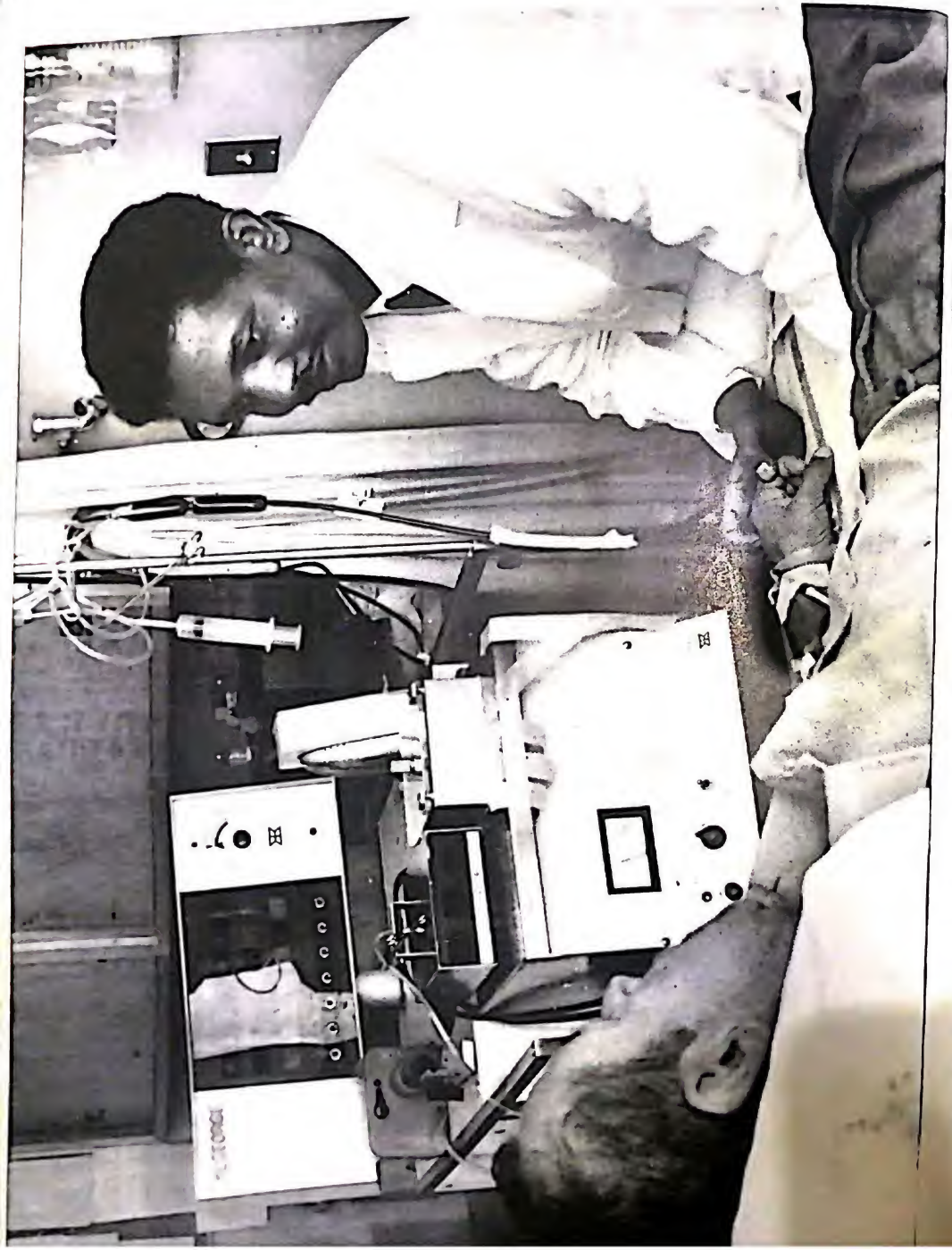


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Two Lives

OMER MOHAMED BELEIL M.D.





KIDNEY PATIENT RICHARD ROBLES (LEFT) TALKS WITH DR OMER BELEIL —AP Wirephoto

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TWO LIVES

ده عام

لکوا قون صبي عمل عروى
 صلاتى لادى حارمى
 حالىنى كى مانع لى لو
 سترد سترد سترد

Death Odyssey of a Transplant Surgeon

O.M. BELEIL, M.D.
 in conversation with
 CLIFF OSMOND

ده عام

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Preface to the Second Edition

Reading *Two Lives* has been for me one of the most deeply moving experiences in my life, few things have affected me so profoundly. While reading I was torn between the desire to continue Dr. Beileil's inspiring story to its happy conclusion and the wish that a work so full of courage and humanity could go on without end. I found myself reading the last few pages almost with reluctance, unwilling that the spell which this book had cast over me should be broken.

Anyone who knows Omer Beileil would agree that he is a person with rare qualities, it was surely not purely an accident that this man should undergo such an experience and win through so miraculously with the courage to perform the same operation he underwent on others. Thus Omer, through his courage and determination, now utilizes not only his skill as a surgeon, but also his unique personal experience to offer solace and hope to his patients.

Omer argued against receiving a kidney from his brother Sidieg, but he finally yielded when his brother told him 'Everybody in this life, whether he's got one kidney or two kidneys, will have to die... but only a few people have the chance to do something in their life that is worthwhile'. I personally feel that not only is it courageous to give but also on occasion it is courageous and noble to receive.

One reflects that five years ago Omer Beileil came home to the Sudan to die and today he is busily establishing a renal transplantation unit which promises to be an outstanding example of the possibilities of achievement in the field of medicine in the Sudan.

Two Lives—do we interpret the title as the two lives of Omer Beileil or the life of Omer and that of his brother Sidieg, so propitiously combined. Whichever interpretation one prefers, this book represents a pinnacle in the quality of human life.

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Prologue

It was a hot, late summer day at UCLA. I was on my way from the Research Library to get a cup of coffee when I was hailed by a friend, Mukhtar Hamour. I had not seen Mukhtar for a few days. He had been hovelled away in some nook and cranny of the library, writing his dissertation in economics.

It was an overcast day, the sun had not been around for a while - nor had Mukhtar. So we went to the coffee wagon together for refreshments and conversation.

As we sat eating Mukhtar asked me if I would like to meet a friend of his, a doctor, who was working at Harbor General Hospital doing kidney transplants.

It seems a year before, the doctor himself had received a transplant - but only after first deciding to die as quietly and unobtrusively as possible with his kidney disease.

He was now very anxious to record the whole experience before the memory of the events, now fresh and full-blown in his mind, left him, caught up in the maelstrom of events and new memories, work, and the business of day-to-day living.

Would I like to meet him?

"Of course", I said. "Very much."

So the next day leaving my home in Pacific Palisades, I drove south along the Pacific Coast highway. The beach crowd had not yet arrived so it was clear sailing - onto the Santa Monica Freeway, then south onto the San Diego Freeway.

I found myself behind a car of nuns, having to slow down to 55 mph, when I noticed on my left, near the Tijera Blvd. exit, a Mausoleum-like structure, replete with the gaudiness of Southern California marble and glass. Although I had passed it many times before, I had never wanted to find out who was buried there for fear it would spoil its full vulgarity for me.

Today, as I drove past, it only entered my perceptions in a rather indirect way. My mind was on the doctor. I began to fully realize how eager I was to meet him. Perhaps it was the matter of transplantation that fascinated me - perhaps the fact that he was now a doctor in the very same area where he had before been a patient. Finally, perhaps, it was the question of death, the fact that a doctor had made a conscious decision to die and had spent months and months quietly and simply carrying it out.

I found myself speeding past the airport exit - the nuns had just gotten off - and after a short trip onto the Harbor Freeway and a few boulevard exits and street crossings later, I pulled up in front of the green stucco apartment where the doctor lived - only a short block and a half from Harbor General.

After a brief check of the mailboxes, I found the name, OMER BELEIL, M.D. Apt. 12.

There were about sixteen units in the complex, the doors all a little chipped and worse for wear; one of the multitude of post-war apartments built with the flood of money and people that came into California during the 50's and 60's. As I walked into the courtyard, I passed the pool, seeing on the bottom, through the water, two dolls with broken arms and several bicycle parts. Children were everywhere, screaming, running, laughing.

I went to apartment number 12, knocked. After a pause, the door opened. A little four year old girl with large eyes and long pigtails came bouncing out, said, "Hello", reached up and took my hand and started leading me inside.

