

Premies

By John Graham-Pole

Hogmanay, Glasgow, Scotland, 1973.

An hour till year's end, as all good Scots are washing down their steak pie with generous drams of Glenmorangie or Laphroaig, twin boys slip out into the world. It's my first on-call night of my Neonatology rotation, and not unexpectedly in this largely Catholic community, the birth rate is enormous. The Royal Hospital for Sick Children's unit is the centre for all the west of Scotland's high-risk pregnancies, as well as emergencies arising when a premature baby is born unexpectedly in an outlying county. Many of the tinier ones are either judged by the local doctors to be beyond saving, or else die before the ambulance can make it to our door. Even then, our senior neonatologist, Margaret Ferguson, is quick to call a halt to efforts to save a little life if she judges it futile. Any babe with Down's syndrome, or signs of another severe congenital disorder, is automatically made as comfy as possible and left to fend for itself. This almost always means a quick end, though every so often one of these doomed little things simply refuses to die.

Or even two. The nurse calls me from Labour & Delivery, "Can yeh come quick, doctor? There's this wee fourteen-year-old lassie, just had twins. A poond or so each, I'm thinkin'. We haven't even weighed 'em yet. She lives with her gran and three other young 'uns in a Gorbals single end."

I've already learned the born-and-bred Glaswegian nurses' custom of assessing a patient's living conditions, not just from their address but from how many people share how many rooms. The Gorbals of the seventies is well known as the worst slum in Glasgow, perhaps in Europe—a place where the Catholic and Protestant street gangs wage their ancient and deadly feud while the police keep a wide berth. I do a quick calculation as I scramble into my clothes: five people in a single tenement room, almost certainly with a shared outside privy.

When I get there, the duty midwife is lifting the babies onto the scales; they weigh in at 980 and 950 grams respectively. They look identical to me, but things have happened so fast that no one seems sure about how many amniotic sacs, or even if there'd been one placenta or two. She quickly swaddles them back up in blankets in a single crib, their faces almost obscured by masks hooked up to oxygen cylinders. Once it's clear they're still gasping at life, I gingerly unwrap them once more, take in their dusky, peaked features, their panting breaths, the swift jumping of their heartbeats under translucent chests. I push the tip of my

pinky into each puckered mouth, eliciting the feeblest of sucks. This is long before the time such tiny infants would be whisked away to an intensive care unit, administered intravenous nutrients and antibiotics, and quickly placed on ventilators.

I make a clumsy effort to cover them before they lose more precious body heat, wondering what to do next. I'm well aware of Maggie Ferguson's views on extreme preemies from the Gorbals—a loosely applied version of *primum non nocere*: first do no harm. I hear stirring behind me and turn to see their mum still curled up on the gurney. She is staring mutely at her babies, as though wondering where they came from. I glance at the chart at the end of the bed, searching for her first name.

“Annie, your boys are both very tiny. Do you know how far along you were with your pregnancy?”

She stays mute.

“Er, is your grandma around, I wonder?”

“She's still doon in Casualty, doctor, givin' the details,” the nurse supplies. “Says she's got to be hyin' back home to check on the young 'uns.”

I take this in, make a decision. “Annie, I'm going to phone our head doctor, ask her what she advises.” I pause, arrested by the fearful face fixed upon me. “We'll keep your little ones comfy, don't you worry.”

On the end of the phone, Maggie wastes no time. “What chance do they have, doctor? You're telling me they weigh barely two pounds between them. Those infants just don't make it. Even if they did—either of them—the mother's obviously had no antenatal care, and won't have the faintest clue how to raise them, if she did ever get them home. Best not to do too much, not waste precious resources.” She hesitates, perhaps feeling the need to offer a little reassurance. “Look, I'll see them first thing—if they're still in the land of the living. Then we'll decide what's to be done. Meanwhile, the nurses can try syringing itty-bitty drinks into them, see if they can swallow.”

I hang up, turn back to mum, only to find she's fallen asleep. *Best not to do too much*. I glance at my watch: ten to two. Still the chance to catch a couple of hours.

“Give me a ring first thing,” I tell the nurse, “before I go on rounds. Or sooner, of course, if something happens.”

I let her know what the boss has instructed about testing them with smidgens of sugar and salt water, and leave the two tinies gasping weakly behind their outsize masks. Promptly at seven o'clock, the phone hauls me back out of sleep.

“Hi there, doctor,” a fresh Glaswegian accent greets me. “Happa Noo Yeer! Your wee twins are still gooin' strong.” A shift change, hence the new voice. “Och, and we've moved them to their oon room in the Kiddie's ward. Their mum being just a wee thing herself, it seemed best.”

