

Polychroma

By Justin Millan

I

We sit opposite one another, my six-year old daughter and I. She is the artist, I am the model. From my position across the table I can see her rendition of me, upside down. She has outlined my head with pencil. Now she surveys the crayons.

"Should I use peach for your skin?" she says.

"Only if I'm healthy," I mutter.

"What?"

Complexion fluctuates, sometimes subtly, sometimes broadly. Our skin color is not a constant: it is a metric, prone to volatility that presents the most elemental of changes to the exterior world.

One evening, my ambulance was summoned to a little brick house on the edge of the woods.

The subject was an elderly man, bent over the sofa's edge, ribs heaving, gulping air with all his might, while his wife nervously zigzagged around the room. The distress was early and as such, he still had the red-faced look of someone who is over-exerting himself. We snapped an oxygen mask on his head then, through a combination of guiding and lifting, relocated him onto the stretcher.

There was no path between the house and the back of the ambulance: only uneven earth, rock-pitted, that wrenched the stretcher this way and that. His color changed. Something siphoned away that hot, crimson shade; in its vacancy, his head took on a kind of gray glow, as if he were in the very early stages of morphing into a concrete statue. He's done too much, I realized. Even though we labored to move the stretcher while he rode above us like some enfeebled king, the bumpy ride forced him to stabilize his trunk. Each exertion was like another puncture in an ever-deflating tire—and now he was driving on the rim.

In the ambulance, we tried nebulized albuterol. He deteriorated. He was staring at me over the irregular dome of the mask. The little red numbers on the oximeter dipped to 60%. My captain flipped open the protocol book to the dyspnea section. "Ah. It is terbutaline," he said calmly, "I thought that came next, but I wasn't sure."

He placed the bored needle tip under the hairy skin on the man's arm and squeezed the syringe. For an interval, there was no discernible effect. Then, it came—a kind of solidity to his respirations, manifested by an ever-growing delay between gasps. "He's coming around," my captain said. The oximeter numbers leapt into the 80's. I grabbed a pen and the metal clipboard. When I turned to look at him again, a salmon color had spread across his forehead.

Soon, the salmon warmed toward rose red. Not some florist's rose on Valentine's Day, but a faded rose, long dead, desiccated, destemmed, and blown

about by autumn winds... still, I would take it. It was the red of heat, blood, and life overall, where before there had been only stone.

II

When I teach my children to color, I encourage them to use a lot of different crayons for flesh.

"Skin is not just brown, or peach. It's a mix," I say.

Together, we study our arms under natural light.

"I see white, gray, blue, yellow, pinks, browns."

Crayons make it easy. With a light touch, the wax blends into a soft mash, just as in healthy skin the melanin, carotene, vascular beds, and other tissues commingle. But push too hard, and one color will dominate abnormally.

I worked at a facility where we accepted patients with liver failure. These people often had yellow skin due to their body's inability to clear bilirubin. One evening, I was the admitting nurse for one of these yellowed people, a young woman who rolled in from an ICU. Alcoholism had pushed her into multi-organ failure. She was on life support. She had ascites; her checkered gown bulged grotesquely at the midsection.

She was delirious. I put her in mitts to keep her from tearing out her tracheostomy, as well as to protect the staff from her onslaughts. Her agitation became the center of the admission. I still have a vivid little memory of her yellow face contorted in rage as she battered me with the mitts. Nothing held her back: not the tether of the ventilator, not her obvious deconditioning, not her engorged belly, which was nearly as large as a third-trimester pregnancy.

Toward the end of my shift, aides washed her while I stood in the doorway giving report to the night nurse. I was relieved to get rid of her, but now, when I looked over at her, I felt pity. The room was dark except for the halogen fixture over the bed. It was hard to see the yellow flesh in this light. The scene reminded me of an old Renaissance painting, where the focal point is illuminated and the periphery is in darkness. The aides had the bed flat and they had stripped away her gown and undone the restraints. She was limp, no fight in her, and her thin, atrophied extremities trembled. One of the aides wrung a wet towel out over her body. The soapy water cascaded down her bulbous abdomen, each sud twinkling like a tiny crystal.