I was surprised by her. Almost aristocratic in appearance, in demeanor, she was somehow out of place with the conditions of the apartments, the general tone of the area, not to mention the city itself.

The doctor came to the door. He was something too I had not quite expected. Tall, young, thin, his posture erect yet somehow casual and relaxed, with a broad smile topped off by a pencil thin mustache. He appeared as a man apart, warm and friendly, yet self-contained and very assured. His accent was part English, part Arabic. His gesture definite, supple. His fingers long and graceful. We shook hands. He welcomed me in. I remembered what Mukhtar had told me: he was a surgeon.

The apartment was spotless. The doctor introduced me formally to his daughter. As we sat on the couch, the daughter sat next to me, still holding my hand, looking up into my eyes.

Suddenly, from behind the kitchen cabinet the doctor's wife appeared. Tall, elegant, a full woman, with soft velvet skin, black hair pulled back. She carried a small tray in her hands, glasses already filled with Seven-Up. We were introduced and I immediately discovered she was a shy woman, but not the usual eye-avoidance kind of shyness. Her shyness was the kind that

enabled her to look you in the eye but still keep a part of herself to herself. A grace, a charm, a sense of the essentialness of privacy.

We exchanged some pleasantries. I could see already the doctor was eager to begin his story. But as I discovered from other Sudanese, he would observe first the proprieties and amenities of his culture and chat a little while longer.

Finally after about 5 minutes of this, the doctor's wife rose and asked me if I would like more Seven-Up. I said "No", and she disappeared into the back bedroom, floated there really, as a leaf on a river unconcerned with the turbulence of things upstream and downstream from it.

She knew that her husband was eager to talk to me alone.

A neighborhood girl came wanting to play with his daughter and suddenly the doctor and I were alone - and immediately we began to talk about Mukhtar and what Mukhtar had told me. He asked me how much I knew about the story. I said, "Very little." He said he wanted to tell me everything fresh.

Later on, in the following weeks and months, as we grew closer together and our conversations became more intimate, he would tell me private things; in fact sometimes he would stop and say perhaps we will not include this material, he had not intended to speak of it.

However, this first day, he was wary. Cautious. After all it was his life he was going to talk about.

He had obviously heard from Mukhtar that I had known many of his countrymen, and therefore, gradually, as we talked - more importantly, as we began to laugh together - he became more at ease.

He watched me as I finished the last drop of Seven-Up. Then he said he felt perhaps we should tape our conversations and only put them into writing, into more permanent form later. What did I think?

I could see he was getting very eager to begin his story, as if the river of his experience was now threatening to burst its banks.

"Taping is fine. Where shall we tape?" I asked, "Here."

"No", he said. "Mukhtar's house. There we could be alone."
"When do you want to start?"
"Whenever you'd like," he said.
"It's up to you," I said.
We started the next day.

Omer Beleil

My name is Omer Beleil. I am from the Northern Sudan. My father moved as early as 1925 to the town of Wad Medani which is in the center of the Sudan. He started working in a cotton ginning factory in search of a living. He started as a foreman and worked his way up until he became the inspector of the factory and then a chief inspector of the whole plant of four factories. Now he is retired.

Before he came to Wad Medani he had some education in his small village in the North. He came to the center of the Sudan single first and then followed by my mother. Now I have got four brothers and six sisters. My mother is alive and well.

I started my education in Wad Medani. There I had my elementary and intermediate education. My secondary education was in Hantoub across the Nile from Wad Medani. Each step was marked by a series of examinations to record progress. This is the way a boy proceeds from one level of education to the next in Sudan through competitive examinations.

I was doing quite well really. I was doing very well.

In fact, when I went to the university, I got all A's. The first year, I was top of the whole session. I never had any disease at all. I was the best at that time. In that particular year when I graduated, I was the best. Number one. And I went into medicine number one.

However my own inclination was to go into Engineering. I was good at mathematics and science, but my father and my older brother sort of pushed me somehow to go into medicine.

In Sudan the best go into medicine? Is this the prestige area?

Yes, they convinced me somehow and I went into it. I did very well. I finished my whole medical career in school in 1963 without absenting myself a single day. I was very active, working at my studies, involved in politics. I maintained the quality of both.

After finishing my studies, I was taken in as an assistant in medicine. Surgery actually. I had the good fortune to be taken right away. Usually they take people 4 or 5 years after graduation.

I did my internship and then in 1964 I joined the university faculty in surgery.

In 1966, after two years work in the field, I sat for the primary fellowship exam of the Royal College of Surgeons of England.

This is the first step toward qualifying you to be a surgeon to practice in England. After passing the test you then have to partake of further study and work in the field, leading to the final fellowship exam.

The primary exam for the whole of Africa is in Sudan. There is another center in Ceylon and so on.

Who is eligible to take the test?

That is a good question. In the Sudan, people are selected above university level by the government to sit for this test. But actually anybody can sit, all over the world, if (1) you pay the money, and (2) you can provide evidence that (a) you have completed four years of surgery, and (b) you have passed your medical examination satisfactorily, including the full prescribed course at the university.

I did very well in the primary itself. I got the highest prize. The Hallet prize of the Royal College of Surgeons, which is given to the chap who is taking the test for the first time around, and scores with distinction in every area. It is a world wide competitive exam. I am telling you this really to show you that at all times up until my illness I was mentally, physically quite alert. I never had a bother at all. I was working hard and I was reading hard and I did not have a bother. If someone had told me that within a few years I would be on the brink of death, I would have worried about the man - his reason for telling me something so illogical. I did not, not even for one day, have to think about my family, or that I have a disease, or anything. No problems. Just a happy, easy-going sort of chap. I was married at the time.

You were?

Yes.

I didn't realize that.

Yes, Now I suppose I should tell you about marriage in the Sudan at this point in the story. Actually my wife is the sister of Tijani El Karib, who is a great friend of mine.

In Khartoum Tijani and I used to go out in almost all our adventures together. However, I had never told him that I wanted

to get married. In fact one month before I got married I did not even know that I wanted to get married - certainly not to his sister. I may have spoken to him about marriage, but I never said to whom.

However, my sister knew his sister and my father knows her father. That is how it happened. That is how things are done in the Sudan actually. When you want to get married your sisters usually know so and so, and they give you a choice of 4 or 5 girls, and then they speak about them - their good qualities, their bad qualities - then probably you want to see the girls yourself. And that is really how you choose.

A Sudanese friend of mine, Ahmed El Jack, when his wife was 15, he spoke to his father about her, and his father spoke to her father . . . in other words, there was a sort of pre-engagement arrangement early in their lives.

Well, perhaps but this is not really the usual way. The usual way is to tell your family that you are in good shape and want to settle down and marry. They are generally happy for this. They will go on and suggest several families. You will pick from one of those. Whether you know the girl before, whether you talk to her, I think this 'I love you' initial courtship period is not really available to everybody. Not really necessary. Not in the Sudan, anyway.

Can the girl refuse?

I doubt if she can.

No, she cannot.

Well, I guess she can.

There are ways of refusing. Not directly, but if she doesn't want to get married she can always confide in her mother or her sister. There are ways. I know of a lot of girls who don't want to marry particular chaps, so they do many things in order to avoid this.

However, I am still leery about whether knowing the girl, a period of engagement as it were, as in America, is really a test period at all. Marriage is really quite different, quite difficult. I think whichever way you get into it really, you don't come down with any more advantage one way or the other, by knowing the girl first or not. It is still pretty much hit or miss. Also, it has

been said your sisters can find out more about a girl - especially if they have been in school a long time with them - than you can ever find out by seeing her yourself. It is harder to fool a girl-friend than a man whom you are marrying.

However, Nagat and I got married in 1964. That was immediately after the (October revolution) in the Sudan, when civilian rule overcame the military junta. We got married and we went on our honeymoon to Beirut, Lebanon. We spent a very nice month there, and then went to Egypt which has significance for what I am going to say later on. Then we came back to the Sudan, moved into our own home. I worked for another 4 years in the Sudan in surgery. . . .

This was from 1964 to 1968, between the two exams.

Between the two exams.

. . . and in 1968, in September, I came to England accompanied by my wife and my daughter, Sara. Sara was born on the 19th of August, 1966, so she was about 1 year and 1 month when we came to England. Originally I was scheduled to spend 5 years there, 3 years preparing for my final fellowship exam, and then, after this, 2 years to be spent in some sort of extra fellowship training. But the extra fellowship training was not definite. The definite thing was to prepare for the exam. Passing the final exam would make me eligible as a lecturer in surgery.

