Tremors

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As I am sure you can appreciate, my time spent here in the emergency room this afternoon has been unpleasant. During residency training, my emergency room rotation was the only one that required me to suture, something I avoided because as you often pointed out, I lack the hands of a surgeon. I chose to stitch up only the most inebriated patients, their drunken misadventures more scarring than poorly sewn lacerations. Ethanol is also a convenient anesthetic, and many times I probably could have done without even injecting lidocaine to freeze the skin. I still did, though, to practice guiding the needle with my trembling hand. To make up for my lack of dexterity, I spent hours each night poring over textbooks while you sat across from me, intently tying surgical knots. I would read aloud while you chimed in with this or that obscure fact, our duet set to the rhythm of your hands suturing the spliced skin of pigs' feet. In this way, we would study together. Yet I was perhaps only exceptional in how consistent my mediocrity was, and my clinical scores remained firmly average throughout our schooling. How you managed to effortlessly recall the minutiae of even our densest textbooks was beyond me, but I harbored no jealousy. On the contrary, I felt a sort of unjustified pride that I might play some small role in what was to become of you.

As we progressed in our training, I often wondered how we remained close despite our growing academic rift. My adequacy across medical subspecialties seemed to suggest a suitability for general internal medicine, and I pursued this with the passionless discipline I imagine of accountants. Despite an overwhelming number of our classmates who believed it was their calling, you were probably one of few destined to be a surgeon. This is made clear to me simply by trying to picture you as something else, which I cannot. Though we came to practice in the same hospital, I probably held a status closer to the janitorial staff than to that of the preeminent neurosurgeon at our institution. I once overheard a group of surgical residents gushing over a bypass surgery you performed on a young girl with moyamoya disease, the anastomosis apparently so seamless it could have been mistaken for the child's native vasculature. You cannot practice pure talent, I heard one of them say in awe. He may have thought differently if he had seen all the mangled pigs' feet.

I do not think you would be offended by me mentioning your alcoholism, since it never interfered with your surgical ability. Your personal life, on the other hand, was predictably stunted. To be clear, I claim no moral high ground. While alcohol slowed your mind just enough to get a night's rest, it eased my own social anxieties. It is no wonder we spent so many evenings at the nearby bar together, discussing things so gruesome as the asymmetry of death. My elderly patient who smoked right up until he died of lung cancer, I mused, seemed to bear little semblance to the bludgeoned teenager who herniated on your operating table. It was with shame that I admitted to caring more deeply about some patients than others, even in their deaths. You were untroubled by this confession, believed it to be so self-evident that it hardly merited discussion. Now, as I clumsily try to stitch together old shreds of conversation, I wish you had elaborated further.

I had no idea that you chose me to make decisions for you in times of incapacity. I wonder if this would surprise you, my ignorance of something you likely assumed obvious—who else, after all, could it reasonably be? That you tripped on a curb and smashed your head seems absurd, but given your preference for precise clinical history-taking I will just state that it is what happened. The CT scan of the crescent-shaped hematoma compressing your brain would look mundane to you, the sort of case an intern practices on while the attending neurosurgeon sits in the corner snuggled with a blanket. Even as I agree to let them take you for surgery, I doubt myself, worry

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that I have based my decision on medical prognosticators—the hematoma is highly surgically accessible, your coma is still short-lived, your brain has not yet herniated—when perhaps you instead chose me because I should have some unique insight into what you would like done when you trip on a curb and smash your head.

Matsuo was the neurosurgeon on call for your case, whom you said was technically excellent when he rotated as your intern. I watched your surgery but cannot say much of it other than that it seemed uncomplicated, since as you know my eye for surgical

technique is severely myopic. I can tell you that you began to rouse mere hours after your sedation was weaned, certainly a good sign. However, having witnessed your declarations on the importance of impartial clinical observation, I should note that your left arm does not seem to be moving whatsoever. You may be right-handed in the strictest sense, but I doubt that will bring you any comfort as a surgeon. Matsuo tells me you are sure to wake soon, and although I will not be here, you should know that leaving this note in my absence gnaws at me. I apologize if my writing borders on illegible at times—despite my best efforts, my hand still trembles.

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