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The Time of Spring

by Paolo Paciucci

The attack was over in seconds. The young man in the bed lay drenched in sweat, inert, motionless, like a breathing dead person. The nurse I had called with the buzzer tied to the bed rail came in too late to witness the seizure. The soaked linens had to be changed with fresh sheets. Other nurses came to help. After a while, the young man opened his eyes and quietly looked around, disoriented by the return to consciousness after being adrift in the mysterious world of the mind. His mouth still awash with foam, he attempted to say something but couldn't.

The episode had happened during my morning rounds. I was intrigued by this young patient, perhaps nineteen or younger, who had been transferred to our unit from an affiliated hospital in Queens. His only visitor had been a well-dressed, collected, and unquestioning older woman, probably his grandmother. But she might not have been even a relation: she always quietly left the room whenever I came in as though not to interfere with the confidentiality between doctor and patient. I had never noticed people of his age visiting this young man, whose name I have long since forgotten. Other than for wisps of blond ringlets around the ears, he had already lost his hair after an unsuccessful attempt at chemotherapy at the other hospital. He never complained; whenever he answered my questions, he whispered. He never inquired about his prognostic outlook, as though he were not concerned about improving his conditions or remaining alive.

At the time of transfer, the most critical issue I had to confront was his bone marrow suppression, with blood counts persistently low after a period when most patients would have recovered theirs. He had already experienced an episode of sepsis with gram-negative organisms and was on a cocktail of antibiotics. Despite repeated blood transfusions, his complexion remained waxen, lunar.

His diagnosis was Burkitt's lymphoma, a rare form of cancer first described in Ugandan children by Burkitt in 1959, a disease that tended to grow explosively, almost overnight in extra-lymphatic organs, especially the jaw, causing massive deformations, and just as rapidly regressed after a single treatment with cyclophosphamide, a drug derived from mustard gas. According to the accompanying report, his axillary and paracervical lymph nodes had increased in size despite aggressive chemotherapy. I had never found lymph nodes as hard as his other than in some patients with Hodgkin's disease.

During my training or in the early years of my practice, I had never seen a case of Burkitt, a type of cancer extremely rare in the Western World, but I remembered from medical school how pathologists described a cell pattern of a "starry sky" at the microscope, each star a Burkitt cell. It brought to my mind the night sky Van Gogh painted at St. Remy de Provence, where the darkness of his countryside asylum revealed to him the ineffable motions of celestial bodies. I used to spend my lunch breaks at the Metropolitan Museum, a few blocks from the hospital. I was particularly riveted by "Starry Night," which soon became like an old friend one visits habitually.

Despite his dismal presentation, I could tell this boy was of unusual beauty; the delicate features of his face and his not yet manly forms were possibly the same as those of the Greek ephebes who inspired the many effigies of the favorite of the gods, Ganymede, who on account of his beauty, was carried away from the world of the living by Zeus disguised as an eagle.

The association of these ideas, starry nights and the love of gods for ephebes, led me to ask myself a different set of questions. Those were the early years of the AIDS epidemic, and a quick trip to the library confirmed my suspicions. Besides the then prevailing Kaposi sarcoma and fungal and viral infections caused by commensal organisms usually not pathogenic for humans, a few isolated case reports showed Burkitt lymphomas in populations at risk for AIDS. Unlike the African variety described by Burkitt, the condition did not present with massive jawbone lesions, but the "starry sky" pattern at pathology was identical. The disease was reported to be resistant to any form of treatment.

Those were also the days when a reliable HIV test was not clinically available for diagnosis. Testing was only used to screen blood donations. The delay in mass-scale testing for diagnostic purposes resulted from prolonged, shameful recriminations between American and French scientists who were jockeying for recognition as discoverers of the virus causing AIDS. All the other parameters we were using to assess the immune function of patients at the time, the quantitation of two subsets of lymphocytes, CD8 and CD4 cells, were useless because my patient's blood counts were still dangerously depressed after his initial chemotherapy. The only way to assess if the young man possibly had AIDS was to ask him if he had sex with men, which I couldn't bring myself to do. His lack of visitors of age close to his suggested he was isolated and intensely closeted: I decided I would have to think of a way to pose the question in terms which would not make either of us uncomfortable. I sensed I had little time. After his first attack, he began to drift between semi-consciousness and stupor. Was the clear blue of his eyes, his quietness, or the loneliness I had seen surrounding him the reason I held back my question? I believe it was the fear I might cause the resurfacing of deeply repressed shame.

Later in the day, his nurse came to me with other concerns; the patient had not touched any food in the three days he had spent in the unit. I stopped by again and, noticing he was more alert, asked him if there was anything he might like to eat.

"A triple-decker," he managed to answer. When I returned with one from the corner Greek greasy spoon, his eyes widened, and, like an eager child, he extended both hands. He was beaming. After he began taking small but voracious bites, I left him to answer a call in a different room.

I came by again later. As soon as our eyes met, he began to weep. In silence, without sobs. He reached to touch my hand. His fingers were like those of a child. "Thank you very much for the sandwich," he said, tears rolling down his face.

This is what I wanted to tell him but did not: leave, leave the false safety of this room, run to Central Park below, inhale deep the fresh air, disavow the ghosts in your closet, turn your back on the murderers of your soul, shed your shame, let go the old dead leaves, clear the way for Spring.

The infectious disease consultant I had called to adjust his antibiotic regimen suggested we should do a diagnostic lumbar puncture since all the blood cultures had been non-diagnostic. And so I did; I explained the procedure as clearly as possible and reassured him I would numb his spine so he would only likely experience the quick prick of the local anesthetic. But please, I begged him, don't move during the procedure. All went well, and as I left the room he thanked me.

The day after, before the microbiology lab sent us a report, my beeper went off. I called the unit, and the nurse who answered said my patient had developed a serious breathing problem; she had called the intensive care team, and now they were working on him.

I ran to his room: his pale complexion had turned bluish. Gasping and breathless, hooked up to EKG electrodes, he was resisting intubation. His modesty had been violated, and he was lying in bed completely naked, surrounded by the overzealous residents from the ICU. As soon as he noticed me, he tried to sit up and managed to ask me if these maneuvers would save his life.

"They will prolong it until we know what is making you so ill," I said.

He locked his eyes with mine with a presence and firmness of mind I had not yet discovered he possessed.

"Do you mind if I don't do this? No need to prolong this kind of life, is there?"

I struggled to find words to alleviate his justified despair. Before I contrived a suitable answer, he added:

"No more days like this, no more. Spring is coming, and what better time than this to move on?"

When I encountered this young man, I was a young man myself, prone to hide my misgivings, vulnerabilities, and self-doubts behind a facade of bluster. I call them my piss and vinegar days, those days. The continuous confrontation with the dying of others had already taught me how greedily the gods love the young, and we physicians, overcome by lack of knowledge, comfort ourselves by attempting to unearth Nature's never-ending secrets.

Those days I was too young to know how nothing really dies, preoccupied as I was to avoid the inevitable. I had not grasped how the dead soon manifest again in all that thrives in the loam and the splendor of new leaves and blossoms. Reminiscing about this young man, only now, as my life is entering its wintry season, have I become less fearful of the unimaginable.

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