A lecturer?

A lecturer.

There was never any question of going into private practice?

No, I never thought of going into private practice.

So then medicine for you was to research in and lecture.

Exactly. I really put myself down to the grindstone preparing for the secondary test. I worked hard. I was there many nights in the hospital. I would spend from 7 in the morning to 5 and 6 at night, then from 5 or 6 at night to 8 in the hospital and then go back home and start to study. I was rushing. I didn't know why. For me, there was something to prove. It was defined that I should get through the fellowship in the shortest time possible. A challenge, as it were. To be number one again in the big pond. I tried to sit and crash myself. The whole 3 years' program, to

compile it to 6 months time. I worked hard and I got through without any difficulty in that short time. I was bestowed my final fellowship of the Royal College of Surgeons of England, got the Hallett prize as I told you before, and was granted the diploma of Doctor of Surgery on May 2, 1968.

In about June, I began to think, why should I waste time, why not just go on and continue my studies in neurosurgery.

Neurosurgery?

Yes.

My thinking about neurosurgery, then and now, is this: neurosurgery sits on the top of human knowledge. To me it has always been the logical science, where symptoms and signs blend together, working toward a precise and logical diagnosis. It is tied to mathematics. 1 and 1 equal 2.

The one scientific fundamental - the key to medical success - would be if the symptoms are such and such and the findings are so and so, and the solution is located in that particular part of the brain.

You could work things out if you knew neurology well. It is precision. After all, what is the mind but the portion that controls the whole body. The real talent, I think, in all medicine is to get down to knowing the different areas of the brain. Thoroughly, precisely.

Anyway, it appealed to me. Neurosurgery, more intricate, more intellectual, involving a lot of thinking, not just mechanical work.

It is a new frontier then.

Yes. If you think clearly about it, people have already put new kidneys in - I myself have done many times now - a new heart has been put in, in a sense what more can you venture into in these scientific fields? People have almost gone all the way through to the end. But the brain. It is still a mystery. Nobody has really ventured to go half the way or even a quarter of the way.

So, I went to National Institute of Neurosurgery in Queen's Square where I spent two weeks with the Professor of Neurosurgery, Professor Valentine Logue. He is a straight man, you know, in every way. How he talks, how he integrates things, how he comes out at a decision. And in the cases that I saw - rare

as they are - when he was able to come to a definite and precise decision and remove the lesion in the brain, the results were fantastic. The patient was completely changed. It was really impressive. More than ever I was attracted to pursuing neurosurgery as a career after that visit.

So I called Mr. Kelly, the Director of Neurosurgical Studies at the Institute, and spoke to him about my interest. He told me that most of the neurological centers around the world are only half-hearted at best. He said to me if anybody really wants to start a neurological center anywhere in the world, he should have at least 5 years training in the field.

That was his advice to me. He offered to send a letter to Khartoum if I would like, to ask them to grant me a new 5 year fellowship period - starting immediately.

We both knew that my university would accept it. I had a professor there who liked me very much, and was very impressed by the amount of work that I had done in Khartoum. Also he was aware I had completed my exam in England in six months - it was really sort of a record - so I knew that he would accept.

However, I didn't want him to write until I myself had been certain I wanted to take it or not.

I thought it over. Within a few days I decided. I would pursue a neurosurgical career along the lines suggested by Mr. Kelly.

How about your wife? What were her thoughts?

Naturally for her, she had been thinking that we would come to London, get a fellowship, go back home where I would be a lecturer, a surgeon and have prestige in the Sudan. That is all. She wanted me to go into private practice, especially as a surgeon.

Was she homesick?

Not really. She wanted to see the rest of England, visit Europe, have a good time, go back and get a good car, have a house. Live. But I talked to her.

I told her I never felt that private practice is my line at all. I put the problem to her plainly. If I was going into neurosurgery, she must realize two facts. (1) It will be a career which the

results initially will be very bad. We must not worry what people say. I will not be taking cases which will make me look particularly good, cases which would enhance a private practice. We will probably be broke for quite a while. In the Sudan, we wouldn't have arteriography. we wouldn't have really defined diagnostic needs, we would depend on crude means of investigations and so forth, therefore, there would be a high percentage of patient-loss.

So really it would be almost pure research?

Yes. Pure research. But I told her, (2) it would really be satisfying mentally, and be satisfying for the hospital and the medical school - it is always important to have somebody in the forefront of a discipline, in the know, as it were. But financially for us, not very much.

She accepted this and we agreed to do this, on the condition that she could visit, go to the Sudan sometime within the next 5 years.

One more question: Why did you ever decide - so early in your career and marriage - to have a child?

You know, in the Sudan, once you get married, probably after the third or fourth month, your wife's mother, and your mother will start to be very anxious. They want to know when will the wife be pregnant. Their anxiety is: can you produce? And can she produce? If not, there is sort of a . . .

A stigma?

A stigma. In the Sudan, if you are not married the first question is: when are you going to get married. Then, when you get married, when are you going to get a child. Then when you get a child, probably when are you going to get a house, when you have a house, probably when are you going to die. However, we thought early on of not getting another child. You know, in a different country it would definitely make things difficult - the time you can go to the theatre, finding a home, the time you can be together. Everything.

Was Sara important to you yet?

Well, not really, no really. She really wasn't important enough to me at that time. However, in the few days after I was presented for neurosurgery, I did spend quite a bit of time in the

house. I began to play with her more and more. She did become a little more important.

However, going back to the story, I wrote to Professor Bakhit in the Sudan, explaining the situation. I told him of my talk with Mr. Kelly and what I knew of the implications of neurosurgery but I am willing to go into that career. He replied, "Okay do," and then I replied back that I felt that in order to be a good neurosurgeon, I must be a good neuro - **physician** first. I want to spend some time in medical neurology. He agreed that this was wise. So I immediately joined the neurology course in Queen's Square. This was only six days before I began to discover that my kidneys were failing - that my perfect life was slipping through my kidneys, as it were.

What you really have been saying up till now is that until this point in your life everything has been very satisfying - if not downright easy.

Yes. Everything. Whatever I wanted, I had.

Whenever you wanted to switch fields, everyone was amenable - your wife, child, government, professors.

That's what I am saying. I was 29, happy-go-lucky, everything I wanted I had - or was getting. And was ready for more. Then, that day, six days after I started the neurology course, I felt groggy.

I went back home. I was thinking that I've probably got hepatitis or something. I checked my urine and discovered an excess of protein - protein which if I were healthy would normally be kept in the bloodstream to pass to the other parts of the body. Something was wrong.

So I made an appointment with somebody called Dr. John Dickinson. This man, I will have a lot more to say when we come to him later. But for now, I will just say that he is one of the real . . . how could I describe it? Perhaps . . . let me put it this way: if we were to study all of humanity, to come up with the ideal human, I would say that such a man would be Dr. John Dickinson.

He was a doctor and a man?

A doctor and a man. In fact, the doctor and the man. At that time he was assistant professor in the University College Hospital and he is now an associate professor. His field is Nephrology and hypertension.

So I went to him to have him examine my urine. However, neither he nor I at that time, thought that anything was really very serious. Until a few days later when he gave me a blood test - and fully realized the extent to which my renal, or kidney functioning, had deteriorated.

At this time I think I should tell you, in simple terms, about kidney disease. In a sense, the overwhelming problem in diagnosing kidney failure is that only one of the two kidneys you have is necessary to support our life. Actually, 25% of one kidney is enough.

Sometimes over a slow drawn out process, up to 80% of your kidney can be slowly bathed out, leaving only 20% of one kidney to be really maintaining your life and in somewhat healthy manner.

What then is the function of the kidney?

In lay terms, the function is to help purify the blood of the toxic products of metabolism. Also to regulate blood pressure.

It takes from the blood excess water in the body. Of course, in a healthy kidney protein remains in the system, as well as the rest of the important materials for the body.

These materials are re-absorbed, as it were, as the blood passes through the kidney during its purifying process. However, in an abnormal person, with an abnormal or diseased kidney, the kidney leaks out protein along with the usual waste products. His kidney mesh, in a sense, is not filtering properly.

