Learning the Thunder

Blaine Paxton Hall, PA-C

In the hospital dialysis unit, where I spend a lot of time, patients’ blood pressures often fall, sometimes quite low; on any given visit to the unit one sees the foot of most beds raised in Trendelenburg position. And when patients (those who are able) stand up on the scale for a post-treatment weighing, they often collapse in a faint. The other day, one of the young doctors-in-training who was working in the unit launched into oration on how to distinguish a seizure from syncope.

I didn’t tell the young doctor, but I’ve seen a few seizures in my lifetime. In fact, I’m certain that I’d seen more seizures by the age of 5 than he is likely ever to see in his entire career. My father had epilepsy and suffered what they called grand mal seizures. His young, primigravid mother had died of eclampsia and uremic poisoning while prematurely giving birth to him. He was born weighing 4 pounds; in 1929 this was quite a precarious state for an infant, but he survived. His seizures, which began when he was about 2 years old, were thought to have been caused by birth anoxia and his mother’s toxemia.

My father could never get a driver’s license, of course. Today a young man could hardly live a life if he couldn’t drive. Fortunately in Chicago public transportation was quite accessible, even in the early 1950s. My mother was institutionalized when I was 2 years old, and so I accompanied my father just about everywhere he went. I even went with him a couple of times to the factory where, in those earliest days, he was trying to hold down a job. He was proud of his ability to navigate the city using public transportation. This was at about the time that the track trolleys were being replaced with trolley buses, which we rode in addition to the subway trains and the “El” (elevated) trains. We went everywhere together: to Wrigley Field to see the Cubs play, to Soldier’s Field to see the fireworks, to Moody Memorial Church, to Lake Michigan for fishing, to the Museum of Science and Industry to see the outer space capsule and the “coal mine.” We went to the bank, and we bought the groceries together.

In subzero temperatures, we walked to the neighborhood filling station to buy oil for the stove that heated our tiny apartment. We both carried the 10-gallon drum home; the metal handle froze my hand, anesthetizing it from the pain of the red welts made across my palm. Later he bought a Flexible Flyer snow sled, and we pulled the oil drum home on it. It was easy enough for him to pull the sled; once in a while he let me ride on it behind the oil drum, instead of helping him pull.

I realized early on that he had a purpose in letting me accompany him everywhere he went. I was along to take care of him when he had one of his frequent seizures. I now know that he felt a bit more secure when I was with him, but he of course resented being dependent on me, or on anyone. Unfortunately, his volatile temper, his unpredictable rages (and the beatings that followed) made me want to avoid him as much as I could. He made sure that I memorized the pertinent phone numbers and addresses; he knew that I could get us home safely, if need be. He taught me how to get around in Chicago with him, how to summon the police or ambulance if needed, how to fight in case I was “jumped,” and how to hide his wallet in my sock.

Every month he got a small box in the mail. It made a mysterious and muffled rattle when I shook it. Inside were several small, variously shaped, and almost artistically constructed boxes of pills. The boxes were not “tamper proof,” not sealed in those days, so I knew that each box contained a different pill or capsule and had a thin cotton sheet under the lid. In one box were dainty, lavender tablets, which were scored in the middle and had a bitter smell. Another box had small, smooth, white capsules, each with a red stripe around it. He was supposed to take a handful of multi-colored tablets and capsules three times a day. He taught me how to count them out for him, but often he didn’t take his medicine.

One day, coming home late on the CTA bus, he had a particularly bad seizure. We were tired and had been sitting quietly, bumping along on the bus. The other passengers were similarly quiet and resigned to the bus ride, idly watching the night lights flash by through the windows. Both of us could tell when a seizure was coming on. He

The author is a Physician’s Associate at Duke University Medical Center. He can be reached at hall0058@mc.duke.edu.
looked at me with his typical prodromal expression on his face, eyes wide with terror. There was a look of embarrassment, as though he was trying to be nonchalant about the seizure that we both knew was whipping up its fury. At the same time, his periorbital muscles contracted, twisting his face into grotesque contortions. It seemed as though he was trying with all his might to keep his mouth from flying open, and (I imagined) screaming out the terror that was apparent all over his face. His efforts caused obscene-sounding lip-smacking, which, as the electrical storm thundered across his brain, eventually gave way to grunting, groaning, and snorting. I was terrified at seeing my father in such agony. He seemed so utterly pitiful I could hardly stand it. Eventually his whole body was wildly convulsing until he ended up on the floor of the lurching bus. All the passengers stared at us. I did as I knew to do: watch him carefully; ease him down to the floor, onto his side if possible; loosen his collar; not stick my fingers or anything into his mouth; and—probably most difficult of all—just watch and wait. I could see that he’d been incontinent of bowel and bladder, and soiled his clothing. I knew that after the seizure had thrashed him he’d be incapacitated with confusion, and so I made sure that we got off the bus at the right stop. He leaned on me and stumbled like a drunk as we walked the short distance to our front door. Inside, he collapsed on the couch and slept deeply without moving until the next morning.

How frightened and anxious I was to see my father so weak and whipped. I knew his epilepsy was humiliating for him; I sensed he felt guilty that his own birth caused the death of the mother he never had. I did not know then, but do now, why epilepsy once carried the stigma of demonic possession. The effect it had on his life, and those around him, was devastating. Eventually it led to my placement in a Children’s Home where I grew up. I learned at too young an age how weak and impotent we are under “the slings and arrows of outrageous fortune.”

I didn’t tell the young doctor in the dialysis unit how much more there is to the understanding of epilepsy than, for example, a pat distinction between seizures and syncope. How much more there is to medicine than glib recitations of the text-book. I am still learning it, still learning to read the thunder, but there are times I’ve wished I didn’t know anything about it at all.