

Your Name
Your Address

6,600 words.

Your phone number
Your e-mail address

(Your agent's name)
(Your agent's address)

TAKE A DEEP BREATH

by Brian D Gregory

CHAPTER ONE

Chapter

These are the adventures Dr. Anthony B. Wilde, a peripatetic anesthesiologist, exploring strange countries, seeking out new cultures and new friends – boldly passing gas and aphorisms on his way.

#

CHAPTER TWO

Up in the Air

Most of these large airports are confusing the first time you visit them. I was discharged in this maze by Air New Zealand, and had to find Air Saudia to continue on to Riyadh. I was lost until I spied a group of female flight attendants stylishly covered from head to toe, complete with matching face veils. I followed them to the Air Saudi check-in desk. After

checking my passport, the Arabic ticketer, who spoke with a slight British accent, handed me my boarding pass and wished me a pleasant journey. Two hours later I was seated in business class and on my way.

Business class on Air Saudi was nice, I couldn't imagine what they would have in first class. Free drinks? – Not likely on Air Saudia. I'd usually flown cattle-car before since it's a third the price, but this time King Abdulla Specialist Hospital and Research Center was paying for the trip. The only other time I'd flown business class was on return trip from New Zealand to the US, being upgraded for having tended to an emergency on the way down, an hour after leaving Los Angeles. It was too tempting to raise my hand when the flight attendant announced over the speaker, "Is there an doctor on-board?" I beat out two opthalmologists, a dermatologist a psychiatrist, and a PhD in history. Ten minutes later, I'd diagnosed an elderly woman as not having a heart attack, but just a little hypoglycemic and anxious after having made a quick connection from the Germany to Los Angeles flight. Some orange juice and half a valium put her safely to to sleep. God knows how much it would have cost to turn that 747 around and head back to LA.

I'd been awakened at 2 am the month before while I was soundly asleep on my 2 hectare gentleman's farm on the Otago

Peninsula.

"Hello?"

"Dr. Wilde? This is Dr. Samsi at King Abdullah
Specialist Hospital in Riyadh."

" Umm...This is Dr. Wilde. – Could you repeat that?
It's a bit early in the morning. Who are you again?"

"This is Dr. Samsi at KASH in Riyadh, Saudi Arabia.
You put in an application to work at the anesthesia department
here."

"I did? Wait...I vaguely remember doing something like
that during my residency. That was ...gosh, that was at least
seven years ago."

"Dr. Wilde, we'd like you to come to Riyadh and work
with us, if you're still interested. It would be on a trial
basis for a month."

"Trial basis?"

"Yes. We like to see if you're a good fit and you get
to see if you'd like to be here longer. Saudi Arabia is a unique
place to work, but it will be different than what you're
probably used to."

I'd been in New Zealand for about a year waiting for
my Kiwi medical license. Everything had been approved and there
was only the 'formality' of having it signed off. Unfortunately,

between the time I boarded the plane to emigrate to New Zealand and the end of that month, there had been unrest in South Africa and it seemed that every doc there had the idea of emigrating to another commonwealth country - quickly. New Zealand, being part of the British commonwealth, suddenly had a massive influx of requests for new medical licenses. The medical board of New Zealand did what any protectionist organization would do and immediately stopped all new-comers. They were happier having non-residency trained gas-passers - who thought a pulse oximeter was for keeping track of a pulse - than board certified anesthesiologists. How long would this last? Who knows.

"Ummm...Ok, sure. I'll come. Here's my email address."

The Otago peninsula, where I lived in New Zealand, was on the south island in an isolated micro-environment. On the same day, one could dig clams in Papanui Bay, see black swans in Hoopers inlet, walk to the beach for a swim with the seals, and watch the albatrosses soar with the local hang-gliders. I'd be going from a remote cool, serene, south-sea garden-of-edén, where everyone had a quaint, not-quite Australian accent, to a multi-cultural desert compound with people from a hundred different countries speaking as many different versions of English. Sure...I needed a short break from paradise - didn't want to get in a rut.