As I said before, one kidney could do the whole job. That is why, in kidney transplantation, you can remove the kidney from a live person and give it to someone else who needs it without really jeopardizing the live donor's life. But this is balanced by a bad thing: you can wear down your two kidneys to 20% effectiveness before you realize anything is wrong. I mean, you could be passing protein into the urine through bad kidneys and still the kidney might be functioning well enough to sustain you. You could go on like that for years and years - 20 years perhaps - missing protein through the urine without any obvious ill health effects.

For example, I was a surgeon at that time, but still I did not know I had uremia until the day I discovered an excess protein in my urine. The grogginess was the first clue. And I was already a terminal case of kidney deterioration before the first symptom presented itself.

How many people in the Sudan?

About 14 or 15 million.

What percentage might have a similar condition? What are the odds of someone else

I really can't say in the general population. But I can tell you in doctors. We have about 300 doctors in the Sudan. Ten of them have renal failure. This I know. That is a lot really.

Are doctors a random sample?

They should be a really good sample. A good healthy sample. Nutrition, good food, physical exams. They work hard, but I don't know whether work has anything to do with it.

Anyway, the first day when I went to see Dr. Dickinson I never thought I had that sort of thing. But when he called me back with the results of my blood test I knew there must be something wrong. I could tell from the way he examined me. Carefully, concerned.

I told him "I have the feeling now that probably I will have to be coming to you regularly. One favor, Dr. Dickinson, please, don't ever tell me what you find."

Why did you say that?

Frankly, I was so obsessed with neurology, with my studies.

I wanted to pursue my career. I wanted nothing else to think about, really.

It wasn't a fear of what it might be?

No. Merely functional. At that particular time I wanted a free mind to study.

But then, having examined my blood and urine over a month or so of periodic visits, he came to a conclusion and decided he had to talk to me.

He called me in. He said to me, "I must explain the case plainly. I have discovered, with Professor Sir Max Rosenheim, that your kidney function is bad. You are going rapidly downhill. It will not be very long before you will need to change your diet to low protein, low potassium, low sodium. But the diet will not improve things. It will only slow down the rate of deterioration of the kidney function. You will still need some sort of extensive help and treatment before long."

I remember I was really blank at that particular moment. I couldn't think about anything. He said, "Well?" I said, "Well." He was probably thinking to himself that I would not act at that time anyway, so he said, "Perhaps you can come and see me Tuesday in my office. I will be free on that day." I said, "Okay, fine." And then he said, "We will probably discuss the question of biopsy, we might want to take some tissue from your kidney."

And I said again, "Okay" and then I left. I wasn't really thinking clearly about anything at that point.

I went outside - into my car - and then, suddenly, perhaps it was my being alone for the first time, the whole picture of patients being diseased with acute kidney failure began to flash before my memory.

"Acute uremia is a death sentence." That was my first thought. In thinking back, "patients that have acute uremia have never once come back."

My knowledge of dialysis - treatment on a machine to purify the blood, to do the job of the bad kidney - or of transplantaion - to replace the diseased kidney with a new one - was very new, sketchy at that time. As I told you the other day, renal medicine is one of those specialized corners of medicine that unless you are involved in it you really know very little about it.

Why? Why specialized? Why a career?

It is in a corner because it involves a lot of chemistry. To be really good in renal medicine you have to be really good at medicine in general. Renal failures start in the kidneys but are somehow integrated with the rest of the whole body. After all, it is the blood and the waste products, the protein and the other material of the whole system we are concerned with - it is not just a question of understanding one organ. You must know the whole system - and more specifically, its chemistry.

So I am in the car and I begin to think and that is my first thought. A death sentence. I begin to think that this is an incurable condition. I did not have any pain to indicate any stones. You hopefully think of a stone so it can be removed. The chances are it - and you - will simply go downhill.

You would never think of questioning the doctor's expertise?

No, I had great faith in this man. I had seen him on several occasions working in the hospital. He is extremely good - and besides, I never thought of questioning another doctor.

I began to think about priorities. If I am to die, what is the prime factor to be considered? This had been always my way of doing things. Whenever I am presented with a situation I immediately think: what is the most important issue? In surgical training this is sort of carved into your thinking. Forget about

everything except what is the most immediate element in the problem. A crisis priority thinking. Think of the priorities first.

At this time for me, the priority was: what shall I say to Nagat? Shall I tell her? Shall I not tell her?

Without any hesitation I decided not to tell her.

Wait a minute. Suddenly, a wife you met through your sisters, married, dragged off to England to make a study widow out of, you have just finished telling her you will be going into a new and non-remunerative career, one that will take at least five more years to prepare for - suddenly, when you discover you are going to die, your first thought is: what am I going to tell my wife?

Yes, of course.

You were very much in love with her then?

Yes, of course. I still am. I still am.

Anyway, I decided not to tell her. It was a decision really without thinking. I decided if something comes up when I should tell her, I mean if I am going to die tomorrow, I will tell her immediately. But why should I worry her now. I have time.

I went home and I tried to just forget it, to be gay. Normal. That was on Friday. The next day, a week-end, we were supposed to drive down to Ipswich, to visit a couple who are studying in a place called Letchworth, 40 miles from London.

We drove to Letchworth and it was a very nice day. I didn't say anything on the trip about the disease. I think I was - I am not quite sure - but I think I was normal. At times I even found myself forgetting it.

But not all the time. I began to think renal failure. Uremia. That night. The next night. I began to think: "What could deteriorate my condition even more quickly?"

"And if that happened, what is going to happen to Nagat and Sara, how will they go back to the Sudan? What about the rest of my things, the rest of my family, how will they find out?"

"Should I write something down? Should I write things down now and put it somewhere? Perhaps I should tell somebody?" But when I came to thinking of maybe telling somebody the

problem arose: who to tell? I have got a lot of friends in London but my wife should have priority. In this large world it is my wife who should know first. If she does not know, nobody should know. So since I had decided that she was not going to know yet, I decided to be happy-go-lucky again. And silent.

In the house.

With everybody.

On Tuesday I went to Dr. Dickinson. We sat down. Dr. Dickinson wanted to discuss the question of biopsy.

I said: "This is not the foremost thing on my mind. Biopsy is academic. It would do nothing to change my ultimate fate. I want to talk about time."

If it would have no bearing on your ultimate fate why should they ask for it then?

I did not know it at that time, of course, but they were already deep into thinking and planning for dialysis and transplantation for me. Dialysis, life on a machine, where three days a week for seven or eight hours - perhaps ten hours - you lie next to the machine, attached to it, and your blood passing through it, getting purified - all this to sustain you until the possibility of transplantation occurs. Biopsy is a necessary diagnostic prelude to all this. So I suppose they wanted to get the ball rolling as fast as they could.

However, none of that had any meaning to me at that time. The important point to me is how far will my deteriorating kidneys carry me? Do I have a short time? "How long do I have to live?" I ask him. I didn't want him to tell me the exact figure but I wanted him to give me some idea because my problem was my wife and daughter. Should we go to the Sudan together? Should we go now? The most important part of the whole problem is to decide what will happen to them.

Why not figures? Why did you want to leave it vague? Were you running away from the knowledge a little?

Perhaps, yes.

You wanted him to be specific enough to make decisions but not so specific that you truly had to confront your condition?

Yes, at that time. But he could see how fierce I was about it, so he laid down the whole thing in front of me. Directly. Bluntly. Man to man. He said, "Your kidneys are not functioning well at all. They will not be in a position to sustain your life for more than 6 or 7 months. We can probably tie you down with a diet for a while, but . . ."

"Okay", I said to him, "if that is the schedule, that is the schedule. Now if I agree to come into the hospital for this biopsy, how long will it take?" "Two days," he said. My first thought was again: Nagat. What am I going to say to her? I don't know why, but Nagat still came first.

In a sense, you are leaving the medical decisions to Dr. Dickinson and concerning yourself mainly with the human decisions?

Yes.

He is the doctor and you are the man. Dr. Dickinson and Mr. Beleil.

Exactly. I thought, how am I going to tell her that I am going into the hospital? Should I say I will be on 24 hour call for these two days, or should I wait until her brother, Tijani comes to London. Tijani was travelling here, in the United States - in Los Angeles actually - on an Eisenhower tour, but was scheduled to return to London in a month.

I decided to wait the month. When he would come, I would tell him immediately that I have to go in the hospital. For some tests. Nothing serious, but I should go. Tijani would not tell her anything, and Nagat would not have time to think about things herself. I would tell her I've got something to do in the hospital for 48 hours, a series of intensive operations to perform on a patient.

