition to ski and boot rentals had depleted most of my available cash. Al of course had assured me that it would cost next to nothing. He clearly wanted someone along for the ride.

Still, I was having a great time. I was daydreaming about a young woman whom I had met at a dance and had dated a couple of times. Amy was spending the holidays with her family and was not available, but she had invited me to her prom in January. She was planning to buy a new dress for the occasion. I had accepted her invitation. It did not hurt that her family owned an island on Lake Temagami in Ontario, very near where I had spent the previous summer as a canoe counselor. The camp wanted me back, and I planned to do that again. I was not in love, but I was feeling invulnerable. Taking a few risks was the

order of the day.

I had a little practice at falling downhill while doing the snowplow but not at falling uphill! As such, I did not release the rope towing me up the hill when it would have been a good idea to lose my upward momentum. After I fell into a twisted pretzel and yelled for help, the guy running the rope tow switched it off and the ski patrol soon appeared to release my skis and twist my foot around to its previous location at the front of my leg. A spiral comminuted fracture had resulted from the tips of my skis crossing in the icy ruts as I fell going up the rope tow.

I was carried on a litter to the local doctor in Stowe. He looked at the x-rays and saw that there was a three-inch butterfly shaped fragment that had previously connected the top and bottom parts of my shinbone. He explained that it would require stabilization prior to being put into a cast to heal correctly. According to this orthopedic surgeon, who had seen many breaks such as this, he could do the necessary surgery and have me back in school in a week or so. However, since I was just 20, it would require my parents' consent. My father had always operated on the principle that he knew best, and that included within the realm of medicine as well as other areas of life. As an anesthetist, he was under the command of a surgeon but was reluctant to let any other doctor make a decision for him, especially when it came to him and his family. His mother had died after an accidental fall and his father did not survive stomach surgery. He was a classic control freak.

A few hours after the Stowe orthopedist called my parents, they appeared on the scene. I tried to persuade them that the best care in the world was available to me in Boston and that was where I wanted to go. Without so much as a by-your-leave, I was whisked to a hospital in Queens where my father worked and had already arranged for a friend to operate on me. I protested but was told that this man was an expert with years of experience. I wanted to believe that but also wanted to be back at school. I was fully occupied with blaming myself and regretting my stupidity for my predicament. I was too embarrassed by my lack of good judgment to get in touch with Amy. I hoped there would be some resolution before letting anyone know about my accident, her included.

Three weeks later, after a series of calamitous events made it impossible for me to complete the term, my anger at my father turned into despair. I was not speaking to him, so it was my mother who informed me of the decision to arrange for my return to Boston. I had finally sent Amy an apologetic letter to inform her that I was in a hospital recovering from a broken leg and would not be able to accompany her to her prom. I received no response from her.

Unlike most younger people today, I had many train rides as a child. Some were notably exciting, such as the Great Getaway from Austria on the Vienna – Trieste Express, or the three-day journey from Mombasa on the coast of Kenya to the railhead at Lake Victoria. Other trips, like the daily subway rides on the E or F train from Queens to lower Manhattan during my high school years became monotonous, if not suffocating. My life up to about age 24 could be sorted into segments connected by trips on land and by sea, like a centipede or worm that can be found in a bottle of tequila.

The ride from Penn Station to Boston was very different from the times before. I felt utter helplessness mixed with desperation and anticipation—of what, though? Images of what had taken place went through my mind: the gory sight of my swollen leg, a mottled reddish purple when the front of the cast was cut away a few days after the operation. Then the orthopedist was not the experienced 60ish gray-haired man who had seemed so friendly and reassuring before the surgery. Rather, it was a younger man who was covering for the older physician, whose week-long vacation began the day after my operation. I could see the disgust on this man's face and as he muttered contemptuous

words about the predicament my leg was in. "This has to be opened," he said, taking scissors and cutting the sutures that were already stretched tight against the skin. The incision measured about six inches on the front of the leg, stretching down to nearly the ankle, and it gaped as he cut the sutures.

Strangely, there had been little pain these last few days aside from a nerve-wracking jolt of electricity that descended into my foot and toes at regular 45 second intervals. I did not yet know the physiology to understand that this was my common peroneal nerve sending a cry for help before dying from the pressure and a lack of oxygen in the surrounding tissues. Or it was just wailing about my larger predicament: The loss of my mobility. My enjoyment of dancing, walking, running, and the outdoors. My short-lived mastery of my medical school environment, from which I was forced to take leave. My unavailability at the promised evening with Amy, from whom I still had not heard. Oddly, I do not remember crying about it. Was there a dam preventing any leakage of tears, for fear that the dam would burst, a flood would ensue, and there would be no stopping it? This same dam must have kept me from calling or writing to people, including the medical school administration, classmates, friends, and relatives. I felt as numb and detached as my left leg was from the rest of my body after losing its innervation.

The train ride was interminable as we slowly came into South Station and I waited for another set of ambulance attendants to lift me out of the train carriage. But I was in Back Bay, back in Boston where I belonged, and I was ready to start on the long road to my recovery: orthopedic treatment, plastic repairs, and beginning my first year of medical school once more, this time as a patient.

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## SPENCER

Roger Spencer is a professor of psychiatry at UNC. He completed his psychiatric residency at UNC after a B.S. in Biology/Psychology at Yale and MD from Harvard Medical School. He has published articles on Consult/Liaison in Archives of Psychiatry and other journals.

Dr. Spencer completed psychoanalytic training and took Creative Writing classes at UNC. Six short stories have appeared in previous volumes of *Iris*. His two plays have been performed at psychiatric conventions, including “A Letter Bit of Therapy” in Boston and Chicago. He no longer sees patients but continues to teach residents in their psychotherapy training at UNC.

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