#

CHAPTER THREE

Flying the Friendly Skies

Take off was smooth and we quickly climbed to 30 thousand feet. I was lucky in that my seat was by the window, and the aisle seat empty. The sky was blue with a few cumulus floating off the starboard side. A great time to settle back for a siesta.

I'm one of those people who can sleep sitting up. I can also fall asleep in under a minute; I've scared a few 'friends' that way. It must be an inherited trait, but it isn't narcolepsy. It's just that I can really relax – quickly. Ever had one of those cat naps? You know, the 15 minute type where you wake up and wonder how many hours you've been out? I do that. When sitting in on a lecture, I take my pulse out of boredom; it'll be in the low 40s, breathing between 4 or 5 times a minute, but I'm wide-awake.

But when I decide to sleep, I'm dead to the world. I don't move. In grade school I would gently climb under the covers at night, and gently slide out in the morning with just a

quick wipe to smooth the wrinkles. In high-school I would sleep on the back of a couch, balanced for two hours. Five hours asleep is enough...when I'm out. The problem with being on call, though, is that you have to answer your pager and be coherent enough to do an emergency intubation, a central line, or a craniotomy. I can sleep light - don't get me wrong - and expertly do a case, but it just isn't the same. It wipes me out the next day, that light sleeping. Thirty-six hours without a deep snooze and I start hallucinating. Nothing serious, just colors start playing games. That blue shirt that you're wearing will suddenly be brown, and then green, then back to blue.

— squish —

"Ummm.. ?"

"Sorry, didn't mean to wake you. I was in first class but it was noisy up there, so I decide to come down to business."

I shifted in my seat, sitting up. "Not a problem. I was just catching up from the last flight." I held out my hand. "My name's Anthony, friends call me Tony."

He shook it. "I'm Richard, or Dick. What takes you to Riyadh?"

"I'm going to work at King Abulla Medical Center for a

few weeks. Ever heard of it?"

He sat down in the seat across from me. "That's where I work. I'm head of the OB-Gyn department there."

"Been there long?"

"This will be my eighth year. Are you from the States?"

"Yes...and no. I've actually emigrated to New Zealand, down in Otago."

"Funny, that's where I'm from - small world. Did you bring your buckets with you?"

"My buckets?"

He grinned. "Yeah, everyone brings two buckets to Saudi Arabia. One is for gold, the other is for shit. When either one fills up, you leave."

I smiled wryly at him. "Your buckets getting heavy, Dick?"

"About half full of both." He glanced up at the attendant walking down the aisle towards us. "Here comes the coffee. You should try some, it's good. It has a bit of a cardamon taste."

The flight attendant was carrying a silver tray with a doily. Atop it sat a silver pot with a long spout. She poured us both a cup, the coffee flowing through a long arch to the cup. She was a barista with elegance; I was impressed. I held the cup

to my nose and breathed in the slightly bitter scent, then took a small sip. The coffee was different but good. Dick and I talked for a couple of hours during which time I noticed women who were dressed in western garb get up from their seats only to return ten minutes later dressed in black potato sacks. I quizzed Dick about this:

"Say, Dick... are all these woman having their clothes dry-cleaned in the back? What's going on?"

"Oh, you mean what's with the abaya, that black robe?"

"Yeah. What's with the abayas?"

"In Saudi all the women have to wear an abaya in public. It covers them down to and including their ankles. They need to be dressed that way when they land in Riyadh or they might get their ankles whacked."

I was sure I hadn't heard him right. "Excuse me?"

Dick went on, nonchalant. "It would help you to learn a little bit of the history of Saudi Arabia for this to make sense, but to be brief – there's a group of religious police who whack any woman's ankles if they can see some skin. They consider showing skin in public to be the act of a whore. Before we land in Riyadh, all the Arabic women will be covered. The western women get a pass, but only in the airport. Outside, on the street, western women need to wear abayas, too. Head

coverings are a mixed bag. Arab women wear them, not so much westerners. There are some nasty stories of nurses from the compound ending up in jail for not having on their abayas. The nurses all check up on one another, and there's a number to call if one of them goes missing. You need to get them out of jail fast...anything can, and has happened, in jail. King Abdullah Hospital has enough pull to get them out quickly, if you know they're there."