I went back home and now I began to think seriously about the whole problem. I began to think seriously about the chances of living and dying. Specifically. Exact figures. This time I began to read something about acute uremia. I went to the library and took out the books. But I could tell you, after reading them, I soon came out with the following decision. **That machine life is no good for me.** I did not know the scientific basis for my decision at that time, I must have been very ignorant, because now when I think of it, machine life is probably a good life. A reasonable life at least, you can keep somebody alive on the

machine for 10 years and you could transplant after that. I know of patients who have been on a machine for 7 years. They have a good transplant now and they are doing well.

But I knew I could not produce with the machine, I could not function.

Certainly not at the level . . .

Certainly not at the level that I wanted to, exactly. I could not pursue my neurosurgical studies, that would be for sure. If I had already been a good neurosurgeon, probably I could, but as a student, training, it was a tough period. You have to put a lot into it. It is tough work. Study for hours and hours. Be in the operating theatre at all hours of the day and night. You have to look into the brain and you have to have good eyesight, and when you are living on a machine you cannot see as well, there are difficulties with the machine . . .

Life on the machine not only consumes time but it also lowers . . .

The quality of life.

I'd probably be just a doctor in the Sudan, a doctor seeing patients, which is alright, but I could not do what I wanted to do with a machine. It breaks my ambition for what I wanted to do. That is it in simple terms. That is why I did not give it that much consideration.

"Besides," I thought, "if I am going to have a machine I will have it when the time comes anyway. The machine doesn't need that much thinking about. You just have to come and have a shunt placed in the arm, which creates access to your circulation and the second day you can be dialysed on the machine. Therefore the machine is not something of immediate importance. So much for the machine. I thought the other problem, the other consideration, is transplantation.

For the record, money was never a consideration?

Money, I never considered money at any time. The Sudanese government would pay for the machine or my hospital. I never considered money at all.

As I said, the other problem was transplantation. At that time my knowledge of transplantation was very limited. Although I

was told by Dr. Dickinson something about it, I also knew my chances of getting a kidney were not very good. For the following reasons: (1) you have to get a reasonable donor and usually the donor you are interested in, perhaps a young person with no physical troubles in the past, no high blood pressure, the kind of donor everyone else wants as well, so there will be very few reasonable kidneys to satisfy the need for them, and (2) the donor from whom you want the kidney would probably have died in an accident - obviously I was thinking only of dead donors at that time - and either (a) he would be caught in the road so you could not reach him in time, or (b) everybody will be sorry about the accident and you just could not successfully approach his family and ask for kidney removal. The relatives would be in a state of grave anguish and disturbance at his death. It is a difficult time to get them to agree to donate his kidney.

Also I was a foreigner, and although one could say, well you were a doctor and a physician, and usually would be given some sort of professional care - special treatment, as it were - still the kidney will come from somebody from England and I suppose it is only fair to expect that Englishmen would first want to share their kidneys with other Englishmen. Dr. Dickinson had hinted at the possibility of a live donor.

A live donor?

Receiving a kidney from a living person. As I said before, most people have two kidneys and really only need 25% of one kidney to function well. Thus, they have over a kidney and a half to share, as it were. However, I didn't think very much about it at the time. In fact, it never really entered my mind at all at that stage.

You didn't go through a list of people, or . . .

No.

What did enter your mind at this stage?

Nagat and Sara.

Soon after this, during the month of waiting for Tijani, the disease began to take over. My blood pressure began to rise and Dr. Dickinson began to give me Aldomet treatment - tablets to reduce hypertension (high blood pressure). My blood urea began to rise, which meant that greater amounts of toxic elements to waste products - were flowing into the bloodstream instead of out

of the body, due to the improper kidney functioning. I began to feel uremic.

My work began to go downhill. In the house I began to change a bit. Things which I began to notice in myself subconsciously: I don't watch television any more. I don't read the paper. I don't even comb my hair. I don't care how I dress. I don't care whether my coat is clean or not.

As time went on I began to get a bit, what you would call absent-minded. I mean you would talk to me and I would be busy with a lot of other things. People would be talking to me as a doctor and I would be thinking about the Sudan and my family. What shall I do when I go back? What about Nagat and Sara? What is going to happen to them? I began to be very rude in the house. I wouldn't be interested in anything.

Except Sara. If anybody would hurt Sara. Even if it were her mother spanking her, I would turn to fire. Normally, before, if Sara made some mistakes, you know the usual things, she does something naughty or she plays in the dirt just before we are to visit friends - the silly, usual things - and her mother spansks her, it is okay. It is right. But now it is fire to me.

Sara begins to suddenly take on a whole new perspective?

In my mind, I was thinking about the machine and transplantation and Dickinson, but this was only the mental reality, the mental picture. In my emotions, I was on fire. I was slowly becoming convinced that this is the end of the road.

And Sara was to me somebody who would stay behind me in the world. Sara is part of me really. Physically a part. This is somebody who is going to remain after me. I must say, however, that I was wishing at the same time, that I had a boy also. In Sudan, it is the boy who carries on the family name, family traditions. We are a very male oriented society.

I was beginning to become short and sharp, difficult to live with. Nagat would tell me about one thing and I wouldn't know what she was talking about.

Perhaps it was the sudden burden of deep lasting family problems. The kinds of decisions you never had to make before?

No, no. Just the opposite. That is probably the central problem with me. The key to everything, my whole life, really. The pleasure, the need to make decisions.

To make decisions is no burden to me. Just the opposite. It is the essence of my life.

As I mentioned in the beginning of the story, we are five brothers. The oldest, Ali, is a civil servant in the Sudan. Next is Osman, who is now in San Luis Obispo, here in California. I am third. The next is Sidieg who is a police sergeant in the Sudan. The youngest is Ahmed, who is now in Kuwait.

In Sudan, all power resides in the father. My father is a great man, but he was very difficult with Ali. He used to beat him, as well as beat my next oldest brother, Osman.

To this day Ali usually tries to avoid talking to my father or to anybody else in the family for that matter. Osman, he is one of those people who would never say anything positively, neither "This is wrong" nor "This is right." He is that sort of man. What you would call a sweet man, a man never opposed to anything. Diplomatic. He never says "no" to my father, he never says "yes."

Now perhaps my father spent himself out raising these two, because by the time he came to me, he changed in his way of bringing up sons. And probably with my brothers Sidieg and Ahmed as well. But I know especially with me. He would discuss things with me and I would discuss things with him. That he would never have done with the older boys.

For example, he would discuss things pertaining to marriages of my sisters. Now this is a thing that is rarely discussed in the Sudan, no matter how liberated a son is toward his father. But I would say to him: "You are wrong. She shall not marry this man." or: "She should marry this man." In the beginning, my father would be shocked. But slowly, as I got older, he not only got used to it, he began to depend on me.

To tell me some of his own dilemmas. If there is any problem within the family. Between mother and father even. I might say, "You are mistaken, Dad. You might try this." And he would consider it. Between you and me, the fact that he would consider it was most unusual.

So early in life I had this great experience of decision making, and I prided myself on my ability to handle problems with firmness and objectivity. So when I began to see myself with Nagat and Sara, to see how difficult I was, how illogical and ill-temp-

ered, I began to get angry at myself for my lack of control. I knew I was sick, but still . . .

I decided to sleep as much as possible outside the house, to talk as little as possible to others. To conserve my remaining health for my family. Each day I would go to the hospital, find a free room, sleep as much as I could, then at 5 come home and pretend to Nagat that I had been at work all day. Thus, I would have slept the whole day in order to attend to the family for 2 or 3 good hours. To give them maximum benefit of my control. It worked. I must say it worked. I was better with them. Kinder. More understanding.

Only it had another effect. It made me think much more deeply: "What would happen to Nagat when I go away? Who would she marry, should she not marry, what is going to happen to her?"

Sara to me was an indestructible creature. I don't know why, but to me children are indestructible. You just know they will find their way through.

But Nagat, to me she was a girl whom I was leaving in the middle of the road. It is true today in the Sudan, once a girl is married and has a daughter she is considered half her original price. I was thinking, if she does not marry, if she has to stay single, with a daughter, I . . . this overwhelmed me actually.

Cliff, I would like that your wife does not know this or Sara or anybody. Understand that I have never said it to anybody before, but in the Sudan I've got a sister. When her husband died, his younger brother married her. She has got 3 children from the first husband, and now there are 4 from this husband. They are quite happy, living very nice lives. This is a pattern in the Sudan, when the husband dies, and the dead man has a brother - it really happens, many, many times. Anyway I was thinking in terms of this for Nagat. So this tells you really how uncompromising I was. How convinced I was that I was at the end of the road.

