

Sad end to the incredible life of a charming haemophiliac

An irony of a life-time's surgical practice must be the prospect of sharing all the vicissitudes of a patient's life, especially when that life is tragically and cruelly cut short. Like the claim which the health services of advanced welfare states make, the surgeon can then rightly say that his surgical relationship with a certain patient has extended from the womb to the tomb — from the cradle to the grave. One such patient of mine was Njuguna, for my first encounter with him occurred when he had barely graduated out of his cradle. And it started on the wrong foot — on my part of course.

I first met Njuguna's father Kimani, at a social function and it was his swanky mode of dressing which caught my eye. As a surgeon, in time one instinctively develops the habit of measuring a person from head to foot and usually this mode of assessment extends beyond surgical observations.

First I noticed the hat wickedly placed at a rakish angle on his head. Then the white detached collar with the gold stud visible under a tight small knot of his tie. His shirt was striped and in the pocket of his waistcoat was the traditional gold chain watch. Commensurate with the fashion of the day, the jacket was a bit long and the starch-creased trousers had high turn-ups. The brown brogue shoes were shiny bright.

In fact when President Banda of Malawi came in the public gaze a few years later, I reckoned that his sartorial role model must have been Njuguna's father, Kimani.

On being told that I was a surgeon, Kimani decided to broach the matter of Njuguna's circumcision with me. He was obviously an enlightened man for the times he lived in, because he commented on the fusion between the traditional and the modern, "I intend to have Njuguna circumcised in a modern hospital, but carry out all the tribal rites and festivities back in my rural home. That way we can have the best of both worlds."

"Sure," I said "we must beware of throwing the baby out with the bath water. We have a rich culture and some lovely traditions and there is no need to discard them all in a rush to move with the times."

And so Njuguna's circumcision was done at two levels — the surgical part was conducted in a hospital in

Nairobi and the traditional feasting was scheduled at home. And it was the surgical end in which I was mainly involved, that came to a sticky end. At the end of a simple straightforward operation, I put the usual dressing on and went into the surgeon's changing room to write the operation notes and enjoy a brief respite before the next operation.

As per the normal routine of an operation list, Njuguna would be wheeled out and the next patient would be wheeled in. Not so here. Five minutes later, the theatre-sister knocked at my door. "Njuguna's dressing is already soaked with blood," she said from the outside, not wanting to risk coming into the surgeon's changing room. She was not sure in what state of "undressing" she would find me!

"Okay," I replied from inside, "I am coming."

When I went back, there was no doubt the dressing was unusually wet.

"It's all right. He is still under anaesthesia, so you can check up without hurting," my anaesthetist gave me that all-clear signal, seeing my inquiring eyes peering above my mask. I removed the dressing — there was no spurting bleeder that needed clipping, but there was a disconcerting steady trickle. As my mind contemplated on the possible causes with some concern, I put a fresh dressing on and applied gentle manual pressure, a well recognised manoeuvre to stop blood oozing, it was of no avail.

Like an old fashioned blotting paper overwhelmed by a full ink pot spilling over it, the dressing was soon red, bloated and dripping. I now realised that we had inadvertently hit on a rare complication. Njuguna was suffering from an unusual blood disorder known as haemophilia.

We did urgent blood tests, on the basis of which we gave him some fresh blood and specific coagulative factors to promote blood clotting and averted the crisis. After it was all over, I explained the matter to Kimani. "If you sustained a cut on your finger, in about three or four minutes the bleeding stops by itself," I said as I saw Kimani listening very intently. This is because our blood has an inherent ability to clot and stop us bleeding to death.

In the case of haemophiliacs, this ability is lost and so with every episode that involves bleeding, there is the danger that the bleeding might never stop," I went on. "And this applies to all injuries — even minor cuts sustained while shaving and indeed operative procedure. The same will happen to the joints when they are knocked in sporting activities."

"How did my son get this disease?" Kimani asked the most natural question.

"That's a difficult question to answer," I replied. "It is a familial disease which means it runs in families."

It is caused by a genetic defect and strangely enough, only boys suffer from the actual disease while women carry the defective genes and pass it on."

I was not sure if this technical information howev

SURGEON'S DIARY WITH YUSUF DAWOOD

ever simplified, was getting through but Kimani was pragmatic enough to ask the most practical question. "So what's the treatment?"

"Unfortunately there is no curative treatment," I replied. "There will have to be a restriction of all activities which can cause injuries. Any surgical procedure will have to be associated with special precautions, with a supply of fresh blood and special factors kept ready to promote clotting. Minor cumulative silent bleeding episodes within his body will need regular blood transfusions to replace lost blood. Finally he will have to carry a card in his pocket to announce that he is a haemophiliac, so that in the event of his being taken ill or being involved in an accident in a strange place and unable to communicate, the medical personnel will be put on alert on seeing the card."