“I'll be right over then. I must say, I never expected them to make it this far.”

“Aye, they're toughie wee bairns.”

I dash over to the ward, wondering what other surprises await me. Is this is the point when we step things up, start I.V.'s? The thought of getting even the finest needle into veins the size of grass blades daunts me. I sense someone at my shoulder as I'm cautiously

unwrapping the swaddling clothes from the babies. I glance around to see Maggie has arrived early for rounds; maybe she's sensed something unusual in the wind.

"How old are they now?"

"Er, it's about eight hours since she delivered them."

"And how many weeks did O.B. reckon she was?"

"Twenty-eight. Thirty max."

"Stranger things have happened, doctor. Gorbals lass, is she?"

"Yes."

"Must have hardy genes to make it this far. Och, we'd better give them the benefit of the doubt, get I.V.'s started. Would you like a wee bit of help?"

I breathe a sigh of relief. Maggie has a reputation for being a dab hand with a needle. I stare in astonishment as she tenderly turns Babe 1's head to one side and sponges antiseptic over his temple.

"Easiest place to find a vein. Remember, these preemies' heads are way out of proportion to the rest of them. And you can keep them warmly bundled while you're about it."

She wraps a tourniquet that might fit an adult arm around the infant's scalp just above the barely formed ear. Sure enough, a bluish rising in the flesh under the almost transparent skin signals the presence of a vein. With deft fingers, she slides a 25-gauge needle flat to the skin, dips it down a fraction, and is rewarded with a flow of blood back into her syringe. She gently eases out a couple of milliliters before hooking up the intravenous line.

"Get the usual newborn screen on this," she instructs, handing me the sample to dispense into tubes for the lab. "And don't waste a drop—that's about half a pint to them." She fixes several bits of tape over the business end of the I.V. lying on the baby's hairless scalp.

"And see, the temple makes a nice flat surface to rest my needle. Should last a day or two—always assuming he does."

She watches over my shoulder as I tackle Babe 2's I.V. I feel a trickle of sweat on the back of my neck, remember to slow down and breathe. Following her example of trying for scalp veins first, I'm gratified to get one first go. My fingers are sticky and clumsy, but I manage to draw back the same two milliliters and fasten the line in place without a jog. I lean back in satisfaction, and register for the first time my aching back from hunching over the crib. I make a mental note to sit down to the job next time.

I expect new trouble each day when I show up for early-morning rounds, only to be greeted by the boys sleeping peacefully on their sides, one at each end of their crib. I think of how my sister Jane and I, as very young ones, would sleep top-to-toe in the same bed on cold winter nights—very comforting. These two bairns seem to know no rules bar their own. I only have to start new I.V.'s a couple of times on each, because within a week they are swallowing enough from the nurses' syringes to give them a modicum of nourishment. I watch in fascination as two tiny tongues peek out from birdlike mouths, savoring the sweetness and making sure not to waste a drop.

On day seven of life, I'm startled to find their mum, Annie, leaning over the crib side and crooning softly to them. I tune into the sweetness of the melody. Maybe it's an old Scottish lullaby—I don't recognize it. She had gone home with her gran a few days after she'd popped her twins out into the world, and I hadn't seen her since. Perhaps she's as surprised

as me that they're still here. Or maybe the staff has warned her away, not wanting her to get too attached to them. A nurse must have unwrapped the blankets a little, so Annie can more easily ogle her boys. I stand quietly beside her as she starts to talk to each in turn, feeling a little guilty at listening in on a private conversation. But her Gorbals vernacular all but defies my understanding.

“Will tha luk a tha bairns’ fuit... tha een.” Then as one, quickly followed by the other, starts to whimper: “Och, they’re greetin’... theer, theer, dinnah fash thissen.”

I have only the faintest notion of what she’s telling her twins, though it seems too intimate a moment to interrupt, let alone ask for a translation. But I decide it’s time to gently let her know I’m here.

“I think perhaps they’re getting a mite cold, Annie. We have to be very careful not to chill them—they’re not too good at keeping their temps up.”

I’m not sure if even this short explanation has sunk in, but she offers no protest when I reach down to wrap the soft blankets back around them.

A nurse greets us both. “Hi there, I’m Eileen; I’m the babies’ nurse today. Real champs, they are. We’re reet proud of ’em.”

“Why are mah bairns greetin’?” mum asks her. She probably feels more comfy with one of her own, knowing from my accent that I’m certainly not from around these parts. Maybe she’s even detected my *sassenach* origins.