In October of that year - we are still in 1968 - Tijani arrived. I told him immediately that I had to go into the hospital. Without asking why, he said "Okay. Go." He knew I would not go to a hospital unless I had to.

I still did not want Nagat to know the full story, but I decided I wanted her to have an idea that I could have some troubles. To cushion the eventual blow. I had never been sick, not even for one day in our married lives. I told her that I will be staying today and tonight in the hospital for some routine tests. Nothing serious. I will be back tomorrow.

The next day I came home and told them the tests are good I am okay. This they accepted. The three of us went out and visited London a bit, then Tijani left.

Actually the biopsy showed a very bad kidney, really bad. They were packing up, almost totally useless.

So the next thing to be decided was how long should I wait in London, or should I go to Sudan immediately.

During this time is there in London any place you remembered, any event . . . ?

London could have been anywhere, actually.

I went to Dickinson and - by the way, I performed an appendectomy on his daughter one time. She had been dismissed by another doctor as being all right - but when she came to me I examined her and operated on her immediately, and that is how we got to know one another. He was really fond of me. Quite fond. I told him I wanted to go back to the Sudan and he said, "Why?" I said, "I think I am terminal and my going back to the Sudan, will have three advantages. (1) In Sudan my wife will be with the family, which will make it much easier when I must tell her the full truth of my condition. (2) I will have a chance to see my family - my father and mother and brothers and sisters. I will be with them when I die. Finally, (3) I will be appointed as a lecturer; my salary will be quite a lot which means my pension will be quite a lot."

But Dickinson was saying "You should live here, try to get well." But he knew I didn't have a chance.

I said, "Dr. Dickinson, if, since you have been married, your wife has really gone through tough times with you, studying for exams, residency, hard work, coming to England, I think the

least one should try to do is die in such a way as to place as little a burden as possible on her. She has gone through enough. He said nothing. Just frowned. I knew he was not happy with what I was saying, but he also knew I was adamant in these feelings.

This idea of dying with dignity, of not wanting to place a burden on anyone - even in death - is this a Sudanese characteristic?

You know, before coming to England, I worked as a doctor in the Sudan. There is a system of servants there, people who come and work as maids in the house. One of the servants in one of the big families there, I don't know why, but he got mad and stabbed the whole family. He killed about 6 of them. He was jailed and sentenced to hang. A doctor is always supposed to go and witness any hanging to verify the results. The man was about 26 or 27, about my age, actually. Usually, the hanging is done about four or half past four in the morning. At three, police sergeants came to the hospital to get me. We drove to the place of the hanging. This was my first experience with such a thing. I had seen many people dying, you know, in the hospital, but I never really thought about it.

Death to me was something I should fight against. Being a doctor, this was my concept of death. Up to that moment, anyway. Something that I should fight against with all the knowledge. If I do that, then when death happens, well, I have done what I could. You don't think about it emotionally. You work on the patient and if and when he dies, you are not involved. In fact most of the time when he dies, you are not even there.

You like it this way?

I used to like it that way. Yes.

But the hanging on that particular day, that was an experience which carved itself in my memory, how implicitly and how courageously that man came to his end. I said to the sergeant guarding the prisoner, I said, "This is a strange man, I expected he would create a fuss." The sergeant did not even turn to me. He heard but he was too busy watching.

They put a rope around the man's neck, pulled, and then cut him down. That is all. They put the rope around his neck, they said "the sentence on you is so and so," and he said, "Okay" and they said an Islamic prayer - and that is it. I was really

astonished. On the drive back to the hospital, the sergeant told me of some similar deaths he had seen recently. Five deaths, executions by the military government, political executions. He told me how brave these five men were, how stoic, how accepting of death.

I thought: perhaps one's emotion become warped or slanted at the time of death - that is why the men seemed so unfeeling, so unafraid. But no matter how hard I tried to dismiss it in some form of aberration terms, I could not help thinking how great that man was, and the five political leaders as well.

So when I came to my situation I now understood for the first time why men could die that way, without creating a fuss. Life is probabilities. When you have another chance, an alternative, things are different. With an alternative, you balk, you fight. If there is no alternative, however, you accept it somehow. I don't know how, but when you face a situation where there are no possibilities - where the probability is zero, or one, absolute certainty - you are endowed with some sort of special character. A strength to die, if you will.

If you recall, on the day that I was first told that I have got acute uremia by Dr. Dickinson, I thought back through all the patients who had that and how none had survived.

Well I remember also thinking at the time how all those patients' hopes for machines and transplantations are nothing but attempts to salvage an unsalvageable thing. Ropes to cling to. Ropes that will as surely be pulled, sooner or later, just as they were pulled for that man, and the five leaders.

When you are battling now with a patient who is dying, and something occurs, because of which you lose a week or a day, or even an hour, does this trouble you or anger you?

Sure. It does, professionally.

But when it came to you . . .

That is exactly the point, when it came to me, I decided that if I could not do what I wanted to do with my life, then my life was not worth fighting for. There were no alternatives.

Then for you, death was simply not being able to do what you wanted to do.

Exactly. From the beginning it was never a question of dying or perishing. I never panicked. I never thought of death as leav-

ing life, or disintegrating into the earth, or going to heaven or hell. Death was simply not being able to work at one's highest capacity.

Not being able to work at the zenith of one's life, that is death. I have never put it that way before, but that is exactly how I felt.

So that all that remained was to clear up the manner of death.

Yes. The priority of the minute was **how** to perish. And in such a way that would suit everybody, and everybody to me meant first Nagat and Sara. So I said to Dr. Dickinson, "For these reasons I think I should go to Sudan." He balked. He suggested I should first tell Nagat about the disease. We talked on this for a while. I respected his point of view but again I emphasized I did not want to tell her.

In fact, even now, if my kidney is to pack up again, I still wouldn't tell her. I believe if there is the possibility of being the man in the family, to bear up under certain burdens, I think a man should do it if he is capable. To use your wife for emotional support, this is not my way. I would of course share the burden with her if there were some specific functional reasons, reasons which would be for her benefit - but for emotional support, no.

However, going back to that time, this phrase 'for her benefit' must be put between brackets, because it contained some great contradictions for Nagat. In her own mind probably, Nagat began to wonder what is happening to me. Why is he carrying on like that? Before I was the sort of chap who would love to engage in gentle conversation, talk on any topic, to talk a lot in fact. But now, I would either be quiet, or I would snap at her. And of course she would retaliate.

So I would say, "I don't want to talk anymore," so we wouldn't talk. And by not talking we would grow further apart. We would get progressively more silent - and more bitter. It made life very difficult. For both of us. But I was convinced that I was still doing the right thing - in spite of the problems it was creating.

After my talk with Dickinson I wrote to Dr. Bakhit in Khartoum. I said, "Dr. Bakhit, the problem is I have got a family and I have got a father and mother. And my father is retired and I should aid in helping him. My salary is so little that I can't

help him at all. I don't want to live 5 years here in England with this meagre salary. I can live. But I cannot contribute to my family. So why don't you let me come back to the Sudan, be promoted as a lecturer, work for one year or two, and during that time I can familiarize myself with the problems of neurosurgery. Then I can come back and pursue my formal studies." He wrote back and agreed.

The next day I said to Nagat, "Well, Nagat, we have finished our fellowship. I think it is time to go back to the Sudan and be promoted."

She was pleased. I can tell you she was pleased as punch. I am sure she was hoping that our going back would ease the strain that had been growing in our relationship.

What about ethics?

I beg your pardon?

The ethics of the situation.

I don't understand.

. . . the ethics of going back to get promoted, to get a boost in salary, or increasing your pension, trying to get insurance without ever telling anyone about your kidney conditions?

You don't understand. That is what I told Dr. Dickinson to convince him that I should go home.

But you were going back to get promoted . . .

To Dickinson I said that . . .

But if the government had found out, after you died, that you did know about the disease all along . . .

No. Let me make this plain. I told Dickinson this. I never told the government specifically that I was returning to get promoted.

No, but . . .

I mentioned promotion only as a reason to Dickinson, to make him understand why I was going back home.

Oh.

Perhaps we can discuss it later.

Fine. So you were going home purely to die and to be near your parents and so forth.

