HEALING ARTS Materia Medica A Long Story Short

Frederick Adolf Paola, MD, JD^{1,2}

¹Health Professions Division, Nova Southeastern University, Fort Myers, FL, USA; ²Division of Ethics, Humanities and Palliative Care, Morsani College of Medicine, Department of Internal Medicine, University of South Florida, Tampa, FL, USA.

A s a sinewy young boy in interwar Italy, his friends in the town of Nocera Terinese had called him "Maginot," after the seemingly impregnable French line of defense against her Teutonic neighbors to the east.

Like his father, he had been apprenticed to a carpenter, from whom he had learned his trade. At the height of the Great Depression, he had made himself a working wooden bicycle (working, that is, when pointed downhill), those of metal and rubber being then cost-prohibitive.

My father had emigrated from Italy to the United States in 1951, making a living for himself and his family as a carpenter and general contractor. I remember marveling as a little boy at his hands, really more paws than hands, and his massive fingers. Would I, too, have them when I grew up? Alas, no. Nor, unlike my surgeon brother, did I inherit his manual dexterity. No, indeed; I became a general internist.

After putting his two sons through medical school and retiring thirty years ago, he'd had no trouble keeping busy, what with family, friends, travels with my mom, reading, Italian music (from vinyl through 8-track through cassette through CD through MP3), and tinkering in his basement retreat on various woodworking projects. He remained physically active and vigorous, working out and walking daily. Through it all, there was his enthusiasm for the oral tradition in which he had been raised, for the telling and retelling of stories and proverbs of Nocera, both to preserve the past and to glean from it lessons for today and tomorrow.

Each year when late spring rolled around, he and mom would return to his native Calabria for the summer, where he would enjoy the local wine and produce, and the banter with other speakers of his *lingua madre* who, like him, had been raised in the oral tradition of southern Italy. There, too, he kept a bicycle, this one a Bianchi with Campagnolo parts. Come September, they would return to the States.

For the last 15 years or so, since moving from Long Island to Florida, the garage had replaced the basement (basements being hard to come by in Florida) as his retreat of choice, and the summer migration offered the added bonus of a respite from the stifling summer heat and humidity of Tampa Bay.

This spring, though, would be different. At eighty-seven, he developed profound weakness, and workup disclosed a microcytic anemia. On endoscopy, he had a bleeding duodenal ulcer, the appearance and location of which raised the specter of malignancy. Abdominal CT revealed a mass in the head of the pancreas. Instead of effortless rapport with

Published online February 18, 2015

other speakers of his mother tongue, there would be halting efforts with speakers of medicalese, and the search for a lingua franca.

My brother and I were with him during his gastroenterologist's reluctant and cryptic explanation regarding the need for a repeat EGD, this time with a biopsy.

"I'm not sure what he said," my dad admitted, almost abashedly, after the gastroenterologist left. I supposed that I would not have understood either had I not been a physician, and I wondered how I would have gone about breaking the same news to the father of a colleague in attendance.

The biopsy disclosed ampullary carcinoma. Maginot had been outflanked, by the ampulla of Vater, no less. It was ironic times two. *Vater*, as in Abraham Vater, the German anatomist who described it in 1720. *Vater*, as in father. My dad's surgeon was frank with him. He opted for palliative care and hospice.

Spared the ravages of an all-out chemotherapeutic war on cancer, spring would see instead the afflictions (anorexia, nausea, vomiting, pain) wrought by the occupying enemy, and by the side effects (e.g., disorientation) of those palliative agents dispatched to ameliorate them. And, of course, there was the inexorable wasting. As he grew physically smaller, his hands loomed larger.

But the occupation had no discernible effect on the oral tradition. If anything, there was an acceleration of the story-telling as his time grew shorter. My brother and I listened and sought to remember.

Visiting my parents on what would be my dad's final birthday, I went to work out at the clubhouse in their community. His body weakened by cachexia, he came along to keep me company. And yet, once seated on a stationary bicycle, he began to pedal, perhaps from force of habit, and to my astonishment kept it up for a full twenty minutes. I recalled an old Italian saying: *"Hai voluto la bicicletta? Adesso pedala!"* "You wanted the bicycle? Now pedal!"

Our workout complete, we returned home and sat quietly together in the garage. As summer was fast approaching, I wondered what his point of departure would be—the new

J Gen Intern Med 30(6):864–5 DOI: 10.1007/s11606-015-3230-9

© Society of General Internal Medicine 2015

world, or the old?

"Dad, do you want to go to Italy?"

He spied an overcast sky and commented almost hopefully that he had heard that it was to be a cool summer in Florida. Then he arose and went into the house to rest. So, there it was. There would be no trip. It occurred to me that I should have known all along. My Brooklyn-born mother loved Italy, but not as he did, and had never regarded it as home. He would never ask her to watch him die in what was to her a foreign land, far from her family and friends; and he would never consider dying apart from her. That was not how he had taught us to love. He wasn't given to gift-giving, or to public displays of physical affection-"i bambini si bacciano mentre dormono," he had told me once after witnessing my public display of affection for my daughter. "You kiss your kids while they sleep." (In truth, the rule seemed not to apply to grandchildren.) No, for Maginot, love had always been about acts of service for those he loved, and quality time spent with them.

I looked at the ceiling fan that the homebuilder had installed in my parents' garage. It moved little air, offering about as much relief from the coming heat as a cocktail umbrella would offer from the elements. I recalled another of his Calabrian proverbs: "*Sulu a ra morte un c'è riparu*." "Only against death is there no remedy." Here, at last, was a problem I could remedy. While my dad rested, I bought an industrial ceiling fan that, I had been told, would move 9,600 cubic feet of air per minute. I enlisted my surgeon brother's help in installing it in my parents' garage.

"I'll hang the fan and wire it. You wire the switch."

When I threw the circuit breaker, the fan started to run at full speed, even though the switch was turned to the off position. I frowned.

"You wired the switch wrong," I told my brother, unassumingly. He shrugged. We looked at the relentless fan, then at each other.

"Just let it run forever," he said smiling. I nodded.

I removed the switch completely and, much to my dismay, the fan continued to run anyway. Faced with incontrovertible proof that the error had been mine, I admitted as much. I redid the wiring in the ceiling, correcting the short circuit I had inadvertently created, and reattached the switch as before. I flipped the switch to the off position, and the fan, merely mortal now, died, as the gods command that mortals must.

Corresponding Author: Frederick Adolf Paola, MD, JD, Health Professions DivisionNova Southeastern University, 3650 Colonial Court, Fort Myers, FL 33913, USA (e-mail: pfrederi@nova.edu).