WEARING black glasses on black skin, he was dressed more appropriately for a funeral than for his surgical appointment. He wore a black suit over a shirt, once white, now gray. It was missing most of its buttons from too many laundry cycles and was held together at the collar with a black tie, none of which he could see. He resembled a sinister black tower with nothing but darkness around him.

He had lost his vision despite multiple surgical attempts over the years to save his sight. Darkness came out of his mouth, as he hurled foul language at me, while I tried to conduct a preoperative anesthesia interview and prepare him for yet another surgical procedure on his eyes. He was still stunned by a collective disappointment from his previous five corneal transplants that had failed. He had no functional vision in either eye and was here to face another three hours of surgery with nothing but a vague, guarded promise of improvement. There was a sliver of hope and possibility that his sight might recover from light perception to hand motion.

He could not see me as I moved from behind my desk and sat close to him on the corner of the table, hoping that he could somehow sense my attempt to help him through yet another ordeal. No, he had not taken his blood pressure medicines this morning and did not want to answer any more questions that had been asked too many times in different doctors’ offices. The answers I needed had been lost in a paper shuffle somewhere between underpaid secretaries and broken fax machines that delivered smudged sheets of paper. They were even more illegible than a doctor’s worst penmanship. I could sense that my patient was not willing to volunteer any answers.
There was resignation in his voice, which was his last trail to the outside world from the massive prison he carried around himself. No matter how hard he punched his fists against the wall, he could not penetrate the wall, behind which there was no outside world to be found. He could not fight the frustration one more day or one more hour before he sank into the black oblivion of general anesthesia. This man needed deep sleep. He needed a break from the fierce bitterness that rampaged in every cell of his body and consumed his spirit while he resigned himself into the capable hands of the little surgeon who rarely spoke but always smiled.

Nobody had escorted the patient this morning. Instead, he came alone by subway, having alienated friends, neighbors, and family. Over the years he had turned into a black menace, with all his pent-up anger waiting to rip.

I saw him again sometime later, in the next cubicle with the nurse who cautiously asked him more questions about his medical history. The automated blood pressure cuff squeezed his arm for a mechanical answer. He recognized my voice. “I’m really sorry, Ma’am,” he mumbled, a sorry stream of apologies tumbling across his thick, dry lips.

I told him, “I understand, you must be getting quite anxious about your operation.”

I was glad for him that he found an untapped softness, buried somewhere deep inside of him, overgrown by the black stubble on his unshaven face. Behind his dark, shielded glasses, his eyes were soaked from eye-drops mixed with tears. I reassured him with a squeeze of my hand that he had nothing to apologize for.

I was not pleased with myself and felt that I had not succeeded in diminishing his anxiety or made any impact on his long history of darkness. The tight time constraint of the preoperative anesthesia interview pushed me along like a piece of luggage on a conveyor belt. The next patient was ready and needed to be seen. I resolved to inquire about the outcome of this dark and sad man’s surgery the next time I saw the surgeon involved with his case. However, as the days and weeks slipped by, my initial sense of genuine concern faded. It was some time before I encountered the patient’s surgeon, and by then I could not remember the patient’s name.