Yes. That was the main thing: to die at home. Wait. I don't know. Now I am not quite sure in my mind about this question of promotion after all.

Maybe when one is dying one doesn't think . . .

No. Wait. I agree with your point. I thought about the benefits of promotion all the time, of course. Because when I came to my father in Sudan, we discussed the question of how the Islamic faith regarded insurance. We also discussed pension possibilities and so forth. So it was always in my mind that I should go and get promoted to reap financial gain. I never thought about the ethical part of it at all. I remember this now. Your point is quite correct; in fact, the answer is I did not give it any ethical consideration at all. Okay. Now I told you that when I said to Nagat that we were going home, she was very excited. She began to glow like a new bride again. She wanted to go shopping immediately for her new home - the one she was sure we would be getting when I began my new job. She wanted to go and buy curtains for the new home, to go and buy carpets, nice things. I drove her around. She was very happy, but the happiness would always come soon to an end whenever we went into a shop. She would find that I am dumb, silent, my mind within myself. I really tried my best to be able to take part in the selection of things but I never could. This was one of my failings. I must admit.

She would say, "Shall we buy this carpet, or do you think we should buy a green carpet, maybe the red carpet with roses in it?" I could not answer. To me, how would I decide these things when I was going to die. I didn't really care. You could always find me in the children's department buying something for Sara. I don't know what is the reason for this. Anyway the shopping itself became a bitter experience.

She noticed it. We began to fight.

What did she think it was. That perhaps you did not want to go back?

I don't know. I assume she just didn't know what was happening. She would get on edge and I would reach a point of telling

her everything, but then again I'd say to myself I should not. It is the lesser of two evils not to tell her.

I believed in this. This was my faith. My life had been short, but it had been full. I would end it with dignity. I have lived, I have married, have had a child, have come to England, have attended the Royal College, and I am going back now. If I am going to die, I should go as quietly as possible without making it difficult for anybody, especially her.

However, I felt terrible about these last few months. Making them hell for Nagat. I thought, "Why not try to make the best out of a bad job? We are going back to the Sudan. We shall go to Egypt first, we could spend a couple of days in Cairo. It is a nice place. We could spend a few days there in memory of our honeymoon."

So we planned to go back to Egypt on the 18th of December. I told her we were going there because there is a good neurosurgeon called Dr. Benhawi in Cairo and I am going to spend some days in Egypt with him. I said, "Who knows, later, instead of returning to England, maybe we will continue to study in Egypt." You see I am trying to gently steer her toward the idea that nothing is fixed. Everything is up in the air really.

So on our last day in England, the 18th, early in the morning, I went to visit John Dickinson. I said to him, "Well, I am going today. Thank you very much for everything." Both Dr. Dickinson and I were very sad.

He was a very nice man, very concerned about me, my situation. He didn't tell me, but in fact at that particular time he was doing some activities on my behalf - trying to get me on a transplantation list somewhere. But he said nothing. He knew his efforts were tenuous at best. He didn't want to raise my hopes.

He said, "Shall I write your doctor in the Sudan, the one who shall be taking care of you there?" And this where your point about ethics was valid. That is why I remarked to you that you were right. I remember saying "No" to him, "Don't write. Not right away. I have enough Aldomet tablets to carry me for the next few months, after that you can write. After I am settled at home in my new job as lecturer, then you can write about your medical judgments and advice." I was really banking on what

he had told me, that it would take 6 or 7 months before the end appeared. My schedule was planned on the fact that I had seven months to live. From the time we first discovered disease,

How many months were now left?

Five.

Egypt

In Egypt, we went to the same hotel, and the same room that we honeymooned in. Nagat and Sara were so happy, but really the happiness did not go far because I began to vomit soon after we arrived. I had a cold and if you are uremic and get a cold, you usually go downhill very fast. I became very ill.

During the second night I fell out of the bed and Nagat got very startled. She rushed to the telephone and called the manager of the hotel. He got a doctor. The doctor came. He wasn't a very knowledgeable doctor. He knew I'd been ill, but did not see that I had uremia, obviously he didn't look closely enough at that time. I told him that "I hadn't been sleeping for 12 hours and I was trying to be very active for some time. There is really nothing wrong." He gave me something to sleep and he said, "tomorrow morning you should come by car to the hospital."

But when I got up in the morning my face was bloated, obviously bloated. Nagat noticed it now for the first time. My eyes were like narrow slits in a swollen sea of flesh - eyelids get very swollen in uremic patients, and the face becomes literally as pale as death. I don't remember exactly how, or why, but it was that particular morning the truth of my condition almost slipped out of my mouth.

We had just awakened, it was very early, and Nagat was looking at my face. She said, "What is it? And I said without thinking, "It is the beginning of the end." Sara was still asleep. Suddenly, realizing what I had said, I quickly tried to unsay it.

I said, "Well doctors are usually afraid of everything. Even when they are okay, they are the worst hypochondriacs of all. It is nothing."

She said, "We should go right now to the hospital." I said "We will eat something first." However, when you have uremia and move around a lot, you don't feel like eating much at all. So I went into the bathroom and I looked in the mirror. I saw that what should happen in five months was happening very soon. When you have uremia, and you become dizzy, and you vomit, you are probably at the very end of your road.

Nagat came into the bathroom and said, "We should go to the hospital right away." I said, "No, I don't think we should go at all. I am not very sick, and we are going to the Sudan anyway. I will go to the hospital there if I don't feel any better.

So that day we went to the Sudan. We reached Khartoum at 4 in the morning.

Wait. Before we get to the Sudan. You stayed in Egypt a little bit, in Cairo, in the city in which you honeymooned. Now you said England was not very important as a locale, but what about Cairo?

That is right. Cairo meant a lot to us.

On that visit we went almost everywhere where we had gone before, to every park, along the bank of the Nile, the different night clubs that we had visited during our honeymoon. It was very beautiful. It was very good weather, I remember. Warm weather, sun weather. It had been winter in England for some time, cold, biting, frosty weather, but in Cairo, light, bright, sunny warm weather.

We wanted to drink in the city slowly - like a thick brandy - so I did not rent a car. We walked everywhere. Those two days meant a lot to me. I remember the first day when we went to the hotel, the manager said, "I have seen you before." I said, "Yes, we came on our honeymoon. We are trying to repeat our honeymoon." It was the Horis Hotel, on Shari Fauad, that is, Fauad Street, the main street in Cairo. The manager brought us an exquisite selection of roses, red, yellow, pink. He said he appreciated that people who had been there 4 years ago had come back to the same place, the same room.

It was really very nice.

Do you remember what Nagat wore?

I remember exactly what she wore. When she arrived, the next day, and the next day. It was the same as before. I insisted on this. That we wear the same things, the very same clothes that we wore on our honeymoon before.

I too wore the same suit, it was a grey suit. I still have it, in fact.

She wore, let me see, I will tell you exactly what she wore on the sequence of days. You know, Sudanese women wear a top, a *toub* we call it, that sort of wraps around the body, an outer garment, like a cloak or shawl. They have many of them. It is a basic garment. Anyway, on the first day she wore the *toub* that fascinates me the most, the material, the color. The light green one, bluish light green. That's what she had on the first day.

On the second day she wore her red *toub*. That was the day we went to the bank of the Nile, which was the very first place we had visited on our honeymoon.

I remembered we sat on the bank of the Nile, Nagat in her red *toub*, Sara between us, and if you have never been to the Nile you do not know how beautiful a river can be. Small ships navigating close by, people singing. The time of the Pharaohs has not been altered. The water is green. Greenish silver, like the grass in Paradise, they say. We sat, Nagat, Sara and I, dangling our feet in the water, laughing, watching our toes wriggle and curl in the current of the water. It was perfect, the singing, the ships. It was a repetition of the honeymoon. It was a very nice memory. Almost perfect.

Except on the honeymoon I had been able to run about, to walk long distances without having to rest, to walk for example up the monument steps of Giza, walk back down again, but now I could not.

And the worst of all was poor Sara, wanting to be carried. The great joy of all children to be carried or pushed in a stroller. These last two or three months, that had become one of the saddest changes in my pattern of life. Before I would carry her everywhere. I would push her stroller. But slowly I began to have to share this with Nagat, until finally, in the end - here in Cairo - I began to pretend that I was looking for something or had something else to do whenever the stroller was brought out or Sara wanted to be carried - until Nagat would finally come around to doing it herself.

