Encounters of a Different Kind

Farhat Moazam

It has been a little over three months since I returned. My day begins with an altercation with a new security guard who stops me as I drive up to the gate of the brand-new university hospital. He tells me that I am to use the other entrance, as only the chairman's car is allowed through this gate. I inform him that I am the chairman (the politically correct word *chairperson* has not crossed the Atlantic yet). He peers at me suspiciously. The chairman sahib is a man not a woman, he says. I put on a stern face and tell him that I am the chairman and he will get into trouble for not letting me through. He looks uncertain but eventually lets me drive in through the gate. I pick up my white coat and stethoscope from my office to head to the clinic. The morning sun is blazing across my desk through expansive, floor to ceiling glass windows. I will return from the clinic to my familiar routine of inching my chair across the office, trying to stay ahead of the sun which will pursue me across the room during the day. My repeated requests for window blinds have been turned down, as these would destroy, I am told, the ambience of the building's magnificent façade. I was informed about three saplings that have been strategically planted outside my window and that these will grow into towering trees to provide me shade. Soon, *inshallah* (God

Centre of Biomedical Ethics and Culture (CBEC), Sindh Institute of Urology an Transplantation (SIUT), 7th floor, Transplant Tower, Yaqub Khan Road, Karachi, Sindh 74200, Pakistan.
Email: famoz@mindspring.com.

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willing), said the architect. I have also been advised that teak wood trash bins designed to match the decor of faculty offices will be delivered soon, *inshallah*.

By the time I walk into the spacious clinic, it is noisily awash with children of all ages accompanied by harried parents and assorted family members. A couple of nurses struggle to restore a semblance of order, herding families towards the registration desk and asking them to queue. The four-year-old boy I had seen last week is back, this time accompanied by an elderly man in addition to his mother and aunt. My examination had revealed that the child's right testicle had failed to descend into the scrotum, and that surgery would be required to coax the wayward organ down to where it is meant to reside. My rusty Urdu is rapidly on the road to recovery, but I had struggled to find the right word for *testicle*. My surgical resident had come to my rescue in the symbiotic relationship that develops between consultants and residents. (It is called a *goli*, he whispered to me. But that's the word for a marble or a bullet, I had objected. Yes, yes Madam, but the testicle is also a *goli*, he assured me.) Upon being informed that her son required surgery, a routine operation, to fix the errant organ, the mother had blanched. A surgeon's "routine" is anything but that to patients. She said that surgery is a big decision, and she would have to discuss this with the men in the family first.

The gentleman who accompanies her today is the child's Nana (maternal grandfather). He is a distinguished looking man in his late 60s with a trimmed grizzled beard. Clad in crisp white *shalwar qameez,* he speaks in flawless, cultured Urdu and, I soon realize, favors leisurely conversations. The mother and aunt stand by quietly as he and I discuss his grandson's problem. I explain that such surgery should ideally be undertaken within the first year of life, and so they should not delay it any longer. If the testicle is normal we will lengthen its cord and fix it in the normal position, but if it is atrophied we may have to remove it. I reassure Nana that even if we have to do the latter his grandson will have no problems in the future because his left testicle appears normal. Nana looks at me sceptically and tells me of his vast library, which includes scholarly, historical manuscripts in Urdu and Arabic. I inherited many books from my grandfather who collected these over the years and some of these deal with science. Doctor sahib, if you remove his right *goli* my grandson will not be able to have sons, only daughters. It is the right *goli* which produces boys and the left one which makes girls, he explains. I smile and say that there is no evidence of this according to the science I have been taught. Yes, he responds with a smile, but there is much wisdom in old books which you modern doctors no longer read. He offers to bring some of his books for me to read, then looks at me doubtfully. But they are written in Urdu and Arabic, he says.

Nana can see that I am unconvinced. He lowers his voice and says conspiratorially that he knows this is correct based on his personal experience. I inquire whether he has undergone surgery similar to the one I am suggesting for his grandson. He recoils in horror. *Naheen, naheen,* doctor sahib, God forbid, I have

not had any surgery. You see I had eight sons one after the other but I always wanted to have a daughter. Then I read this book in my library by a great doctor and knew what I had to do. He turns away from his daughter and drops his voice further. You are a doctor and there are no secrets from doctors, so I will tell you. When the right time came, you know what I mean by that, I tied a *lungi* (kind of male sarong) on my right side down there, *kass kay, bohat kass kay* (tight, very tight), and we had a beautiful daughter after that. I am speechless for a moment with visions of a young Nana in a *kassi lungi* flashing through my mind. I suggest that he bring the book with him when he next comes to the clinic and reemphasize that he not delay his grandson's surgery.

Bemused, I walk into the next cubicle to examine an infant I had operated on a few weeks earlier. She was seriously ill and required removal of the segment of her intestine that had perforated due to infection. She looks well today, has gained weight, and is gurgling and flailing her limbs around in her mother's lap as the father looks on fondly. I am struck again at the resilience of children in recovering from major surgery such as the one she had undergone, which would have laid low an adult for weeks, groaning and moaning in misery. But, I remind myself, children also deteriorate more rapidly should anything go wrong. I inquire whether the child is eating normally, and the mother responds in the way most mothers do in Pakistan. Oh no doctor sahib, she eats nothing, nothing at all. I have to force everything down her—the milk, the mashed *khichri*, cereal, everything you told us to feed her. My mother-in-law is very upset with me because her granddaughter is so thin. Realizing the folly of my earlier question, I try to reassure the mother. Your daughter is gaining weight exactly as she should, I say. Tell her grandmother that doctor sahib says that fat children are not healthy children. The authoritative statement of a physician may help ward off her mother-in-law's criticism, I think to myself.

