

My Father's Hands

BY PAULINE BRAND NELSON

Our hands, her father often said, tell people something about us: the calluses and wounds they bear, the gentleness or skill with which they move. What she learned from her father, the renowned surgeon, Dr. Paul Brand, is that we can use our hands to tell people in pain something about themselves: that they are not alone.

Last summer I flew halfway around the world to hold hands with my father for the last time. Because the coma in which he lay was the result of an accident rather than a long illness, our anguish felt raw and new. We were novices to suffering of this kind, yet the behavior it called up in us was surely familiar to the nurses: we clung to each other, and we prayed that Dad would feel no pain—we who reeled under the weight of our own. Coming and going from the hospital through the long days, I noticed that each of us did the same things in the same order upon returning to the room, as if performing a ritual we had rehearsed. Anxious to reassure ourselves of his continued physical presence, we stroked and kissed Dad's head—something I had never seen anyone do before—spoke his name, and held his hand. Dazed and disoriented after sixteen hours travel from Europe, I too held his hand and felt glad to have had the chance to feel its familiar warmth and shape again.

I knew that the extent of his brain injury meant he could not know me or clasp my hand in return, but something remarkable did happen. His fingers began to move around my hands in a movement that seemed at first a caress, but became an examination. He explored the muscles of my palm, traced the shape of each joint. From the depths of his unconscious state, it seemed that some old familiar instruction was getting through, and Dad was doing what he did best. As a surgeon who judged the human hand

to be one of God's finest creations, Paul Brand had connected with many thousands of people by taking his hands in theirs and examining them. It was how he knew them, served them, and loved them. To have him so do now, even unknowing, was a gift: a last glimpse of the very essence of him.

Hands tell the story of their owners, Dad used to say: the calluses and wounds they bear, the gentleness or skill with which they move. He once preached a sermon in which he "examined" the hands of Christ, and the testament they bore to His profession and sacrifice. There in that hospital room, feeling my father's strong, supple fingers continue their ceaseless exploration of mine, I couldn't help but think of the ways we had all been shaped and affected by those dear hands and the work they had done.

THANK GOD FOR PAIN

While there was a certain irony in our praying for Dad to be free of pain at the very moment we were consumed by it, the deeper irony was that we should pray that way for the man who had taught us everything we knew about pain. And not just pain, but prejudice, rejection, and isolation—all of which I was familiar with as a child. I did not, I should add, experience those things myself, but I grew up among people who had, because the disease to which my parents had devoted their medical careers—my father as an orthopedic surgeon, my mother as an ophthalmologist—was leprosy.

Leprosy, one of the world's ancient and most feared diseases, offers an interesting challenge to our thinking about the relationship between pain and suffering. The leprosy bacillus itself damages the body's network of nerves in such a way that physical sensations, including pain, are irretrievably lost in all affected areas of the body. On learning this, people sometimes see it as a sort of silver lining for victims of leprosy—while the disease may cause them problems, at least pain is not one of them. Indeed, one of my earliest memories from my Indian childhood was of learning that a young victim of leprosy had impressed his friends by putting a thorn all the way through his palm without flinching.

This image makes us recoil, for good reason. We know instinctively that such a child is not lucky, but defenseless in a perilous world. Left untreated, leprosy can result in terrible deformity, and even when modern medication halts its progress and contagion, the lack of pain sensation particularly in hands, feet, and eyes means that only diligent attention will save a patient from further injury.

As if that were not enough of a burden for one disease to lay on its victim, the leprosy patient endures a more terrible side effect: the fear, revulsion, and rejection it inspires in the rest of the human race. Partly because of its visible and distinctive deformities, and partly because of its largely undeserved reputation as a highly contagious disease, the victim of leprosy down through the ages has endured a pitiable existence. In medieval Eu-

rope, city gates would not be opened to him, and his diagnosis would be followed by a funeral-like rite, symbolizing the extent to which the victim was now cut off from the land of the living. The very term “leper” is defined in the dictionary as “a spurned person, an outcast.”