"Sounds as though someone's getting a thrill whacking ankles. What do you call these ankle wankers?"

"They're called Matawa. Their origin is with one of the very conservative tribes that joined others tribes to form Saudi Arabia. On the plane, when you fly out of Saudi Arabia, most of the women you see now wearing the abayas will have them off ten minutes after leaving the ground." He grinned. "They don't like the dress code either. There are benefits, though. I've heard that anything is worn under those abayas. Late for work, put an abaya over your pajamas and head on in. I've heard more than one nurse say that to keep cool all they wear off the compound while going shopping is an abaya, nothing underneath."

"Sounds like a great equalizer."

"Yes, and no. You probably won't notice, but there are subtleties in the abayas. The stitching for one: very faint, but

elegant, patterns and embroidery. Some of the thread might be gold. The women know who's wearing the hundred dirham abaya, and who's wearing the ten thousand dirham abaya."

"Looks as though we've started our descent."

"Tony, why don't you come over for dinner next week; my wife's a pretty good cook. I'll invite another Kiwi couple, good friends of ours. He heads the Radiation Oncology department – you two would get along well. After getting oriented, drop by the OB-Gyn department and I'll give you directions."

"Fair dinkum. I'll drop by."

"You do know that 'fair dinkum is Australian, don't you?"

"Sorry about that. My neighbor in Otago is from Australia. He married a Kiwi. Guess the lingo came with him."

#

CHAPTER FOUR

Welcom to the Magic Kingdom

The Riyadh airport wasn't busy. I followed the other passengers to pick up my baggage. While waiting, I heard a voice say:

"Hello Dr. Wilde; welcome to the Magic Kingdom."

I turned around and saw two men. The shorter one I

recognized from his photograph on the web. "Hi. You must be Dr. Samsi. I must stand out from the crowd, you found me quickly."

"Newbies look different, and I had your photo. This is Dr. Lewis, the vice-chairman of the anesthesia department. Let's give the crowd time to go through customs while we have some coffee. The next arriving plane isn't due for a few hours."

"I need to get my baggage first. Don't want anyone walking off with it."

Both men smiled, they'd heard this before. "No one's going to steal it. This is Saudi Arabia. Your bags are safe there."

"You sure?"

"We're sure."

We sat down at a small place where Dr. Samsi bought three cups of coffee and watched the plane's passengers slowly ooze through customs.

Dr. Samsi looked Indian, maybe Pakistani, but sounded as though he was from the US. Dr. Lewis sounded British from the few words he'd spoken. I looked at them and said, "My friends call me Tony."

"Everyone calls me Samsi."

"I'm Gordo, said Dr. Lewis."

"How long have you guys been working at KASH?," I

asked.

Samsi replied, "I've been here for fifteen years, Gordo for twelve."

"Hard to see how it could be that long, but it has been. The place grows on you," replied Gordo.

"What brought you two here?" I asked.

"People come here for lots of reasons. Some for the money, some for adventure, some to escape from something. The better question would be, 'Why have you stayed?'," replied Gordo.

"Ok...Why have you two stayed here?" I asked.

"Samsi chimed in, "It's the people; not the Saudi's, but the other expats that make a difference. It takes a particular type of person to come to the desert in Saudi and live here. Surviving the Saudi culture requires that you have a natural ability to adapt, which means you're easy going, bright, and a little adventurous. Otherwise, you don't last long."

"There's also always something going on at one compound or another," Gordo added. "The only time you stay home on the weekend is when you want to. We've had nurses who left because they hated wearing an abaya, only to return within six months: They said that back home was too boring."

"I suppose this could be more exciting than watching

the sheep graze outside my front door," I agreed.

"See how you like it for a month," Samsi said. "We look for long-timers. We're a tight group and have to work well together. You'll know if it's the right place for you, and we'll know if you're right for us."

