

States of the Union

MAKE ME WHOLE

BY RICHARD J. MARGOLIS



THE RECORDED female voice at the Baxter Healthcare Corporation's "800" number has the inflections of an airline attendant: Verbs are italicized. "All our lines *are* temporarily in use," it says. "One of our representatives *will* be with you shortly." Then it says, "Please wait through the silence."

Unsound medical advice, I think to myself. Waiting through silence was what got me into this jam in the first place.

According to my doctors I am a victim of "silent prostatism," a condition that sounds like a religious reformation but is in fact a malady. Sneaky and largely asymptomatic, silent prostatism can

gradually destroy one's kidneys.

Mine failed last December. Doctors at my HMO discovered the wreckage on Pearl Harbor Day, and I have been on dialysis ever since. To borrow from the old Passover song, I would give my last two zuzim for an only kidney ... an only kidney.

My particular form of therapy—peritoneal dialysis, it's called—turns out to be a cottage industry, a home brew I can imbibe while in my study. Four times a day I pour a concoction of dextrose, or sugar water, into my peritoneum, a thin double membrane that lies just beneath my skin. The liquid runs through a blue, white and yellow plastic tube (vivid childhood colors) that Yale nephrologists have thoughtfully inserted into the left side of my stomach.

There the dextrose works its alchemy, separating, flushing, filtering—doing some of the things my kidneys should be doing but can't. With home brew dialysis there are no machines; just plastic bags, tubes, clamps and valves, and the force of gravity to empty and fill.

About once a month I ring up Baxter in Deerfield, Illinois and ask Susan, my "representative," to send me more sugar water. The phone call is a social occasion; we discuss the weather, baseball ("Oh, those Cubs!"), and Susan's ca-

reer ("I'm lobbying for a promotion").

Peritoneal dialysis is not the most convenient of treatments, but it is painless. And it beats dying.

While I languished in the hospital last December, friends and relations sent me notes of sympathy. Some said they were praying for me. Others, like my friend Alice, waxed wistfully agnostic. "If Peter and I were the praying sort," she wrote, "we would certainly send up a prayer on your behalf."

I could understand her hesitations; I could even appreciate the hypothetical prayer that got stuck in her throat. For me God had died with my father, who was also my rabbi. I was barely 16 at the time. Somewhat remote as a parent but larger than life as a rabbinical presence, my father occupied a special pulpit in my heart. He was all the theology I thought I would ever need.

It bothered me, that summer of his death, that my faith, like a toy balloon, had been so easily burst. In my perplexity I sought advice from my father's closest friend, his colleague across the river in Minneapolis, Rabbi Albert Minda, a man I had addressed all my life as "Uncle Albert." He was indeed avuncular—large and jowly and affectionate. Uncle Albert endured a lot of pain. He suffered from a chronic and incurable form of elephantiasis. His fingers were as thick as sausages.

"Uncle Albert," I asked, sitting opposite him in his brown, dusty study, "how does one prove the existence of God?"

Uncle Albert did not hesitate. "Read Alexis Carrel," he pronounced. And the discussion was over.

I rushed to the public library and started thumbing through a copy of Carrel's *Man and the Unknown*, published in 1936. Carrel, it turned out, was a French physiologist who dabbled in metaphysics. Skimming and skipping, I found nothing in his treatise to rebuild my Humpty-Dumpty faith. But I did stumble on a sentence that may have had a powerful effect on Uncle Albert. It went something like this: "It's hard to be a good Christian when your glands are diseased."

Still and all, I am feeling entirely too

mortal these days to wholly reject the efficacy of prayer. Make sure you pray on the night before you die, the Talmud instructs (as usual, raising more questions than it answers). I'll try to keep that in mind.

As it happens, my childhood rang with a certain kind of prayer, the kind one finds in Reform Jewry's *Union Prayerbook*. Secular in its rhythms, socially uplifting in its message, those Jewish-American petitions and apostrophes have haunted me all my years, and probably ruined my prose style.

There was a passion in many of the prayers, fueled as they were by both the heat of humanism and deeper fission of the Old Testament. Reading them now, and breathing in their steamy lyricism, I can almost forget they were written by a committee.