“Och, they were maybe a wee bit chilled, like doctor said. See, they’re quietin’ doon nice noo. Don’t go upsitting yerself, dearie.”

Eileen’s broad accent is almost as hard to interpret as Annie’s. But I figure this is a good time to learn, with one of the local nurses here to help me unravel Glasgow’s vernacular. It’ll supplement my gleanings from the 1935 edition of “The Vocabulary of Robert Burns” that I’ve just borrowed from the local library.

“I didn’t quite catch what mum was saying,” I tell Eileen, blushing slightly. “I’d like to be able to, you know, understand her a little better.”

“Och, she talks the auld Glaswegian, doctor. Let’s see... ‘fuit’ are ‘feet’ and ‘een’ would be ‘eyes’. ‘Greetin’—that’s ‘cryin’’. What else? ‘Dinna fash thissen’ means ‘don’t upset yourselves’. Theer, ye’ll be catchin’ on in noo time.”

I’m rewarded with a broad grin from Annie. I feel an unexpected lump in my throat.

The next day, I meet with the twins’ great grandma for the first time. She’s taken to keeping her granddaughter company on the number seven bus from the Gorbals to the bottom of York Hill for her daily visits. Their dialogue is all but unintelligible, consisting almost entirely of terse grunts from grannie and minimal responses from Annie. I sense there’s no love lost between them, and that they’re maybe starting to wonder what’s to happen should the twins make it out of hospital. No man claiming any connection to the boys has been spotted on the unit. Perhaps not surprising, as discreet enquiries by the social worker have elicited that Annie has had a string of short-lived male admirers, any one of whom could be dad.

A month after their birth, Annie still hasn't given her progeny names. Perhaps she hasn't wanted to tempt fate as they cling to life. One day, I'm sitting beside her in one of the rickety chairs provided for visitors, as she nurses twin 1 in her arms and cautiously coaxes it with a small bottle of breast milk the nurses have taught her to express. Our brief conversations still involve a lot of sign language, and I've come to not expect much more.

“Wa's thee gien name?”

At first, I think she must be talking to her babe, as she hasn't taken her eyes from him. Then she glances shyly and quickly towards me.

“Ah, you mean my Christian name?”

“Aye.”

“John.”

“An' yer faither's?”

“Richard.”

“Och, thass it. John 'n Richard, I'm namin' 'em.”

Two unlikely sassenach names for these dyed-in-the-wool Scots-Irish boys, but I refrain from saying so.

“Annie, I'm honored you should choose our names. Which is John and which is Richard?”

“I dunna. Yeh decide.”

Wondering briefly if this falls within the purview of a pediatric resident's job description, I lay a hand on the nearest one's head. I feel like a priest performing a baptism.

“John.” I repeat my little ritual with the second twin. “And Richard.” The lump in my throat is back.

Four weeks later, Annie takes her precious bundles home to her single-end Gorbals tenement. She could still tuck them both in her purse and sling it over one skimpy shoulder—they top just over three pounds each on the nursery's scales. But John and Richard have smiles for all who come to ogle them, and lusty sucks for every ounce of milk on offer. Annie seems to have utterly recovered from her initial shock, and is showing herself a devoted mum. She's even started breastfeeding them for short spells. Perhaps her loving touch is the secret to their thriving, something that would have been denied them in a more high-tech environment.

Even great-grandma seems to have come to terms with these sudden additions to her family. Their unlikely survival has drawn attention from all sides, and money and household goods are pouring in to help. We have set up frequent health visitor checks-ups at home, as well as following them in clinic. Annie will be joining the daily hordes of multiparous women who sway their way up York Hill to the hospital from the Argyle Street bus stop, towing behind them strings of grubby and unwilling children.

Who knows what the future holds, but some higher order must have been watching over the twins till now. As Kierkegaard said, life is a mystery to be lived, not a problem to be solved.

John Graham-Pole is a graduate of London University (1966) and professor emeritus of pediatric oncology and palliative care from the University of Florida. He's published/co-edited six books on arts

health and poetry, and his short stories and essays have been published in *Ars Medica*, *CMA Journal*, *Hektoen*, *Medical Humanities*, and *Yale Journal of Humanities*. He's just completed a novel and a memoir. He co-founded the Center for Arts Medicine (www.arts.ufl.edu.cam) and Center for Spirituality & Health (www.spiritualityandhealth.ufl.edu), and works with artists, health professionals, and family caregivers, to promote the expressive arts in our physical, psychological, and social health and wellbeing. He lives in blissful retirement with his wife, Dorothy, in Antigonish, Nova Scotia.

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