

CHAPTER 31

## THE SECOND SURGEON

*A breech presentation leads to an unusual demand  
on a very involved vet.*



In front of the cottage on Lunatic Lane.  
Jo, Karen, and one-week-old Charles.

**W**HEN SUPERVISING MIDWIVES in Meru, and looking after expectant mothers in Nanyuki, Jo had ensured that regular ante-natal examinations be carried out. Of course, when pregnant herself, she had let this sound practice slide by her. Some doctors can indeed be their own worst patients.

Donald Gebbie had been Jo's obstetrician during her first pregnancy and the birth of Karen, and we visited him in Nairobi at about the six-month stage of this one. However, he had recently accepted an overseas post and would not be there at the critical moment. He referred us to his colleague, Dr. Khehar, who did his best to keep an eye on things. But Jo was not as frequent a visitor as perhaps she should have been. Her own busy practice took priority over visits to Nairobi via rough roads.

She finally realized that her practice must take second place when, late in her eighth month, a Peace Corps volunteer appeared at the cottage hospital with a broken leg. I had already persuaded her that she should not use the ancient X-ray machine during the pregnancy, as we had no



idea how safe it really was, so I was drafted to help out. Once the X-rays had been developed and examined, it was time to apply several layers of plaster of Paris. Jo found the task almost beyond her. After applying the first few layers, she could hardly stand up. Luckily I was on hand to finish off under her watchful eye.

“Okay,” she said to the patient. “For your next visit, you go to Nairobi. My back hurts and I will be otherwise occupied.”

At the end of June, a week later, we traveled to Nairobi to see Dr. Khehar. Like most expectant fathers, I sat in the waiting room, only half-reading an ancient magazine. She came out of the examining room wearing a severe frown.

“What’s up?”

“Well,” she said, “if he’s right, and I’m right, we are due for twins!”

“What do you mean?”

“Well, this here — ” she patted her upper mid-section “ — feels too hard to be a bum, I say this is a head. He says it’s head down, so I’m for an X-ray.”

After piling into the hot car, which had no air conditioning, and driving up the hill to Nairobi Hospital, we were lucky to find no line-up in the radiology clinic. An hour later we knew that Jo was not pregnant with twins, but was almost certainly in for a breech delivery. Dr. Khehar tried to turn it, but it was too large and near term for him to have any luck.

Five days later Jo’s contractions began, and soon her waters broke. Off we went to Nairobi Hospital, where Dr. Khehar soon arrived.

The struggle seemed to go on for ever, and I lost all track of time. Jo made no noise, but her fierce grip on my hand, and the strain in her face, told me a great deal. Dr. Khehar popped in. With skill developed from long practice, he calmly encouraged her and, in so doing, helped to settle me down.

After what seemed an eternity he returned, and made another examination.



“Well,” he said, “there are his testicles, purple and swollen, and if I can’t deliver his bum there is no way that I will be able to deliver his head. It’s a Caesarean section for you, young lady.”

Jo’s recollection is that the young lady just looked at him and wished he’d get on with it. It seemed to take ages, ages, ages. “More pain . . . hurry up. . . .” drifted through her mind. “In my hospital it would have been done by now, hurry up, hurry up, hurry up.”

Of course in a large hospital there was a good deal of protocol to go through, but mercifully, and far sooner than Jo, in her pain cloud, realized, she was going under the anesthetic. The nurses were all geared to go, and the resident on duty had been paged.

I had asked, and been granted, permission to attend as an observer, and planned to remain as a fly on the wall throughout the procedure. This was not to be. As Dr. Khehar went into his final scrub it became increasingly clear that the resident had somehow vanished and an assistant surgeon was needed.

Dr. Khehar turned to me with a piercing look. I felt like a child caught in some mischievous act; the look on my face said, “Who, me?”

“Jerry, we need some help. You know how to do this. Can you scrub in?”

As I look back on that strange event, it’s obvious that for a time my mind went into a sort of blank-out mode. A draped white abdomen became a draped orange abdomen as the iodine soaked sponges were applied by the nurse. Once the patient had been draped she became just that, a patient. Her head was concealed from my view by a drape, as the anesthesiologist sat and monitored her. I had to concentrate on my role as an assistant.

Then the big moment. I took my beautiful blue-gray son, sore scrotum and all, from his living bed and moved him to a crib where an efficient nurse took over. He quickly voiced his objection to being removed from his familiar environment. His yells, and the air that he breathed in as he

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yelled, turned him from that strange colour to the more familiar and healthy pink. Now back to finish the job. Forceps! sponge! swab! forceps! suture! cut! So the terse instructions were made. So I complied.

It was an astonishing experience. There are all sorts of anecdotal accounts of the importance of early bonding between parents and young. It would be hard to imagine an earlier bonding event between father and son. Unusual challenges call for unusual solutions. As the great Canadian physician Sir William Osler said, “you must put your emotions on ice.”