

Back to the Emergency Ward!

*I'm back home, but want to rest first ...
"news at eleven," as they say...*



NEWS AT ELEVEN

Taral Wayne

For ten days, I fell out of touch with the world.

As many surmised at the time, I was rushed away to the hospital again, on what is beginning to seem like an annual pilgrimage.

It was very sudden. I had been growing drowsy on Saturday night, around 11:30, and leaned back in my chair to nod off. When I woke up, more time seemed to have gone by than expected. Also, the computer appeared to be acting odd. In frustration, I logged off to reboot, but to my surprise I discovered that the password prompt was utterly meaningless. Stare at the screen as long as I liked, *nothing* came to mind. I could remember the word all right, but *typing* it into the empty space was beyond my grasp! I picked up pen and paper and wrote out the password in longhand. My handwriting seemed normal, but only as long as it didn't involve a keyboard. If it did, my hands were useless.

With persistence, I brought my left hand to heel, and regained most of the use of the right ... but it would do strange things. Type a word by touch and it *felt* right, but I could see that the fingers of the left hand only repeated the same letter – “ddddd” or “sssss,” as though stuttering.

At that point there was no other conclusion but that something was dreadfully wrong with *me* ... not the computer.

I began to pack the things I would need at the hospital and called the social worker's office downstairs for assistance. Within the hour, I was in the emergency clinic at St. Joseph's, where I began a very, very long night. I can't complain about the wait, really. The staff was overwhelmed with the nightly carnage, as usual, and on top of everything else the place was under lockdown because the flu was sweeping the premises.

As soon as time could be found for me, I was subjected to numerous tests. Blood flowed freely. Actually, not so freely. From the beginning, there was difficulty hitting veins in my arms, a persistent theme throughout my stay at St. Joe's. By the time I would be released, my right arm would be

nearly clear of bruises, but my right arm as black and blue as though it had been beaten with a truncheon. Once my blood was on its way to the lab, I was processed through a CAT scanner, and then wired to an ECG to record my cardiac rhythms. Several times that night, I filled out questionnaires about my medications, lifestyle and vile habits several times that night, and saw about 17 doctors ... none more than once or twice. Finally, With nothing more that could be done until a bed was open for me, I was parked in a wheelchair in the hall to spend rest of the night ... and half the next day.

Sometime before daylight, I woke from a doze to discover my friend Steven poking me in the ribs. He had gotten the message through the email trail I had left the previous night, but was unable to respond sooner. Although there was little he could do at that point, he kept me company for much of the following morning, and would play a pivotal role in following days.

After Steven left, my next stop was the examination area where they had a temporary bed for me. I was hooked up to irksome telemetry that had to be removed whenever I needed to use a washroom. The exam room was noisy and lit all night, and I was only separated from other patients by cloth curtains. On one side of me a man intermittently, begged in pain-slurred English, to be forgiven for something ... over and over again, most of the night. A pair of earplugs were offered to me as the only remedy. I waited there for another 12 hours or so, doing my best to veg through the time. By then, I had been without food for a good deal more than 24 hours, except for a turkey sandwich one of the nurses got for me. It's all too blurry to really be sure.

Doctors came and went, each with theories but none with answers. One shift followed another, and to my consternation one of the nurses spied my bedside fan and asked crossly, who said I could have that? I was surprised because St. Joe's is always too hot for comfort – even the nurses say so – and the cooling breeze kept me from slipping into outright despair. No one had ever complained about it until *this* nurse! She stated that such equipment had to be authorized by some shadowy biometrics board first ... I couldn't just plug what I liked into the hospital's highly scientific electrical sockets! She went off in a huff to consult her "board," I guess. But at least she didn't unplug my fan.

Then, finally, I had a room! First things first, I plugged in my fan. Although I had a dozen different nurses watching over me the next few days, not one complained about the fan. In fact, one or two thought it was a great idea, as did one of my fellow inmates, who wanted to know whether he could buy one like it in the gift shop! I guess authority goes to different people's heads differently.