"Fair Dinkum," I intoned.

"What?" asked Gordo.

"Never mind," I replied. "Just a colloquialism that I tend to misuse regularly."

"Looks like the crowd is down," said Samsi. "Let's get your bags and go on to the hospital."

#

CHAPTER FIVE

Follow the Yellow Brick Road

We loaded my baggage into Samsi's car and took off for the hospital. It was sunny. It was hot — but a dry heat. I'd grown up in Florida where 95/95 was ordinary: 95 degrees Fahrenheit, and 95 percent humidity. I didn't know what humidity was until I left for college in Tennessee and wondered why my lips were cracking that fall: low humidity. Humidity is great for some people, unpleasant for others. I knew a woman, once,

who didn't sweat. She hated dry climates but loved the humid coast. I'm the opposite; I was made for dry climes – lean, 1.88 meters by 78 kilos, and as long as I have water to drink I function like a swamp cooler. In Florida, I couldn't walk to the mail box at the end of the driveway without soaking my shirt before making it back to the house. In the desert, all that perspiration was an advantage: it kept me cool by evaporation. A person will die more quickly from heat in a humid environment than at the same temperature in a dry environment – evaporation is your friend, no heat stroke.

"Why is that car driving on the sidewalk?" I asked.

"He's trying to get around the car in front of him," Samsi replied.

"Umm, yes,...I see that. Let me rephrase the question. WHY is that car driving on the sidewalk to get in front of that other car?"

Gordo explained, "That's how people drive here. If you look, you'll see there are no women drivers; it's against the law for women to drive. They'll be thrown in jail if they're caught driving. You'll also notice that most of the drivers are young men. The median age in Saudi Arabia is under twenty. Families are large, four or five children is not unusual. So what you end up with is a lot of teenage boys on the road.

They're used to driving in the desert, too. You'll be taking taxis while you're here, so you don't have to worry. The taxis are very cheap, and the drivers know how to drive like that, too."

"Thanks, that's comforting to know." I replied. "So tell me, why have I heard some people refer to Saudi Arabia as 'The Magic Kingdom'?"

Samsi smiled. "Because it is. I'll tell you: there are princes – hundreds of them – dressed in flowing robes; just as many princesses with veils covering their faces – and souks, the open markets where you bargain for carpets, gold, scimitars, and camels while you sip tea with the shop keepers. Bargaining is an art form and a way to socialize – to get know someone and show your cleverness. If you don't bargain, you're being impolite. For many, it's like something out of Aladdin and the forty Thieves. You can buy a fetish if you want, or listen to someone tell you about seeing a djinn."

"I have an Irish friend who swears he's seen a leprechaun." I interjected.

"Don't forget – there is a darker side, to the Magic Kingdom," Gordon interrupted. "Chop-chop square is a block away from the the gold souk."

"Is that where animals are butchered?"

"No," he explained. "That's where criminals have their hands, feet, or head cut off."

I paused for a moment, letting what he said sink in. "Is -- that's done in public?"

"Oh, yes," replied Gordo. "You should talk with Dr. Odon, he's in our department. Charlie goes to chop-chop square every Saturday when he has no other plans -- claims he's seen seven beheadings the the ten years he's been here. Samsi - it's six, isn't it?"

"No, he's up to seven now," replied Samsi with a conversational nonchalance.

Gordo continued. "Most of the time it's just a foot or a hand. The criminals are always drugged and pretty high when they're brought staggering out to the square. They'll have bags over their heads and be helped along. I've never gone -- too gruesome for my tastes."

"Sounds more like Grimms' fairy tales than a magic kingdom," I muttered.

"Tony - you might like talking with Dak Stowe. He's also in our department," Samsi cut in. "He's our resident existential-philosopher anesthetist from the Netherlands. Dak's thinks that chop-chop square is a lot more humane than many prison systems, and that of the US in particular." He smiled.

"Buy him a beer and don't have anything else you need to do for a couple of hours."

"I thought you couldn't buy alcohol here," I said.