No pain then; only incalculable suffering.

I was accustomed to seeing the physical results of insensitivity to pain—the ulcerated feet, the damaged eyes—either in the patients I met, or in scientific photographs that in our chaotic household might turn up in any pile of papers. Not infrequently, a show of family slides would be interrupted by a single grisly picture of an ulcerated foot, a mislaid illustration from one of Dad’s lectures. It was always a jolt to see these terrible images, but it helped to reinforce my father’s view, constantly drummed into us: that the ability to feel pain was a gift to be grateful for.

As a child, I did not trouble myself with subtleties of language or paradox; I simply trusted Dad when he explained that the pain of a twisted ankle was a good thing. “Thank God for pain!” he would cry with enthusiasm as he applied the bandage, going on to explain exactly how the pain in my ankle enforced the adoption of the right conditions for its healing. He maintained that enthusiasm throughout his life, writing in his last years: “Give me grace to be thankful for the hurt that keeps me whole.”

Friends of mine sometimes wondered if Dad’s views were evidence of callousness—did his profound admiration for the role of pain in our bodies make him dismiss the suffering of people with diseases other than leprosy? In fact, he was a most tender and compassionate physician. Whether the cause of suffering was an excess or an absence of pain, the twisting agony of arthritis or the numb despair of leprosy, Dad’s response was the same: to take the hands of a person gently in his own, to become in some way intimate both with their disease and with them. When that person had leprosy—it was especially so on his first encounter with the disease—this was no small step.

A CHANGE OF HEART

Appropriately, the story of my Dad’s fascination with pain began while he was studying a pair of hands. It was 1949, and my parents had just left war-damaged London, accepting an invitation to help in the creation of a surgical training unit within a newly-established Christian medical school in Vellore, south India. Some time after their arrival, he visited a friend who worked at a local facility that existed solely for the care of those with leprosy. Such institutions, necessary because general hospitals would not admit people with the disease, were not infrequently set up and staffed by Christians.

The treatment of leprosy by drugs was in its hopeful infancy, and progressing. In contrast, surgical interventions to correct deformity in the interests of the patient’s ultimate rehabilitation were virtually unheard of.

It was not even clear whether tissue affected by the bacillus would heal following surgery, and by the time a patient's hand had acquired the most recognizable symptom of the disease—paralysis in a permanently clawed position—it was generally believed that the muscles of the hand were useless. And yet, as he and his friend walked in the grounds of the clinic, Dad's professional curiosity was piqued. Hopeful of finding evidence of potentially usable muscle and healthy tissue, he stopped to examine one young man's hands.

That my father should have held the hands of a leprosy patient in his own at that time and in that place is, on the face of it, inexplicable. He had encountered the disease once before, as a young boy living with his missionary parents in the south Indian hills, and the memory of that encounter had long haunted him. He could recall the terror he had seen on his mother's normally serene face, and the panic he himself felt as he pulled his little sister away from possible contact with the disease that had so disfigured the three men crouching pitifully outside the house, men who had come many miles in search of the kindness and help of the Christians they had heard about.

There would come a time when Dad would be a leading voice in the call for breaking down the barriers around leprosy, and ending the isolation of its victims. I myself grew up knowing that it was extremely unlikely I would catch the disease, even though as a child I was slightly more at risk. However, even today there exists the remote possibility that a health professional in this field might ultimately share the fate of those they serve; in those days it was feared as a likely outcome. Certainly, on that day when Dad took the young man's hands in his own, he did so with a sense of becoming vulnerable to danger.