The room was shared by two older men, both of whom turned to be rather noisy, particularly the "Zombie." He sometimes shouted in the middle of the night, "Come here, come here," when he suddenly took a fancy that he shouldn't be in bed, and wished to wander out into the street in the middle of the night in his hospital gown. The other fellow wasn't a real nuisance, since he grasped such fine distinctions as night and day, and winter weather, and mostly kept to himself. But he talked on the phone half the day in a loud voice that had only one vowel – "Huhn." He had consonants, and you could follow his conversation – though I would much rather I couldn't. Reproducing the sound of it would be impossible, but it was a little like, "Nuh... nuh... uh didn't suh thut. I didn't suh thut. Nuh! Nuh lustun tuh muh. Nuh. Nuuhhh!" Judging from how often he said "nuh" in these conversations, he seemed argumentative. Actually, he was rather friendly when we spoke. That was, fortunately, not all that much, since I preferred my privacy to lively chats with perfect strangers. I still had the earplugs, and cherished them during those long, eerie nights when some nameless lost soul was screaming down the hall.

Strange to say, I gradually grew to be quite at home. It's easy to get used to lying around in bed all day, with your meals brought to you, the dishes cleaned up, no need to dress, and reading for long periods between bouts of blameless drowsing. Had the meals been better, I might even have enjoyed it.

But the meals were what they were, unfortunately. Breakfasts were best – I have learned to appreciate crisp breakfast cereal with a minimum of milk, along with scrambled eggs, roll and butter, wedge of Cheddar cheese, fruit cup, juice and hot coffee. Nothing on the breakfast menu is special, I grant. I appreciated the variety, however.

Lunch and dinners were more problematic for some reason, starting with the irrational insistence St. Joe's had about serving me tea. Now, I know some people like tea. I don't *hate* it. But, like most people, I prefer coffee. However, St. Joe's only service tea for lunch and dinner. They said they could change my menu, but they never did. It wasn't that the coffee was good, either – because it wasn't. It was some of the worst swill I've allowed down me gulliver, thank you. Wouldn't you think that, as a matter of principle, the hospital should be serving the more popular coffee twice, and the minority choice, tea, only once? One suspects that the reason is that moldy tea is 14 cents a pound cheaper than stale coffee, or something like that.

Lunch and dinner menus varied. I approached all the over-boiled Birdseye vegetables with a wary eye. The Shepherd's Pie was a surprising treat – I'd never see it made with pureed beef before, but it was rather tasty. The ravioli entry was peculiar, and not at all satisfying. The beef stew was mostly edible, but nearly a quarter of the precious calories allotted to me were a lump of indigestible, rubbery gristle. Nothing I was served, however, actually made my gorge rise except the generic mac and cheese. It wasn't genuine macaroni, baked with real cheese, of course. But it wasn't authentic Kraft Dinner, either. Instead of fluorescent orange, the grub-like pasta lay in a thin sauce of vaguely grey-pinkish colour. That was when I knew that I really had to have a donut, a bag of chips or a pizza as soon as I was allowed out.

By and large, I was reconciled with the vagaries of hospital food – I had been here before. I had eaten in-flight meals, as well, so there was nothing new there.

By far the biggest problem I had during this stay at St. Joe's was probably the telemetry they monitored me with. At least I was not wired directly to the wall, as I was in Emergency, and unable to leave the bed until disconnected by a nurse. In the regular ward, the telemetry was Wi-Fi. It was still a bundle of wires as tangled as a Medusa's head, but they connected to a portable, battery-powered unit that weighed only a couple of pounds. Convenient though that sounds, convenience is a relative matter. When your shackles must lie beside you in bed no matter how you twist or turn, and hang around your neck wherever you go – even into the loo for necessary business – you realize that convenience is a relative judgment. It is *not* especially convenient to hang a two-pound bag around your neck while holding a floppy hospital gown aside and aiming at a toilet! Even so, I got the hang of it after a few day's practice. I learned when it was best to hang the works from my neck or over my shoulder, when to shuck the gown entirely, and when to curse and just let the leads pop off and dangle.

The real problem was that the cables attached to small metal electrodes that stuck to your skin ... but the adhesive pads just would *not* stick! I must have suffered a hundred times from the indignity of the nurse removing pads that were hanging by a single strand of stickum, or had migrated anywhere

from nipple to pubes ... only to have the same damn pad fall off again a minute later. They just would *not* stay on! And yet, each one managed to leave a residue of goo that I was still washing off days later. The odd time when an adhesive pad proved to have some longevity, the clip holding the cable to the metal nipple would simply spring off. I asked again and again if there was any need to go on collecting the same telemetry, day after day, but the doctors kept at it ... and it was as well they did, as it developed. It saved me a nasty procedure in the end.