"We brew our own," replied Gordo. "The authorities look the other way as long as you don't flaunt it. Otherwise they'd lose ninety-percent of the expat docs. If you want something harder - whiskey or vodka for example - you need to know an ambassador or at least go to their parties."

"How would I find out about those?"

"Ask the women nurses what's happening in the DQ. They know everything that's happening on the other compounds. At KASH, there's a 5:1 ratio of women to men. On most of the other other compounds that's reversed, or even 10:1 - KASH is the central supply for western women in Riyadh. They're in demand."

"Gordo, what's the DQ?"

"Sorry...DQ stands for diplomatic quarter. All the embassies are located together there. It's about five kilometers from the hospital compound. Local laws are pretty loose there, and it's a good place to run or roller-blade. You probably wouldn't want to go for a long run near the hospital: not even men show their knees, and jogging is considered weird - and somewhat perverted - by the locals. There's a nice path on the ridge around the DQ...probably goes about 15 kilometers all the

way around."

Samsi cut in, "This is the north end of the compound now, where your quarters are. We'll drop you off so you can take your bags to your room. Here, building A, your apartment is 8, which I believe is at the top on the fourth floor. Here's your key. When you're settled, take that walkway down the steps and you'll eventually come to a roundabout with a fountain in the center. Go through those doors, and continue two thirds the way down the very long main hallway where you'll find some elevators and stairs that'll take you to the second floor. You'll see signs for the anesthesia department. You need to fill out some paperwork and go over to security for a photo ID. No rush, see you in an hour."

"Sounds good. Thanks for the lift. Oh... I forgot to ask about malpractice insurance."

Gordo answered, "Blood money is covered by the hospital in most cases."

I took my two bags inside and rode the lift to the fourth floor while wondering what blood money meant. There were only two apartments on each level, each level connected by an open, wide stairway. Nice – an impressive solid wood door that befit a well designed concrete building, and the key worked. I was expecting a little room. What I got was a two bedroom, two

and half bath, two-thousand square foot executive style apartment. Well, it wasn't all mine – I had to share it with a Swiss pediatric intensiveist who was arriving tomorrow for a six week stay. You get your own place when you're permanent. Plenty of room for the both of us, though.

I grabbed the bedroom that looked out over a tall bell-tower type building, took a shower, changed into fresh clothes, and walked down the stairs. Fourth floor – counting the ground floor as first floor since KASH was designed to mimic a state of the art American hospital – was just right for bypassing the elevator and getting some exercise. I exited the door, hooked a left, and followed the walkway that Samsis had pointed out. Passing a couple of similar buildings, I saw a lap-size pool off to the left and detoured to have a look. There were two women with drinks, sitting in lounge chairs who watched me as I came in. I waved. They waved back.

"You must be new here," said the blonde woman in a blue bikini. "My name's Holly."

"And I'm Barbara," chimed her dark haired friend in a red one-piece, lap swimming suit.

"My name's Anthony. I'm here for a month with the anesthesia department. Just got in about thirty minutes ago."

"It nice to see some new people here," said Holly. "My

husband is in cardiology. Barbara is an ER doc."

"It's good to meet you both." I nodded towards the pool. "Is it 25 meters or 25 yards?"

"Twenty-five yards," replied Barbara. "Don't hit your head if you butterfly."

"How's the water temperature?"

Barbara smiled. "It's always about 83 degrees," she said. "A little warm for laps, but you get used to it."

"I take it you were on a swim team in the States." I commented.

She laughed. "Was it my Texas accent, or my use of Fahrenheit that gave my nationality away?"

"Both," I replied. "Though the clincher was your University of Texas swim cap on the table."

"Did you swim competitively," Barbara asked?

"No, but I do jump in and swim a mile twice a week." I paused. "Swimming's more a form of meditation for me – a nice rhythm that lets my mind wander, sometimes zoning out and losing track of how many laps I've done – which isn't good for being competitive. Though I've solved many a dilemma while paddling back and forth."

"It helps me stay sane," said Barbara.

I nodding knowingly. "I'm on my way to the anesthesia

office to fill out some paper work. I just arrived on the compound about 30 minutes ago."

