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Miracle Cures

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You take the pieces of your syringe from the bottom of a drained pot, air dried after a boil for sterilization, the glass singeing your fingers. Scrubbing your hands, you settle near the back window at a table so clustered with bottles and cloths it could stand in for a pharmacy. You fit the pieces of the syringe together, piston into cylinder into needle. Right arm before lunch, so left arm now. The scent of alcohol slaps as you paint a circle on your meagre bicep, then over the cap of the insulin bottle. You withdraw the metal wire from the needle, draw fifteen units of air into the syringe, stab the point through the sterilized rubber. Invert the bottle, push in the air, trade for liquid. Pinch skin from your arm into a plateau, drive the needle into that funny, loose space just under the surface. Piston pushed slowly, silvery needle emerging backwards, bit by bit. Cotton pressed against the prickpoint, already vanishing.

It's 1923, and you're an eighteen-year-old with diabetes, just over fifteen months past having only days to live. Fifteen months past your first injection of the breakthrough drug insulin, discovered in your own hometown. A miracle cure, the papers have called it. You know it's not a cure.

It's also 2019, and you're a thirty-two-year-old with cystic fibrosis, nearing your first year post double-lung transplant. One year ago, your lung function was 19 percent and you gasped for breath wheeling your IV pole to the bathroom, high-flow oxygen freezing and drying your nose. At your last appointment, your lung function was 120 percent. You can go weeks without coughing.

You're writing your experience through historical fiction, because that's what you've always done. The first successful double-lung transplant for cystic fibrosis was done at the Toronto General Hospital in 1988. So was yours, thirty years later. But you've found your emotional resonance in the 1920s. Still revolving around the Toronto General.

You've reached the point of starting to catch yourself sometimes not feeling constant gratitude, but also not yet past the bewilderment of being alive at all. Especially when feeling the most content, walking for hours beneath another season of flaming leaves you once were unsure you'd see again, the sense might arise that it isn't real, that it's only delusion from a hospital bed.

Even when the present solidifies, the future wavers. You hope for it, plan for it, can't quite believe in it. Taking up your old passions and ambitions feels audacious, committing to years you might not have. Your treatment is so new, still a work in

progress, that it's hard to know. It's only been a year and a half since a person *could* live on insulin, in 1923. Just over thirty years with a double transplant, in 2023. How long is possible?

There's a freedom to the new spaces you find yourself in, the ones you'd never experienced when you were sick. There are corners that don't remind you of pauses you needed to take, as your lungs or legs struggled. Stairs you never tried to avoid, water fountains you never had to tear yourself away from.

New people don't pity you, or worry you'll infect them. Nothing external gives it away. Scars beneath your clothes, medications administered out of sight. You're lucky to be young, older people say. You haven't yet had to deal with constant prescriptions and tests, medical appointments, and chronic pains.

In 1923, doctors advise you not to tell anyone, to talk about it as little as possible. To develop character, to avoid anxiety, to stay cheerful. And to keep your feet clean.

Discipline still holds the day. Insulin might be a priceless gift, the doctors drill, but there can be no exchange for rigorous control elsewhere in your life. Decades before most of your peers know what a calorie is, you can rattle off exactly how

many grams of fat, protein, and carbohydrates you're allotted per day, how any regular food breaks down, the weight of a pat of butter or cup of oatmeal. Each week presents a mathematical exercise, dividing food values by meals, subdividing by meat and side dish and the occasional treat of saccharine and agar-agar. You can't eat a thing that hasn't been weighed except black coffee, broth, and the wateriest of vegetables.

You avoid eating out, dodge explanations of your odd, diet-constricted meals. You seek solitude to close your eyes and suck a candy at the first dizzying touch of hypoglycemia, savouring the rare sensation of sweet as you wait for your shaking to still.