The electrodes for telemetry were not the only problem during the eight days I stayed at St. Joe's. From the start, the nurses were having trouble finding veins. It is standard procedure to prepare the patient for IV, in case of emergency. This normally consists of a thin, plastic, hypodermic tube inserted into the vein, with a reusable head into which medication can be injected or blood taken. It is a less invasive process than it perhaps sounds, and it was performed on my left arm with near-total success. The nurse only had to probe back and forth to find the vein two or three times ... but from that point, things began to go very wrong.

The next day, when an attempt was made to draw blood from the handy IV that had been installed, nothing happened. No blood. They injected saline fluids, pumped back and forth, bathed the vein in alcohol and massaged it externally, but nothing would draw blood from that god-damned vein ... which, as you can imagine, was becoming more and more sore from all the mistreatment. They finally gave up and began abusing the other arm, which by midweek was also black and blue.

With the failure of the IV, they decided to move that to my right arm, too. It seemed ill-advised to me, but they stuck the needle into a difficult-to-see vein in the back of my hand, then taped it as securely as they could. Unfortunately, the nurse doing the work made the elementary mistake of believing that the more tape, the better it sticks. This is not so. Only that tape that touches your skin actually sticks to you. Tape on top of tape only adds weight, for no added adhesion. When the nurse finished up, I decided that I might as well visit the loo before settling in for another couple of hours dozing or reading.

Everything went well up until the time I finished my business on the john and was reaching down to pull up my hospital gown. I noticed with a start that there was blood spurting, and spotting the blue cotton gown with startling red! There was blood all over the tile floor too, and it was running down my hand from ... from the IV implant that *wasn't there* anymore! I saw it on the ground, half under the soiled gown.

First things first; I wadded up toilet paper, and pressed it hard against the back of my wrist to staunch the flow of blood. Next, I separated my pants from the bloody gown and spattered gore on the floor. I drew my pants up, secured the damn telemetry around my neck and left the bathroom to call a nurse. For once, there was an almost instant response, allowing me to make a an oh-so-casual



statement – “You might want to clean up a bit in there before anyone else uses it.” To drive home the point, I held up a naked right hand where the IV no longer was. As far as I could tell, the IV had not lasted above three minutes. There were no more attempts to fit me with another one.

I believe Steven’s visits went some way to preserving my sanity. As well as that first night and morning, Steven dropped by at least twice, and among other things he loaned me a spare cell phone with some paid time on it. Using the phone, I was able to contact a small number of people who needed to know where I was and what had happened. Steven also agreed to bring me a few items from my apartment that I needed, but which had been overlooked in the rush to get me to Emergency.

Therein lies a story within a story. Steven had a pair of my spare keys, given to him for such emergencies. But as he approached my building and prepared to park, someone on one of the lower floors of 245 Dunn, all the way across the street, began screeching. At first, he didn’t know who the woman was screaming at, but then it sunk in that she was hollering her head off at *him!* She seemed to be accusing him of ramming her parked car, but when he looked around, there was plenty of clearance both behind and front of his Elanta. He hadn’t felt any bumper-to-bumper contact, either. Yet, there was a crazy-lady screaming at him about damaging her car! It didn’t seem likely he’d come off the better for getting into a shouting match with a crazy-lady, so Steven exercised the better part of discretion. Having been unable to fetch my necessities, he made good by stopping off at a convenience store to buy reading glasses, nail clippers, pens and a notebook to write in, and other things I needed.

When Steven told me his story, we speculated that maybe the crazy-lady was trying to chase him from a parking spot she wanted for a visitor. Then again, she may have just been nuts – even though most of the tenants are sedate old grannies with cats, crazy-ladies are not unknown in my building.

I think I was most grateful for the reading glasses. They were a well-made, horn-rimmed model, much nicer than the cheap wire-frame things I buy at Dollarama – so, even though they did make me look more like Buddy Holly than I cared for. I was thankful to have them. I had had the foresight to bring a small library of non-canonical Holmes to re-read, but after nearly two days without correction, my eyes were badly strained. I could not have read much longer without the glasses.

The pens and paper served a quite different purpose. Since I had had a minor stroke, I was concerned about the possibility I had lost some cognitive abilities. So far as I could tell, I had not. But though I could read, talk and write fluently, I had clearly experienced difficulty with a keyboard. I had not been able to put my ability to draw to a satisfactory test before I was hustled off to St. Joe’s emergency ward. The writing pad Steven brought me was not ideal for drawing, but it was large and stiff enough to hold properly while I drew in it. Happily, if my drawing was impaired in any way, I couldn’t see it.

But I was still in the dark as to whether I would face a problem with the computer when I got home. Fat lot of good being able to tell a story or draw a picture if the computer (and the Internet) was now a closed door!