"It'll take you about eight minutes from here if you go directly there," Holly said. "Follow those steps down the hill. You can see the hospital over there." Holly pointed in its general direction from her spot on the lounge " - it's three stories tall, but must be a quarter mile long. Say 'hi' again when you see me by the pool - I'm always out here. We'll invite you over for supper when my husband comes back from 'king duty'."

"I usually swim laps around sunset, if you ever want to join me," Barbara added.

"I may do that. It was nice to meet you both," I said. "And, thanks for the directions."

Walking out the pool gate and down the steps. I made my way toward the hospital. Along the way, I decided to investigate a small recreation center. I walked through the main doors and passed a small basic supply store; a barber shop; a bowling alley; something that looked like an unofficial bank; and a small electronics store where one could buy a cheap stereo system along with renting music and movie DVDs. Everything you'd need to survive on the compound.

Continuing on toward the hospital, I circumnavigated

the water fountain which was surround by pansies, and entered through double glass doors. Inside was a wide hallway that stretched forever. It reminded me of the mile-long central core of a spaceship in scenes from sy-fy movies where generations of people lived while traveling between stars. People were mostly dressed in hospital garb: scrubs of various colors, white uniforms or long white lab coats. I wandered along the middle of the large corridor while peering down the connecting corridors until about two thirds of the way I climbed the stairs to the second floor and followed the signs to the anesthesia office.

"Hi," I said to the woman at the desk. "I'm Dr. Anthony B. Wilde. Dr. Samsi said I needed to fill out some paperwork and get oriented."

"Hello, Dr. Wilde," responded the petite, thirtyish woman in a precise, clipped Indian-accented English. "Where are you from, Dr. Wilde?" she asked.

"Mostly Florida," I replied with my light southern drawl. "But I've been living in New Zealand recently."

"You don't sound as though you're from Florida," she stated matter of factly. "I'm Sanjay, Dr. Samsi's assistant. I have a packet of information for you, and some papers that you need to take to security and the finance office. There's a map in the packet that shows you how to get to both. And over here,"

she said while walking over to a series of pigeon holes attached to the wall, "is your mailbox where we put your mail about 10 am every morning along with any other notices. We post M&M's and other meetings on the wall over there; the vacation schedule request is over there...but you don't need to worry about that." As I started out the door she added, "Come back here after you've been to finance and one of the doctors will show you around the OR and the tomorrow's schedule."

"Thanks, y'all," I replied in as heavy a southern accent I could muster.

I headed off to security, smiled, and waited for my photo ID badge, then followed the building's map to the finance office and signed a few sheets of paper written in Arabic. I could have been signing the rights to any children I had for all I knew. Can you do that in Saudi Arabia?

Arriving back at the anesthesia office I waited for Sven Larson who would show me the ropes in the OR. Sven, a slightly smaller imitation of Thor, showed me to the operating theatre and the men's change room where I found a locker with Wilde written cloth-tape over a prior name. We donned scrubs and went to an empty OR room after Sven showed me the general layout. Fortunately, the rooms were identical to those in the USA. I'd used the Drager ventilator for years, the drug cart and

drugs were the same brands as in the US, too. Endotracheal tubes...check, masks...check, operating table...check. No surprises here. A perk – we each got our very own anesthesia tech to fetch us any drugs or equipment that we might need during the case; beforehand though, we had to personally pick up narcotics and benzodiazepines from the PACU which was connected to the OR. Piece of cake. I was on the schedule for an appendectomy in the morning – a simple case to get used to the system. The on-call person today would pre-op the patient.

I thanked Sven, checked with the office to make sure there wasn't anything else I needed to do, stopped at the basic supply store for the makings of a simple supper and breakfast, took a quick swim in the pool and finished unpacking before heading to bed to try to ward off any jet lag.

#

CHAPTER SIX

What could possibly go wrong

I woke up at 5 am with a loud, obnoxious, wailing sound invading my room. Where the heck was I? Hmmm...assess the situation: king-size bed with a really comfortable mattress, free-standing swivel mirror, my travel bags on the floor to the side...sunrise coming through the windows. Ah...that's right,

Saudi Arabia.