I wondered, recently, whether I ought to feel indignant that he decided to take a risk that indirectly exposed the rest of the family to the possibility of infection. I found that I could not even begin to

consider the question—partly because I was doing so from the position of the health I enjoy today, but more so because the man I knew simply could not have done anything else. There would have been no “decision”. The act of examining that man's hands, like that of exploring my hands in the hospital so many years later, was instinctive, a reflex made inevitable by the forces that shaped his character between his first encounter with

Whether the cause of suffering was the twisting agony of arthritis or the numb despair of leprosy, Dad's response was the same: to take the hands of a person gently in his own, to become in some way intimate both with their disease and with them.

leprosy as a child, and his second as a young surgeon—the forces of passionate curiosity, tenderness towards his fellow man, and a longing to serve God.

Gently manipulating fingers that were pulled back in the familiar clawed position, Dad observed the lack of any useful movement, such as a finger-to-thumb pinch. Nevertheless curious to see if there might yet be some muscle strength available to the man, my father asked him to squeeze his hand as hard as he possibly could, and waited hopefully for some flutter of movement. Instead, he found his hand gripped so powerfully that he cried out in shock.

It was the moment that changed my father's life. In that split second of acute discomfort, he was given the gift we all desire—a glimpse of the direction and purpose of his life. He went on to develop surgical techniques for the reconstruction of the hand in leprosy, harnessing the great strength that had so surprised him, and restoring movement to thousands of pairs of hands. It makes me smile to think that the voice God used to guide my father into that life was a jolt of pain.

BEYOND HELPLESS VOYEURISM

My family moved to America in the 1960s, when my parents accepted positions at a leprosy hospital in Carville, Louisiana. At eight, having absorbed the lessons of my parents' research, I was carelessly confident of the fact that leprosy was not as destructive or contagious as people had once believed it to be. While it was sad that the long-term patients at Carville had endured the terrible rejection and abandonment that was common in years gone by, I was glad that newly-diagnosed patients would never have to encounter that outdated prejudice.

Month after month, however, and year after year, my mother continued to come home from work with stories of patients—new patients—whose diagnoses had led to divorce or abandonment by loved ones. Despite all the advances in drugs and surgical techniques, the fear of leprosy remained. The long line of patients outside my mother's eye clinic were waiting less for medication than for the listening ear and hug she always offered—a healing desperately required in a world that recoiled from them. I was dumbfounded that this could still be so.

I should not have been, because a clear illustration of the degree of society's understanding about leprosy was staring me in the face all the years we lived at Carville. Around the grounds of the hospital, encircling the houses of staff and patients alike, ran a ten-foot-high chain-link fence.

At first, I liked that fence. As a nervous child with an over-active imagination, I saw it as a vital protection against all the burglars and murderers who would otherwise undoubtedly break into my home. But as I learned about the attitude of the local community to the hospital, it dawned on me that the fence had been erected not to keep danger out, but to keep it in.

It was my first taste of knowing myself to be on the same side of the fence as the perceived threat.

I got used to it. Schoolmates sometimes feigned fear, laughingly fleeing whatever contagion I might carry. Once, a passport official saw my address while taking a set of my fingerprints and dropped my hand in shock. What interests me as I recall those moments is that my response at the time was not embarrassment for myself, but fury on behalf of patients whom I knew as friends. That fury prompted an event that occurred when I was about ten, and this story too involved a pair of hands—my own.

Outside the fence was a section of the River Road that almost nobody ever drove down, although now and then people drove slowly along its length, peering in curiously at the grounds of the hospital. On one such occasion I saw a couple looking at me with the intensity of birdwatchers glimpsing a rare species. They were trying to tell whether or not I was a patient. I felt the familiar anger boil up in me, and I walked to the fence holding my hands up in a gross caricature of the clawed position I had seen so often. Was this what they had come to see? Then I would give it to them! Their faces registering obvious horror, they sped away.

At the time, I felt proud of myself, seeing my actions as evidence of courage in the face of the enemy. Now I recall the episode with shame, knowing that the evil lay not in the couple but in the fence itself, because it kept them at just the right distance to maintain their fear and ignorance. Like their forbears in medieval cities, they were able to observe the trials of their fellow man from a safe distance, but unable to respond in any meaningful way to that suffering.