At this point, all that remains of my story are the medical facts and the aftermath of my little “vacation.”

In the past, I have had ECG tests many times, and they had produced no irregularities. As far as my cardiologist could say, there was nothing wrong with heart. Yet there was no question that my heart was the source of the tiny clots that had migrated to my brain over the previous few weeks, causing mischief. The doctors presiding over my case decided in mid-week to insert a cable down my throat and into my stomach, to ultrasound the heart from the inside. But I could not be scheduled for the procedure immediately. I had to wait for an opening in the OR schedule. That meant I would have to fill a bed in room 24M for at least a few *more* days, waiting. The cardiologist said he would recommend full anesthesia, not just putting me half-out as usual. Damn right, I thought! I wasn't looking forward to being half-conscious while something like a garden hose was snaked down my gullet. At the end of the week, however, I was given some unexpected good news.

Although all that telemetry had been a pain in the neck, in the long run it paid off. A couple of hundred hours of recording my heart rhythms finally revealed an intermittent fibrillation.

I somewhat surprised the doctor, I think, but knowing pretty much exactly what this meant. "This valve here," I said, pointing to her sketch, "is not working right, and the disturbed flow of blood damages the red blood cells, which clot and create thromboses?" In a word, yes. So we finally knew what had been the cause of the mini-strokes (yes, there had been others I hadn't known about). This was good news, because it meant I didn't need to have my innards probed and could be allowed home that very afternoon!

About time, too. While I had brought a small library of books to read, they were down to the final whodunnit.

There was nothing to be done about the arrhythmia, or atrial fibrillation, nor was it serious in itself. It was too intermittent to be troubling. However, I would need to take blood thinners from now on. On top of the two I take for Myasthenia gravis, and the three for blood pressure and cholesterol, and the diuretics I had so recently been put on again, that was a lot of prescription medication! Fortunately, I live in a civilized country where lives are more important than every man hoarding for himself. Yet another lucky break was that the blood thinners were mere pills, taken twice a day. In the hospital, they had administered blood thinners with a hypodermic in the abdomen. I preferred that, actually, to the mess they had made of my arms ... but swallowing pills was much to be preferred.

It gets better. In a follow-up appointment with the cardiologist, a week later, she advanced the possibility that all my problems of the last two years or so might be tied together. Now that I take blood thinners, I may see the last of the edema in my legs and suffocating fluids retained in my lungs and around the heart. And in time, I may breathe well enough to sleep on my back again, like a normal person. So, it seems I have not only come through a stroke of sorts with no apparent damage, my life may measurably improve in the future.

I returned home by cab on Saturday, at St. Joseph's expense. When I left home, eight days before, I had been forced to leave my apartment keys with the social workers from the support group downstairs. I hadn't wanted to, but they needed to lock up behind me. At least, so I had thought. In the confusion while I was hoisted onto a gurney, there were two paramedics, the social workers on night shift, and finally a team from the fire department all milling around in the hall. I missed the crucial act of one of the social workers slipping my keys into my bag while my attention was divided. Before coming home, I had, fortunately, borrowed my spare keys back from Steven, so I was able to

get into my apartment. It was 48 hours before I could find someone in the social workers' office who knew where the original set was, with the all-important, nearly irreplaceable digital lobby door and mailbox keys.



Once I had those keys, I was astonished by how much mail had accumulated during my absence. Usually, there is little harvest but junk mail from week to week, but this time I found a bumper crop. There were a couple of late Christmas cards, a fanzine or two, the most recent mailing of *Rowrbrazzle*, a government rebate check for seventy bucks and Bob Wilson's latest novel, *Last Year*. I should get this much mail every week – but usually it's just Bell or Rogers trying to sell me faster Internet service, or cable TV.

The main thing was that I was home, and had made a beginning to sort out the mess left behind by the emergency. The remaining slices of sandwich meat in the fridge had to go right into the garbage, before they applied for resident status, but my Brussels sprouts still looked good. Even the left-over coffee in my pot was still infinitely better than what was served at St. Joe's ... even *eight days cold*. Vitally important, I've discovered my typing skills are restored ... I did have difficulty with the right little finger for a couple of days, but it was always weak, so it seems reasonable that it was the last to fully recover. So it seems my career as a fanzine editor and erstwhile author of non-commercial properties has not been nipped in the bud.