The child's examination is normal, and a bonus is a diaper full of brown, smelly stools, proof that our laborious handiwork on her intestines has been successful. Seeing patients resume normal passage of bodily excretions and secretions following surgery is a scatological pleasure surgeons indulge in that few outside this field can appreciate. The father informs me that his daughter is doing well except that, doctor sahib, now her problem is that *firing bohat kartee hay* (she does a lot of firing) he says. I am taken aback. My resident, busy in another room, is not around to help me out this time. Your daughter does firing? Sorry, I do not understand what you mean, I say. Yes, yes doctor sahib, every time she has a motion, lots of loud firing, he repeats. Oh, you mean she passes gas with her bowel movements, I say with relief. That is what I said, says the father. I reassure him that this means that her intestines are working normally again, and that he should not worry. If your daughter stops firing, bring her back to me and I will make sure that she resumes firing again, I tell him.

I get a whiff of expensive perfume as I enter the adjoining cubicle to see a little boy shod in brand-name sneakers. He is not as cooperative as the previous two children and fights me all the way through my examination, kicking and screaming despite threats and bribes offered by visibly embarrassed parents. Behave yourself, be a good boy in front of your doctor aunty, the mother pleads. What will the nice doctor aunty think about how we are raising you if you act like this in front of her? They are trying to shame a son who clearly does not care what doctor aunty thinks. I am learning that patient-family-physician encounters in Pakistan don a garb of familial interactions through the use of relational terms of address. This is perhaps not surprising in a traditional society in which the family is central in life, relationships between family members are considered the most trustworthy, and wisdom is perceived as an attribute of age. I am getting accustomed to being transmogrified into an aunt to children and *maa* or older sister to their parents and septuagenarian grandparents who ask me to tell them what they should do. My residents, shaped by the same culture, call patients *beta* or *beti* (son and daughter) and address parents, depending on the age, as *behan* and *bhai* (brother and sister) or *maa ji* and *baba ji*. This is a practice I have resisted so far.

Parental admonishment of the son has no discernible effect on the son's behavior, but fortunately I find nothing majorly wrong with him physically. Your son has a hernia which is producing the swelling in his groin, I inform the parents. He was probably born with it but it has now become larger. I explain that he needs an operation to prevent his intestine getting stuck in the hernia. If that happens, it will require emergency surgery which carries more risks. The father asks me if I have done such operations before. Only a few thousand times, I respond testily. Has anyone on your side of the family been diagnosed with a hernia, I inquire from the father. He says no, that all his family members have been very healthy. When I turn to the mother with the same question, the father wishes to know why I am asking her this question. Children get their blood from the father's side of the family, he tells me. I ask whether this explains his son's short temper and see the mother smile. I then assume my serious doctor mien and explain the equal genetic contribution of parents to offspring. Once the date for the hernia repair is agreed on, I emphasize that the child must be brought in with an empty stomach to avoid vomiting while being given anesthesia. When his wife and son leave the room, the father stays back to request that I ensure his wife follows my instructions. You know how difficult it is for women to understand such things, he comments.

As I move between cubicles, families congregate in the waiting area, and I overhear segments of stories being exchanged between families about illnesses and surgical procedures, done or to be done, on their children. A mother narrates to another how the doctors did everything for her neighbor's child but he turned blue and died anyway. Even the medicine from the Hakim sahib did not help, she says. Faces register sympathy, tongues click in consternation. It seems that the

clinic functions as a communal support group for many, an alternate reality to the notions of privacy and confidentiality we drill into medical students during lectures. When I slip an X-ray into the viewing box to help parents understand why their little girl is unable to stool normally, another family walks over and joins us. It is Allah's will, they say. My cousin's son had exactly the same problem, but he is doing well after doctor sahib operated on him. Very big operation, they say seriously, but Allah has granted *shifa* (healing) in her hands. As an afterthought, somebody adds the doctor sahib has trained in Amreeka. As nobody seems to mind, I give up asking the intruding family to return to their cubicle. The day becomes a blur as I move with my residents from one patient to the next, well into the afternoon.

I return to my office thinking of Nana's account; something about it keeps tugging at my memory. My residents had exchanged derogatory, amused comments about Nana's story. Our public is very ignorant, they say. Books full of unscientific medical rubbish from who knows where is sold in the city bazaars which they like to read, they tell me. That evening while unpacking cartons of books I had shipped prior to my return, I come across one tracing the historical evolution of human understanding about embryology and reproduction. And then it all comes back to me. Texts by Hippocrates (d. 375 BCE), the Greek physician revered in Muslim history as the father of medicine, record his views that the right testicle produces boys and the left girls, and that tying up the appropriate testicle during sexual intercourse leads to begetting a child with the sex you desire. This belief apparently survived into the 19th century within English texts related to the human body. From the 9th century onward, while Europe descended into darkness, Arab physicians and scholars translated Hippocratic and other seminal treatises into Arabic, augmenting them with their own knowledge. In later years these books were to become key transmitters of medical knowledge to the West. I wonder whether Nana's library includes some of the original, extant manuscripts, perhaps those by the brilliant polyglot and Muslim physician ibn Zakaria al-Razi (d. 925 CE) familiar with works by Greek, Arabic, and Indian writers. I think of Nana, who knows more about the history of medicine than I was ever taught, and I hope that he will keep his promise and bring a book or two from his library to my next clinic.