Kimani was devastated but in time, he came to bear the calamity with fortitude.

Over the years, Kimani and I saw Njuguna grow into a fine young man — charming, handsome and dashing. At school, he joined in all the games. There was no way we could completely prevent him from sports and pranks which come naturally to boys of his age. As a result he sometimes bled in his joints and in other places.

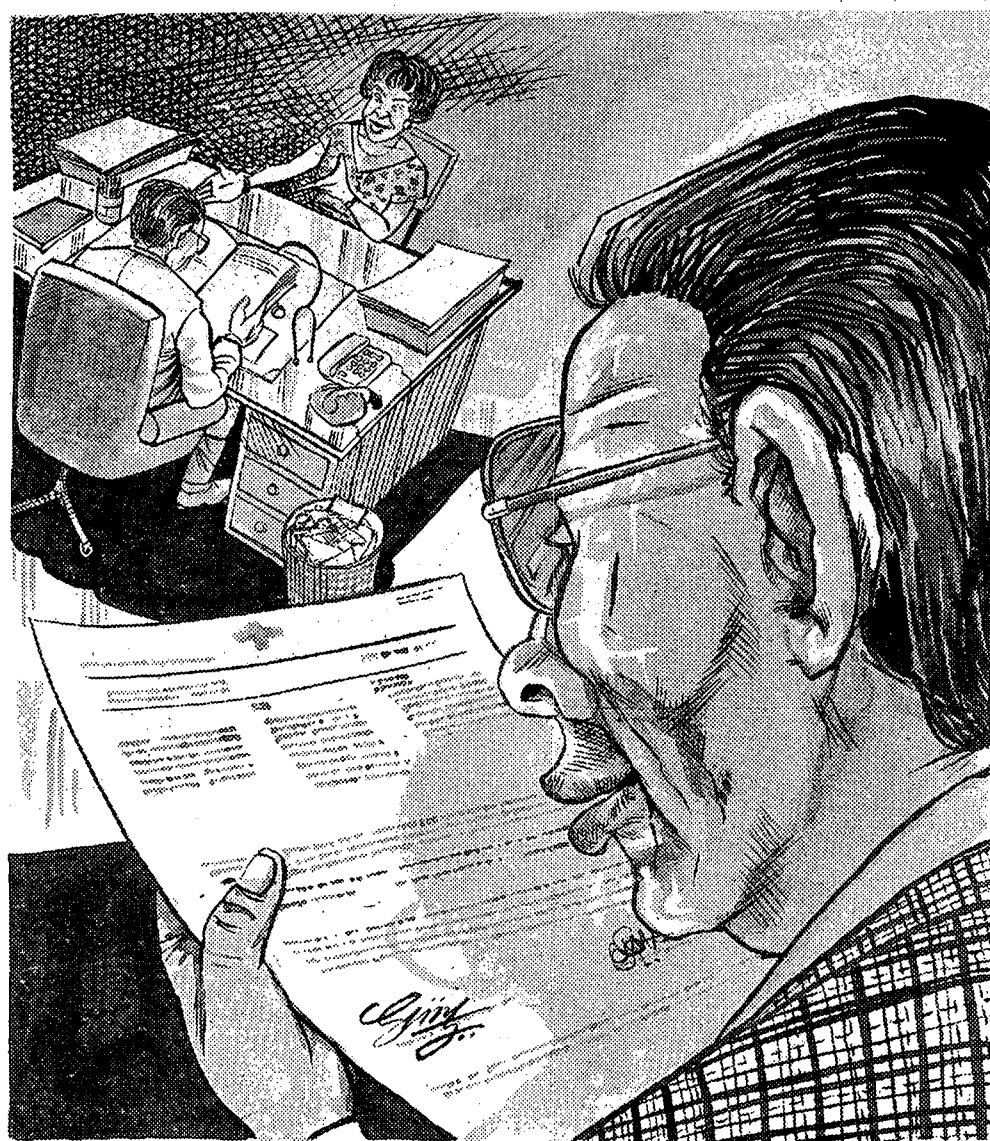
He accepted painful treatments ungrudgingly and decided it was a price he must pay to enjoy the normal pleasures of his teen years, which his peers did without suffering any pain.

Because of constant surveillance and contact and in spite of the advent of orthopaedic and blood-disorder specialists whom I associated in Njuguna's regular treatment, I remained very close to the growing young man and his family. And so when Njuguna rang me on a more personal matter, it did not surprise me.