What IS that noise? I looked out my window and saw a dozen or more sheet clad people heading for the bell tower I'd seen earlier. Zombie apocalypse? Air raid? The first Gulf War had ended a couple of years before, and I'd heard there was a lot of unrest. Still, no one was running ... they were walking to the pointy building. Okay, might as well be clean for Armageddon. Time for a shower, breakfast, and head over early toward the OR to make sure there weren't any surprises for my eight o'clock case.

When I arrived at 7 am, the nurses were just arriving to set up the rooms. I put on scrubs and walked to my room to check the machine and draw up drugs for the induction. Going down the anesthesia check list is routine: positive pressure on the mask – good, no leak; O2 flow – good, pulse oximeter – reads 98 on my finger; capnograph – 38 for me; nerve stimulator – ouch, yep, plenty of juice; blade; endotracheal tube lubed, bed in a good position; arm boards set...plenty of time for some coffee.

I went into physicians OR lounge, and just like in the US, in the coffee pot was a black, concentrated, distasteful liquid that evolved from several hours of evaporation on a warm burner. Digging through the cupboards I found the packages of

coffee and filters. I'd done plenty of locum tenens in the US, and the one thing that was always constant everywhere was either an empty coffee pot or this black goo. For all their training, most docs have never learned how to make a pot of coffee.

Between OR cases, I've stopped in surgeons' lounges where eight or more surgeons would be reading the paper or watching television while a coffee pot smoked on a burner. I'd empty the pot and start a new one dripping while I went to the restroom and checked on the next patient. Coming back to the lounge ten minutes later, the pot would be empty and every surgeon would be sipping on a fresh cup of coffee. No one looks up. Sigh...

A nurse sticks her head in the room and says, "Dr. Wilde, we're taking your patient back."

"Thanks," I reply. They're wheeling the patient directly to the operating room which usually means the patient looks healthy and they're a little behind schedule. No problem. I'll check the pre-op note in the OR.

As I walk in, the patient's being moved over to the surgical table. He's thin, with a bushy long beard. I had looked for the anesthesia pre-op sheet but couldn't find the chart. Not surprisingly, my patient doesn't speak a word of English.

"Does anyone know anything about this patient? Is there any thing out of the ordinary with him," I ask. "Where's

the chart?"

They look at each other, then the circulator says, "Dr Abad, the resident, has it in the lounge."

"Would you ask him for it please?"

She leaves and returns in under a minute. "Dr Abad says that he has to finish the H&P before they can cut. He says he can't find the anesthesia pre-op, but the patient is healthy, the labs are good, and it's a simple procedure that shouldn't take more than 30 minutes. They would like to be able to cut in 15 minutes when the attending finishes rounds."

I ask the anesthesia tech to ask the patient in Arabic if he is unhealthy in any way. The anesthesia tech speaks for a minute with the patient shaking his head sideways at intervals. The tech looks at me and says, "He says he is healthy."

I was accustomed to listening for the subtle clues in patients answers – choice of words, hesitations, tone – when doing a medical history in English. So much for that...

I put the pulse oximeter on the patient's index finger, give him 50 micrograms of fentanyl through the iv in his left forearm, hook him up to the EKG and put the blood pressure cuff on his right arm, check the positive pressure on the mask again, then push 60 mg of Propofol through his IV – a small dose to be on the safe side so as to be sure I can ventilate him

before paralyzing him, and...he's out like a light, not breathing. I'd suspected that he'd have a low tolerance for any sedatives since they're all banned in Saudi Arabia, but his sensitivity was still impressive. Time to use the mask.

I hate masking someone with a beard because their hair causes so much leakage around the mask. But I've masked plenty of three hundred pounders with beards – they believe the beard makes them look thinner, or distinguished. I tried a beard once...didn't do a thing for me.

I heard a SWOOSH sound. What? His chest didn't rise at all. I refilled the ventilator bag and turned the oxygen flow up.