III

Hands and feet, when illustrated by beginning artists like my children, can often take on a demented look. I find that they struggle to angle the pencil tip so that it generates a fine line. As a result, a chunky dark stripe borders the extremity. Digits become black claws.

I cared for a young man whose left foot terminated in a row of necrotic toes. The right foot already had been chopped down to the arch. Diabetes, peripheral vascular disease, obesity, trauma, non-compliance—the "at fault" list was a mosaic. He ambulated by donning large foam boots and leaning on a cane.

Care for these wounds was relatively simple. After all, the damage was already done: the nerves were extinguished and the tissue was charcoal.

He was frank about his health problems, so one day, as I crouched on the floor, wiping those hard, crusty black toes with betadine, I said, "When I take off the dressings, and you see your toes like this, what do you think? How does it make you feel?"

"Eh," he said. He turned away from his tablet and looked down at his foot, which was cradled in my gloved hands. He shrugged and returned his attention to the screen, "I'm used to it."

IV

Sometimes, when drawing with my children, I fill in the characters with stripes, spots, and zigzags. It's just for fun, a way to spice up the image and perhaps provoke their curiosity.

Yet it is not all fantasy.

When I was a new nurse, I encountered a horrific case that haunts me to this day. A man was admitted for a six-week regiment of intravenous antibiotics. Outwardly, he appeared unafflicted. He had black hair trimmed into a crewcut and a large round nose. His intellect was severely limited by a congenital condition. He could follow only simple commands.

After the first week, problems developed. It started with a macular rash on his torso. While I don't recall the exact characteristics of the lesions, I remember my general impression, which was that he'd become spotted. And, although he couldn't verbalize the sensation, pruritus was obvious. We treated it with an anti-itch lotion, fed him Benadryl tablets in applesauce, and changed the antibiotic. The lotion was white; it made pastel discs out of the lesions.

Over the next few days, the situation degenerated. The rash expanded to his back, groin, and extremities. Each sprouting of a new lesion severely altered the ratio of rash-skin to unblemished skin; he was effectively turning red. Staff who didn't know him, who were passing by the room and seeing him from the corner of their eye, would halt and do a double-take.

Other manifestations followed, including precipitously high fevers. The order came to use a cooling blanket. This involved placing a thermal probe in his rectum, then forcing him to lie on a vinyl pad that was supplied ice-cold water from a machine.

My means to soothe this man were limited. Antipyretics and analgesics seemed to do nothing. He became anorexic. As his body's thermal set point shifted this way and that, chills racked his body. He toiled atop the pad, emitting plaintive groans, with only a thin sheet over him for comfort.

Understandably, in this state, between the pruritus, fevers, and the cooling blanket, he could not sleep. Even our life support patients, who often appeared to be some of the most wretched souls on earth, would typically rest a little bit each day. This man had no respite. None. And because of his intellectual disability, try as I did, I could not make him understand what was going on.

I paced at the bedside. Charting on him, I felt at a loss as to what to write. I was powerless. It rattled me.

I tended to visualize pain and adversity as troughs, chasms, or holes, but this man's misery was low beyond low. It was so low, it went high, an inversion of all the

anguish I'd yet seen. It was an apex of suffering that cast a hard shadow on all of my work. It still does.

V

My daughter dashes at the chin to evoke my scraggly beard. She has drawn my lips as a lavender block. The size and shape of the eyes are a mismatch, but the stare is equal: straight ahead, unemotional.

"I don't look too happy," I say.

"It's just your face," she says.

The box of crayons is turned such that I can see some of the label.

24 Bold Colors

Encourages Self Expression

Resistant to bending and breaking

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