"Many years ago, you initiated me into my manhood, Doc," he said in his genial tone. "and I must admit that I have made free and full use of my biological facilities which you perfected with a touch of your scalpel," he added. "Having sown a lot of wild oats, I think the time has now come for me to be tamed and caged."

"Ah," I remarked, facetiously "so you plan to be a celibate and enter a seminary."

"Oh no, nothing as drastic as that," he was quick with his denial. "A certain young lady and I have obtained our parental blessings to get married and I am inviting you to the wedding. The official card



"Thank God for small mercies," I repeated to myself. Inside was the HIV report on Florence. It was negative.



will come to you but I thought I would add a personal touch."

"Delighted," I said and made a note of the date, place and time in my diary as he gave them to me on the phone.

"Now Doc," in his charming manner he added. "As you know nothing in life is free and I was going to ask you a favour."

"Yes?"

"I was wondering if I could bring Florence to see you sometime so that you can give her the low down on haemophilia."

"Sure," I said, "no problem. I would have done it even if you hadn't asked."

I was delighted to meet Florence. She was pretty, understanding, had the same scintillating sense of humour as Njuguna and as a result she and Njuguna made a lovely pair. I repeated what I had told Kimani about Njuguna's blood transfusion. "It was safe, simple and easy in those days," I explained to Florence in the presence of Njuguna. "But now we have a new disease which has made blood transfusion more hazardous than it used to be." I added, "I am referring to Aids which, as you know, can be transmitted through blood and blood products."

The wedding was a dazzling success. The bride looked lovely by the side of Njuguna who wore an Italian suit with a double-breasted jacket and a big broad velvety bow-tie. Flowery dresses, hats, gloves and matching shoes seemed to abound. Kimani had not changed his mode of dress from the time I had seen him first almost 30 years ago. Tribly hat, three piece suit, gold chain watch — they were all in place. But he had moved with the fashion a little. The detached collar was missing, the jacket was shorter, the trouser bottoms were wider and the turn-ups were stunted.

Modern style buffet lunch with conventional drinks was served side by side with traditional *nyama choma* and *pombe*. The wedding cake was in five tiers and it was cut by the couple using a Somali sword, while the champagne toast was being proposed.

Alas that was the last happy day of my long association with Njuguna. About three years after that joyous occasion and two years from now, Njuguna came to see me.

He was a changed man — looking much older

than his age. But more than that, his spirit seemed to have broken down. "These little lumps on my leg," he complained. "Just came on lately, I wonder what they are," he asked and the way he asked, it implied that he knew the answer himself.

"Haven't seen you for sometime," I said. I knew the likely diagnosis too. "Anything medical to report?"

"Not much except a car accident when I was at a conference in a nearby country which shall remain nameless," he said with a languorous look. "I was briefly unconscious and apparently bleeding in various places. So seeing my haemophilia card which I always carry in my pocket, a pint of fresh blood was transfused into my system." As I looked at Njuguna in disbelief, he continued, "I wanted to come and report it to you and update my file with you but I didn't get round to it until these swellings came up."

There was no doubt about the causation of those ominous lumps. They were a manifestation of Aids and his blood was positive for HIV. He quickly went downhill and we lost him. After everyone including myself recovered from shock and the period of mourning was over, I called up Florence and asked her to come and see me. I had good reasons to do so.

"I paid my condolences to you and the whole family at the funeral," I said. "But I wanted to convey them to you on a more personal level as well. It is important to check on your HIV status," I dropped the bombshell. "But before that, I wonder if you have any idea as to how Njuguna might have contracted the disease. He did tell me about the accident and an emergency blood transfusion somewhere in a remote part of Africa."

Florence was still reticent but after a little prodding, she decided to speak. "Let's give him the benefit of doubt and blame the blood transfusion. But he did travel a lot, and as you, who knew him much longer than I did, would agree, he could charm any woman. But it is all academic interest now anyway."

"Right, now how about you," I said, "Shouldn't we get you tested?"

"Sure," Florence agreed. "Though I am unlikely to be positive. It was fortuitous that because we did not want a family so soon after marriage, we practised birth control." There was a flicker of smile for the first time. "He used to tease me. He said my maternal inclinations were stronger than his paternal and so he did not trust me to take precautions. Also, like all men, he wanted to control that sort of thing himself. As a result, he preferred to do his own thing and use the male mode of contraception. That, as you know, confers considerable protection against the disease he could have transmitted to me. So thank God for small mercies," she said as she picked up the request form for the HIV test.

"Thank God for small mercies," I repeated to myself when, three days later, a sealed envelope arrived in my office. Inside was the HIV report on Florence. It was negative."