—SWOOSH— I don't have any positive pressure with the mask on the patient. Everyone is standing around nonchalantly not realizing that this is a potentially catastrophic scenario.

I asked, "Does anyone know ANYTHING about the patient. I didn't see a pre-op report on the chart."

The circulator replies, "Oh, sometimes if the on-call anesthetist gets to the patient late, the pre-op is left in the box in the control room."

The pulse oximeter has dropped from 100 down to 92.

"Could you request that another anesthesiologist come in?" I calmly asked the circulating nurse. I was missing

something, I didn't have enough info, and no one present was helping.

I verified the positive pressure with my thumb in the mask, put the mask back on the patient and squeezed the bag again.

—SWOOSH—

Then I noticed it. A third the way down his chest on which lay his beard, a strand of hair moved.

Darn!...no wonder! I grabbed the endotracheal tube, pushed his beard to the side, and put the tube down the previously hidden gaping tracheotomy. I blew up the cuff on the endotracheal tube, gave him a couple of DEEP breaths of oxygen and casually said, "Go ahead and prep," just as three anesthesiologists ran into the room.

"You OK?" asked a woman with a New England accent.

"I'm good. Just a correctible equipment glitch and temporary failure to communicate. I wanted to be on the safe side. I'm Anthony, by-the-way."

"Hi, I'm Bonnie. If you have any questions, I'm next door in room four."

"Thanks, Bonnie. I'll drop in between cases if you're not in the lounge. See y'all later."

The rest of the day was normal, just like any of the

multiple hospitals I'd worked at in the US. I provided anesthesia for the next case which was a hysterectomy — Dick, who I met on the plane over, was doing it. He invited me over for supper this coming Thursday. After that was a right hip replacement on a 74 year old — the orthopedic surgeons were a lot of fun, as is usually the case. I met a lot of the anesthesia staff, at least those down in the main OR. There's another group of four anesthesiologists upstairs with the cardiac surgeons who routinely try to repair the bizarre pediatric heart defects that you only read about in text books. Those heart defects are inevitable when you have a culture that condones, even encourages, marriage between first cousins. You need to be a master plumber to figure out how to get the blood flowing the right way without destroying the pump.

All in all, it was a good day. I kept thinking back to that first case though. All the improbable events that led to a non-english speaking patient with a huge beard and a tracheotomy that no one in the OR knew about. What are the odds? One in a million? As I ran through my routine in my head to see what I could have done differently, it was still valid. My sequence and technique of induction let me quickly diagnosis the problem whereas that of most other anesthetist I'd worked with would have left a paralyzed patient with an endotracheal tube in his

mouth, a lot of ventilator alarms going off added to the three-ring circus of the circulator doing CPR chest compressions over the man's heart while he slowly turned blue. Would they have checked under the beard? Maybe...maybe not.

But I had been remiss. After being in New Zealand for the better part of a year, I'd forgotten the cardinal rules: 1. Never trust the surgeon, 2. Never trust the labs, 3. Never trust the patient. Now, I needed to add to my routine one more thing that isn't in the text books — 4. Never trust a beard.

After work, a little before sunset, I headed back to my apartment, grabbed my swimsuit and headed to the pool. Barbara was already there just finishing her laps. I dove in with a quick butterfly stroke to the end and back. She was waiting at the end of the pool.

"How was your day, Tony?" asked Barbara

"Not bad, had a surprise or two, normal when going to a new place. The anesthesia team seems solid. Some of the surgeons, and their residents, are a bit sketch. Not sure what to make of the general surgery department."

" It couldn't have been worse than mine. It was bedlam in the ER today. You won't believe who showed up on a stretcher with a knife in his gut. I'll tell you about it after your swim. Come up to my place when you're done, I'm in D-6. Holly's coming

over and we're eating around 7:30. I'll add a little more to the pot since you probably haven't had time for supper."

"Thanks. I'll be there in an hour. I need to relax and clear my head with a few laps first."

I took a deep breath and shoved off from the side.

<<<<>>>>