Last, and not least, I overindulged in pizza and junk food at the earliest opportunity ... just to drive the memory of all those boiled vegetables and bland carbs out of my mind, you understand. Some things must be done if a man is to live with himself, even if it kills him. It was amazing, too, how quickly I reverted to nocturnal habits after daylight hours had been forced on me. It took less than 36 hours to accomplish the switchover.

And now everything is back to normal ... not that my "normal" is all it's cracked up to be, but it sure beats breathing through forced-pressure tubes, telemetry dangling from your body, blood fountains and people listening for echoes with a hose down your stomach.

- Taral Wayne

There is a definite trend in fanzines where fans are writing more and more about their medical ailments, which frankly should not be surprising as we all continue to age and become even more decrepit. Sadly, this is how life goes. Being sick and/or infirm in one way or another is our new norm. Along with everybody else reading this fanzine, I am very glad that Taral is back home – again – to share his tales. In the meantime, first a short break, then it's back to yet more medical-type content. - editor

ALL KNOWLEDGE IS CONTAINED IN FANZINES DEPT.:

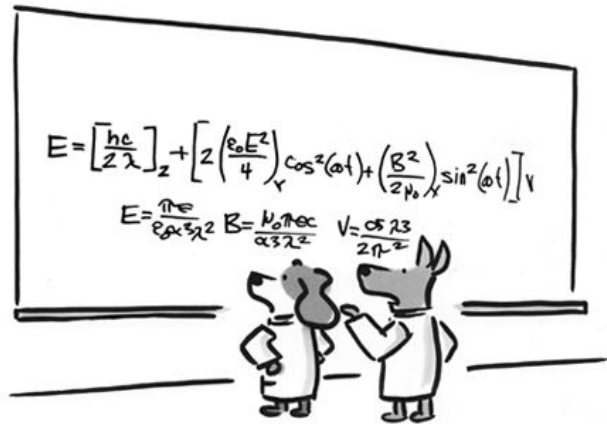
Canine Mathematics

- problem designed

by Jason Burnett

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"There it is. You forgot to convert to dog years."

I have a lot of math geeks among my friends. If you're not one of them - if you're someone who thinks the phrase "recreational mathematics" is an oxymoron - you can stop reading now and you won't miss anything.

Still here? OK. Don't say I didn't warn you.

I spend part of everyday outside, holding on to a leash and waiting for our dog to pee. And I've noticed that it seems like wherever I stand, whatever he finds most interesting will be outside the circle of where he can reach without me moving (other than turning in place). So I started working on a formula to find the radius of the circle my dog could reach without me moving. My first impulse was to add the length of my arm and the length of the leash, but I rapidly realized that this was only a very rough approximation. So I started refining the formula, and re-refining, and recognizing things I'd left out and revising again, and I think I've finally figured it out.

As far as I can tell, the formula for the radius r of the circle a dog can reach without the dog walker moving, other than to turn in place, is determined as follows:

$$r = 1/2w + \text{sqrt}((L1+L2)^2 - (H1-H2)^2)$$

where

w = width of the dog walker's shoulders

$L1$ = length of the dog walker's arm

$L2$ = length of the leash

$H1$ = height of dog walker's shoulder

$H2$ = height of the point of the leash's attachment to the dog's harness

Essentially, as one correspondent noted, this is "pretty much the base of a Pythagorean triangle, plus a little wiggle room." The $1/2w$ is because I'm rotating around the center of my body, not around my shoulder.

{At this point, one of Jason's friends on Facebook decided to weigh in on this matter. Here is the exchange of ideas copy-pasted from there. – editor}

[Miriam Rothermel](#) I was thinking about some of those variables, too. It's also variable if the angle between the arm and body is different from the angle of the leash, but, as they say in the astronomy world, it's a good first degree approximation.