"Let us then, O Lord, be just and great-hearted in our dealings with our fellowmen...." "Help us to be among those who ... dare to be bearers of light in the dark loneliness of stricken lives" "How much we owe to the labors of our brothers! Day by day they dig far away from the sun that we may be warm.... Numberless gifts and blessings have been laid in our cradles as our birthright." (I am quoting from my own copy of the *Union Prayerbook* [# 1], which my parents gave me on Shavuoth, my confirmation day, in 1943. The up-to-date version, I trust, has our sisters sharing the credit with our brothers.)

Nowadays I find such prayers all too pertinent. Some of those dimly remembered diggers, for instance, struck pay dirt that would one day translate for me into a gift of continuing life. For openers, there was the Scottish chemist Thomas Graham, who in 1852 discovered that certain substances pass through a membrane more slowly than do others and can thus be separated—sugar from starch, for example. He called the process *dialysis*, after the Greek word for *separation*.

Graham did not have the foggiest idea how his discovery might be put to use; he was simply digging for some truths. It wasn't until the labors of Dr. Willem J. Kolff, during World War II, that the term "dialysis" assumed medical sig-

nificance. Working under extremely difficult conditions in Nazi-occupied Holland, Kolff invented a primitive artificial kidney—in effect, a peritoneal dialysis machine—using a tub from a Westinghouse ringer washing machine for the chamber.

Kolff's bathtub helped launch the organ transplant era; for as Lee Gutkind points out in *Many Sleepless Nights: The World of Organ Transplantation* (1988), the availability of dialysis encouraged surgeons to experiment with kidney transplants. "Not only did Kolff's creation extend the lives of thousands of people," notes Gutkind, "but it offered the secure knowledge that patients could usually be returned to dialysis if the transplant didn't take." (After the War Kolff emigrated to the United States, continuing his research in Ohio at the Cleveland Clinic. Last I heard, he was teaching at the University of Utah.)

But peritoneal dialysis gradually fell from favor. Too much risk of infection; too many cases of peritonitis. Instead, throughout the '50s and '60s nephrologists relied on *hemodialysis*, an exchange of the patient's blood two or three times a week. The exchange was accomplished via a pump and a shunt, one end of which penetrated the patient's neck.

HOME BREW dialysis, my kind, made a comeback in the '70s (a story to be told in a later column), but the hemo-variety remains the therapy of choice for thousands of kidney patients, even though it's time-consuming and usually has to be done in a hospital or clinic. The hemodialysis user, moreover, tends to feel pinned down by the tyrannies of technology, as the following poem demonstrates. It was written in 1971 by M. Sapperstein, a hemodialysis patient, and printed in a newsletter published back then by the National Association of Hemodialysis Patients. (Travenol was the name of the machine manufacturer.)

The Travenol salesman wears glasses and a dark suit:

"Do you

Take this machine

In sickness and in health

Till Death do you part?

I do

Reclining

On the nauseous-green hospital chair

Below me children, playing in the street;

Above me old men, dying of coronaries.

I am

The final essence of the technological age,

Flesh conjoined with plastic, vessels with steel.

Coils, alarms, twisted tubing turning deep scarlet

Deep within the machine dark blood

Mixing with fluid, cellophane-separated, plugged in and

Turned on.

Dear God

Purify me.

Dear technological age, make me whole. A Seattle transplant surgeon, Dr. Paul Ramsey, has written wryly concerning the hubris of his profession, "the triumphalist temptation to slash and suture our way to eternal life." Well, I am quite prepared to let the doctors slash away.

The other day I was talking with Dr. Marks in his office at Yale. Actually, he was interviewing me, hoping to learn whether I was a suitable candidate for a transplant. If all goes well, one fine day in the not too distant future Dr. Marks and his colleagues will provide me with a relatively fresh kidney with all its working parts in order.

The donor will be both dead and anonymous, yet another sister or brother to whom I shall surely address a nonprayer of appreciation. Meanwhile, I continue to wait through the silence.

Near the close of our interview I asked Dr. Marks to give me a thumbnail history of transplant technology. He did not hesitate. "It began," he said, "with a French physiologist who won the Nobel Prize in 1912 for his transplant research. His name was Alexis Carrel. Of course," he added, "hardly anyone remembers him now."

The good doctor had no way of comprehending my sudden fit of laughter.