You're healthy now, or close, but catch the slightest sniffle and you'd never know it. Confinement to bed, food cut, insulin increased. Hourly instructions to check your temperature. Don't shed your blankets, don't forget to test your most recent urine; we want to see nothing but blue in the test tube. But observe for any signs of insulin shock, with that extra dose. Drink your tea before it gets cold. A fresh broth will be ready soon. Rest, let's not have any stress. Enough handkerchiefs? Don't make that face.

You know that not long ago even a cold was alarming. The smattering of germs that a normal person would hardly feel could have shattered the minimal carbohydrate tolerance you retained, shot you down in a spiral of acidosis. Back then you didn't come out of coma.

And maybe the awareness is hard to shake. You hear of soldiers, otherwise perfectly normal, who hear a backfire or a champagne cork pop and dive for cover. You get so used to being on guard, to thinking maybe this is it, even when you're pretending to yourself and everyone else you've never had that thought at all.

The familiarity can get to you. The backrest of piled pillows, the pyjamas in the sunlight, the deluge of black tea and broth.

You might think it's better to push yourself than be coddled. You're used to pushing yourself. But to your loved ones, you still exist only in two states: healthy or dying. No in between recognized.

"We have to be careful," they say.

"We." Isn't it *my* illness? *My* body that doesn't work? Did *we* inject ourselves three times a day and intimately know the sugar of *our* urine? Was it *us* who starved ourselves?

Would *we* die in a diabetic coma?

A person cured of illness walks free from hospital. The recovered consumptive says farewell forever to the sanatorium. Freed of your inflamed appendix, you might never face a hospital admission again.

You haven't been an inpatient since you were first sent home with the insulin, drilled in dosages and sterilization methods, fitting together syringe components as automatically as a soldier with his rifle. It has been almost a year and a half.

But they've put the diabetes clinic in the hospital, so every couple of months you report in, dread settling as you pass through the hospital

gate. With their regimented lines of tall windows, the buildings loom like skyscrapers. Warm brown brick does nothing to reduce the severity. The white veils and aprons of nurses flicker across the grounds like ghosts.

You have to visit the outpatient pavilion only, not the front lines of the wards. Still, whatever else you try to think about, the speckled terrazzo of the floor and the enamel-like gloss of the walls crowd with memories you'd rather flee. That certain snap of shoes on a hospital floor; those notes hit by the wheels of medical furniture; that bleach scent in the corridors, evocative as the smell of fried food at the fair.

Only a check-up. All is going well. A long while since the last appointment that wielded a devastating blow. Almost no chance of facing sentence to these antiseptic cells. Almost.

Your eye catches on the other young patients. You can feel close to each other, veterans of the same battles, comrades-in-arms. All the same, like a soldier, you learn it's best not actually to get close, solidarity without attachment. Well wishes are given in silence, and in the abstract.

The topic arises sometimes, among strangers, among friends. The Nobel Prize for Medicine, in 1923, the first ever awarded to a Canadian. You pretend you hadn't heard the announcement, even if you already clipped the article. You let your friend explain it to you. "That whole diabetes cure."

"It's not a cure." A reflex.

“No? I thought it was.”

Why had you said that? How could you not?

You try to explain as if you barely know. A family friend, that’s all. They didn’t die. Because of the insulin. They live with it. That’s all you know.

Should you have said nothing?

Should you have said more?

What would your new friend say, if you confessed?

I’m sorry. How awful. How lucky.

You’d be the someone he knew, talking to others about insulin, the diabetic in that narrative of suffering and redemption. Little brave deserving victim.

You’re never going to tell him.

You count eight drops into the test tube, then pour out the rest and flush it away. One teaspoon of Benedict’s solution. Over the alcohol lamp the potion bubbles. Three minutes, remove, cool.

Say you dropped the tube into the tub to shatter on the enamel. Hurling the bottle of Benedict’s solution out the second-floor window. Passed your morning urine without a thought.

The diabetic should avoid emotional upset, the doctors dictate. Stress is nearly as dangerous to the diabetic as it is to the man with a weak heart. Simple as that, modify your emotions just as you modify your diet. Prescription with “life of calm” next to the insulin.