It may seem that in the twenty-first century we will not have to consider the sad consequences of such barriers, because our modern, open society is free of such outdated prejudice. It is true that we no longer put people with leprosy behind fences.

However, just as medicine has developed more sophisticated and effective barrier techniques to prevent the spread of infection, so we have developed subtle and efficient ways to isolate ourselves from each other.

Much of the pain we witness these days, for example, happens on the far side of a television screen: a million children starve before our eyes in the Sudan, a family spills the ugliness of its hatred on Jerry Springer. Like

Despite advances in drugs and surgical techniques, the fear of leprosy remained. The patients outside my mother's eye clinic waited in line less for medication than for the listening ear and hug she always offered—a healing desperately required in a world that recoiled from them.

the couple in the car, we may be at a safe distance, but we are also, like them, no more than helpless voyeurs to other people's suffering. Even when the need is close to home, the temptation is often to distance and protect ourselves. We create barriers of busyness or self-consciousness; we remind ourselves that there are people "more qualified" to deal with our widowed neighbor's grief, as if what was required of us was anything

All pain—physical, mental, and spiritual—is lessened when someone is there with you, physically present with you to bear it. The psalmist did not ask to escape the valley of the shadow of death, only to have God walk through it with him.

more complicated than our company.

If I learned anything from holding hands with my father, it is this: all pain—physical, mental, spiritual—is lessened when someone is there with you, physically present with you to bear it. A mother's kiss really does make it feel a little better. The psalmist did not ask to escape the

valley of the shadow of death, only to have God walk through it with him. It is the way we are made, and it is why, when the sickness of sin separated us from Him, the only cure was for Christ to come to be on our side of the fence, fully exposed to the contagion of the human race. There was no pretence there, like there was in my clawed hands; He came not just to taste our fate but to go to the grave with it.

Jesus healed a man with leprosy by *touching* him, and although the disciples tried to shield Him from the needs of a pressing crowd, Jesus' healing power went out to a woman who touched His garment—indeed, Jesus *felt the power go out of Him*. It is a startling idea, as mysterious as magic: that God Himself drew on the power of physical closeness as a healing tool.

The implication, for those of us who call ourselves His servants, is that we too need to put ourselves within arm's length of the suffering around us. The same side of the fence, close enough to risk being affected. What else can it mean when we are instructed in the laying on of hands for healing? Just as the cells of the human body respond to the alarm bell of pain in ways that help to heal the injury, so we must be people who respond to, rather than merely observe, the suffering of our neighbor. There is no other way for the body of human society, and especially the body of the church, to stay well. For some of us, skilled at shielding ourselves from the draining demands of the crowd, the prospect of intimacy with others' pain is frightening, exhausting. The good news, however, is that no special skill is called for; our presence alone does battle with the isolation and fear that so magnifies all human suffering.

Our hands, my father said, tell people something about us. What I have learned, though, and what Dad reminded me of in that hospital room, is that we can use our hands to tell people in pain something about *themselves*: that they are not alone.

EDITOR'S SUGGESTIONS FOR FURTHER READING

To read more about the experiences of this acclaimed hand surgeon and his reflections on suffering, see *In the Likeness of God: The Dr. Paul Brand Tribute Edition of FEARFULLY AND WONDERFULLY MADE and IN HIS IMAGE* (Zondervan, 2004), which includes reprinted editions of two of Dr. Brand's three Gold Medallion Award-winning books co-written with Philip Yancey. Their third, *Pain: The Gift Nobody Wants – Memoirs of the World's Leading Leprosy Surgeon* (HarperCollins and Zondervan, 1993), is now available in the paperback title *The Gift of Pain* (Zondervan, 1997).



PAULINE BRAND NELSON

is a researcher and freelance writer who lives with her husband and three daughters in Leeds, England.