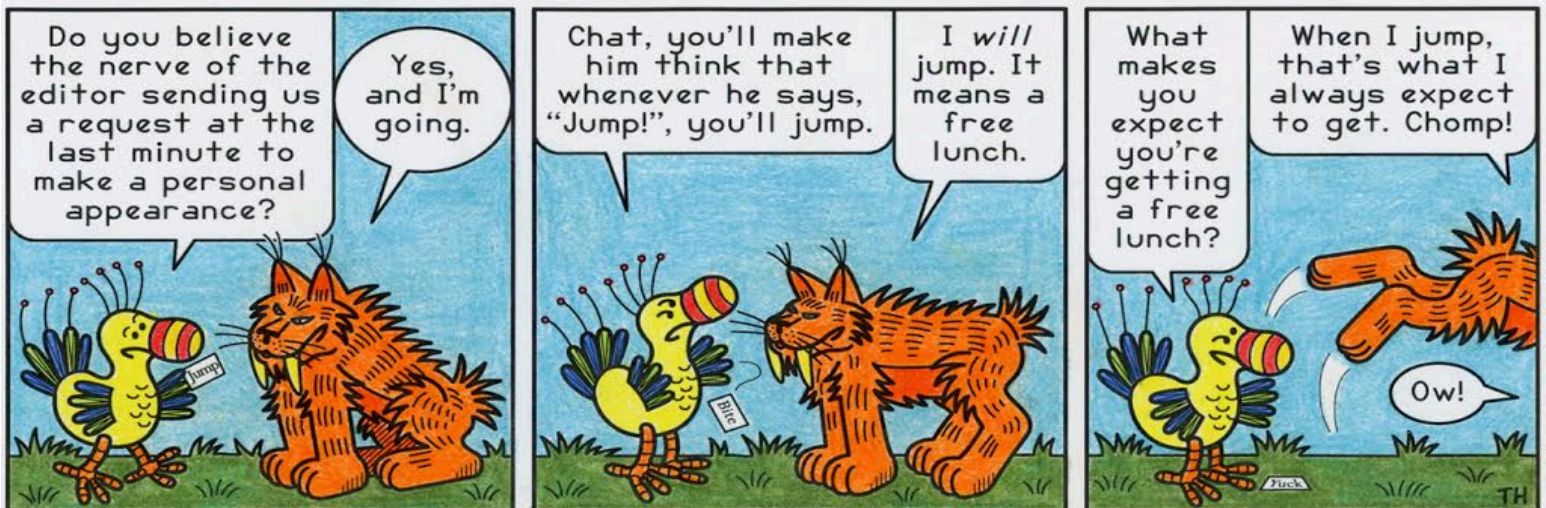
[Jason Burnett](#) When the dog is at the end of the leash because he's decided the Most Interesting Thing in the World is just outside the circle, my arm and the leash are pretty much a straight line. And that's a good point about collar vs harness - I suppose the radius would change some depending on the dog's body positioning.

[Miriam Rothermel](#) Perhaps you could take a couple of sticks with you to mark the maximum and your center. Then you can see how close you are to your calculation. Of course, you could also make things really fun and calculate your margin of error, and see if your actual measurement falls within that (now I'm getting carried away!).

- Jason Burnett

{There is a part of me that is now wondering if some math wizard reading this fanzine will actually try to work this formula and publish the results. Stranger things have happened in fanzines, you know. – editor}

CHAT, the 4th Fannish Ghod *by Teddy Harvia*



This fanzine supports Dublin in 2019.
Then again, that really should come as no surprise, since that bid is running unopposed for the World Science Fiction Convention that year.



DENTAL
SURGERY

I Have no Teeth, and I must Eat

by John Purcell

Like many science fiction fans I am a collector. And like so many of us, books are my primary vice. And like some of us – perhaps quite a few – I have multiple collections, such as old coins, Marvin the Martian collectibles, pulp magazines, and Beatles calendars. Well, everybody needs a hobby. Unfortunately, over the past few years I have been

collecting something that I really am not proud of; in fact, I am downright disgusted and appalled at how thoroughly I have accumulated this particular collection: holes in my mouth.

I do not recommend this as an avocation nor hobby interest. The simple fact is that I inherited bad teeth from my father, and since it is way too late to now return these genes (dad passed away in 1988), I was stuck with teeth that, well, didn't want to stick in my mouth any longer. Shortly before turning 60, my teeth started chipping and cracking and breaking apart into pieces, gradually turning my mouth into the world's smallest golf course. I knew that I would have to grin and bear it because I knew that dentures were the only solution. Dad, after all, had dentures by the time he was in his forties, so I guess I lasted longer than he did due to the improved fluoridation of water supplies and improved dental health care since the 1930s.

And so it came to pass that I finally broke down and went to our new dentist – Modern Dentistry on the south side of College Station, Texas – on Monday, December 19, 2016. The goal was to get the entire shebang taken care of before the next semester began on January 17th, but the earliest the oral surgeon could book my procedure was on Wednesday morning of January 25th. Ugh! The middle of the second week of classes. Oh, well. I had to bite the bullet and book it for 7:30 AM on that day. I was told that the procedure would take about three hours or so total, and that someone had to be there to drive me home afterwards. That honor fell to my darling wife, Valerie,