Slight precipitate clouds the test tube. Colour somewhere between tan and olive. Shades like fabric options. Only the slightest trace of sug-

ar, but there shouldn't be any. By noon you're bound to be feeling low and that shouldn't be, either.

Downstairs to the next round of bottles. How easily that glass syringe would break under your heel ...

Be cheerful, write the doctors in the patient guides. Cheerful, and thankful the disease is not of a hopeless character. Be cheerful, and keep your feet clean.

All goes well until it doesn't. You nick your foot on a piece of glass and can't risk attending that night's dance. You want to pretend it'd be fine. Except what if it does get infected? What if it doesn't heal? What if your blood sugar shoots out of control? Maybe insulin can stop working. Maybe your foot could die and they'd have to cut it off. You could be back to starvation. The thirst could return, and the pain, and the bleakness, acidosis, blindness. And it would be your fault.

You stay home.

You wake one hazy morning to worried faces and wracked muscles. Orange juice forced into your mouth, burning your bitten tongue. "You were having convulsions," they say.

Hurried to the hospital, movements and thoughts submerged in molasses. Your body aches as if every limb was stretched out to the limit and let go to snap back.

The doctor interrogates. Determined that your fault must be somewhere.

If you're responsible enough. If you control yourself enough. If you steer your chariot's steeds, Diet, Insulin, Exercise. You crashed; you let the reins slip.

No one says this to you, except you.

Most of the time you feel normal. You'd say normal; would others? Impossible to imagine how other people feel, unreliant on the mercy of their blood, straight lines of energy and awareness, heads always set securely on their shoulders, feeling sick only when they've eaten bad food.

Sometimes you wake with dreamt scraps of the hospital still clinging, tense with the expectations of needles, the hushed conferral of parents and doctors. Wheeled beds on linoleum floors, ward smells of starch and alcohol and urine. Whimpers of starved children, the sharp skid of metal on metal as a curtain draws abruptly shut.

Sometimes you're put back in the hospital.

Walking the designated hallway, you imagine yourself growing weaker, every fought-for ounce of fat and muscle melting away until you become once again the teenaged wraith haunting these halls. Nondescript doors and alcoves stand out as landmarks, remembered waypoints from treks around the floor made arduous by wasted legs. That wide marble window-sill, leant upon with gratitude, a lookout from where to watch pigeons

gather on the flat roofs. The jerky hand of the dial above the elevator. The trapdoor in the ceiling that beckons exploration, but probably leads only to pipes and wiring. You remember each detail like a long-serving prisoner would remember his jail.

You fall into the rhythms of the hospital day as if you never left. Delivery of breakfast, delivery of lunch, delivery of dinner. Eggs, bacon, bran, cream, bacon, boiled vegetables. Injection of insulin, withdrawal of blood. Weight, temperature, repeat.

Your friend visits you in the hospital. You tell him you're a diabetic. He tells you he has epilepsy. You become best friends.

Soon, sooner than it once was, you're home. Back in clothes again. Sterilizing your own syringes again. Back to a space you can call your own and close the door on. A few doses shifted. Little else.

Celebratory brew of cocoa shells. Quiet rest in your own bed, peace from constant footsteps and rubber wheels, the cacophony of coughs and weak protests and urgent murmurs. Coffee that is coffee and not hot water dyed brown.

You believed once that character could hold the day. If only you could be strict enough with yourself, disciplined enough, cheerful enough, never turn away and never let your hands slip from the reins. In the end, triumph, through sheer force of character.

No one ever said triumph. That was all you. The metaphor was the charioteer, not the chariot race. Races have an end. Insulin might now be a third horse, but there is no finish line. Only endurance. But that's a thing you can do. You can endure.

You, with your diabetes and insulin, in 1923.

You, with your cystic fibrosis and transplant, in 2023.

About the author

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