In other words a whole pattern of avoidance had to be developed . . .

No. Not avoidance. Just wanting not to confront Nagat with the truth. Not avoiding Sara.

No, of course not. What I meant was you were just trying to avoid anything that might tip off Nagat . . .

Exactly. So anyway we went to the Sudan.

I'm sorry to have gone into these things. I know they may not seem important, but they are very important. And relevant.

I know. We went to the Sudan. We reached there in the morning. This was December 24, 1968. It was a special day in the Sudan. A festival day at the end of Ramadan.

Ramadan is fasting month and after fasting is over, a festival day follows - a day similar to Easter to mark the end of fasting. It is called Eid.

We took a taxi from the Khartoum airport to my brother Osman's house. Normally I would have stayed most of the day and left in the late afternoon. In the Sudan it is usually considered bad manners to leave right away. But I was very eager to get to Wad Medani. I was running a chase with death. In fact I wondered why Osman did not question my rushing but he did not.

I now figured I had about a week. But when you are this close to death by uremia, anything can happen. A week may turn into a day. At Osman's I began to cough and vomit blood again. Nagat, Osman and his family did not see me however. I would go into the water closet so they would not know what was happening.

Seeds of Challenge

We were talking the last time about the question of challenge, the challenge of life for me at the time. The challenge of medicine, the challenge of dying in an honorable way. When I went back from the other night I thought about this a bit and I decided to go back into my life, to the early days. I think there are some relevant points which I should mention.

As I said before I was born in Wad Medani, a semi-industrial town mainly for the ginning of cotton. My family was middle class, but since the whole Sudan, especially in those days was really poor class, I was actually from a poor class family.

In the first few months after I was born, I was sent from my family to live with my grandmother - my mother's mother - in the small rural village called Tangesi in the province of Dungle in the Northern Sudan. This is the village from which my father ventured forth as a young man years before to come to Wad Medani.

I don't recall exactly why I was sent - sometimes an old person in the Sudan lives alone, they send them a child to raise to give them a reason to live - perhaps that is why I was sent. I really don't know, as I say, but somehow I was sent to live with her.

She was all alone, the husband had died, I had never met him, nor any of her other children. My father's mother and father were also still living in that village - also some aunts and uncles.

It was a small village, a suburb of another village actually.

How many people?

I cannot give you an actual count. Small. Very small. Not more than a couple of thousand, very spread out, agricultural, you know. In fact I cannot even give you a vivid description of what was there, other than to say it was people mainly depending on what they could cultivate in small *sagias* - small irrigated areas, with cows walking round and round a water wheel sort of thing.

Did you work on your grandmother's farm?

I did not - because she did not have a farm. She and I were mainly depending on the two goats or whatever we could get in exchange for some dates we picked. My father owned some date trees up there and my grandmother and I used to pick the date

and sell them or exchange them for wheat or whatever we could get.

A poor life, actually, but my grandmother overwhelmed me with care. In this respect there was no poverty.

Sometimes my father would travel up to Dungala from Wad Medani on business, to see his parents, to see me, and he would bring things. His visits were always great occasions for me. I remember one time especially, he brought me a coat, a blue coat, I put it right on and walked down the center of the village with it. It was a cold night, typical desert climate. Others had their coats on, but I knew that none had coats as good as mine.

I did not start school in Dungala until I was seven. I had already been in Khalwa, a sort of pre-school religious kindergarten, where we are taught the Koran, but had not started my formal schooling yet. Interestingly enough it was only because of the Koran book that eventually found out my birthday - April 8, 1938. It was written on the inside of the cover, otherwise I would have had no written record of my birth. However, this is not unusual in the Sudan, time has been a problem for us.

Actually, I should say time has not been a problem to us - it just does not have that much meaning. No precise time, as day, hour, like in the United States.

Anyway, at seven I started my formal schooling. But it only lasted two months. The river flooded and the school was completely thrown to the ground. I had to transfer to another school.

So my father decided I should be taken back to Wad Medani. His thinking was that since I had to go to another school I might as well go to school in the same town with my family. He sent for my grandmother and me. We started the trip south. That was the beginning of challenge.

How do you mean?

I remember we had to travel first down the Nile by steamer, then you change from a steamer to a train. It was all such a new experience. It was very exciting. As we were still going through the Northern area of the Sudan, I saw a bicycle. I hadn't seen anybody ride on anything but a donkey. I had been living a very suburban rural village life - all my life, in fact - and now suddenly here I come to the city, to my older brothers, the way

they talked and dressed, they were city children to me, they were raised with my mother and father. I immediately had the feeling I had to prove something.

Why? Because you alone had been sent to live with your grandmother?

Yes. It was to a great extent that.

The question had often come to my mind, in Dungala especially when people talked of my brothers and sisters in Wad Medani, Why me? Why was I sent? Why not Osman? Ali? I don't know, but probably the answer was simply that I came at the point in time when somebody was needed. But the impression it had on me then was that I had something to prove.

Later, on, of course, I would be the revered child for my mother. I was the one who had shared with grandmother childhood years similar to the ones my mother herself had spent.

But then, that night when my grandmother and I arrived in Wad Medani - it was very strange - my mother was giving birth actually to the youngest of my sisters - the one called Nagat. That very night. The house was very quiet, closed off to us children. I found my sisters and brothers playing around outside, and right away I decided to be different, to assert myself.

In Dungala, in small villages, the boys and girls play separately. But here my sisters were playing with some boys and I told them they should not play with them. They should go home. I remember trying to be very rigid and explicit about this. Boys should play with boys and girls should play with girls.

They did not take too happily to this, of course, and we had a fight. I suppose it was not the best way to introduce oneself to the family, but I think now perhaps I did them a favour, they were quickly, explicitly and rather blunt speaking brutish fellow their new brother - this rather blunt speaking brutish fellow from Dungala.

So, by this time, the time of my arrival in Wad Medani - this was 1946 - there were eleven of us - Amna, Ali, Osman, Mahasin, Hafiza, Asia, Sideig, Ahmed, Suaad, and Omer - and that night, Nagat.

Now I already mentioned that my father sent for me in Dung-alla he also decided my grandmother should come and live in Wad Medani with us. So it was only natural I would turn to her, in the early days of my time back home with the family, to confide in her, and to complain to her about whatever things I was thinking at that time.

I thought I was being unfairly dealt with right from the start. Not treated equal. So I would complain to her, "When things are to be done about the house," I would say, "It is always a boy who is sent to do them" - which is all right. Do this, do that, is for boys. However, I feel I am given the brunt of things, more than my share.

Also when it came to going to one of the shops I had to go. That is another thing I complained about. You see, in the Sudan things are not generally bought the supermarket way, 10 pounds of this, a months quantity of that. You only buy what you need. So if you decide to make tea and there is no sugar, someone must run out and get sugar from the shop. And if it is night, you must run in the night.

Now even in a town as large as Wad Medani, there are always dogs and shadows in the night enough to frighten any young boy.

However, it was not just the dogs and shadows that troubled me. It was that in our house it always seemed to be me who was doing most of the running. "Why not Sidieg," I would ask, "who is capable. Why not Osman who is older?" I was told Osman is either studying or doing something. You must go. So I did.

Another thing that bothered me was that I also had to take care of the sheep. I suppose it was because I was the village boy and I knew more about animals and things, but it just didn't seem fair. The responsibility was always given to me to take care of the baby sheep, to make sure they remained caged overnight away from mother. So the mother sheep would have milk to give to us in the morning.

Now these are things, especially to a boy who has been away for seven years, these are things that seem very important. They form the boy, so to speak. They are silly little things perhaps but to a boy, to me at that time, they were very important.

Finally, there was the incident of the clothing, which has become a great story in our family.

It was a feast day, and my father had been to market to buy us all new clothing. He bought each of us what we had been wearing before, a replacement, as it were.

However, since I had been wearing village clothes from Dung-alla, my new clothes were still of village cloth - not cut from the finer city cloth like my brothers were wearing. I noticed this immediately. That their new dresses were still distinctly better than mine.

So I went to my grandmother. I said "Grandmother, I am not being treated fairly. My brothers have gotten better clothes than me. "Look." She looked. "You are right," she said, "take it in and rip it up. Tell him you want new clothes." I was too stunned to speak.

I shook like a house in an earthquake. To rip up new clothes, clothes my father had just bought, to rip them up right in front of him, right in front of the whole family. I shook all over. I said, "No." She said, "Do it."

So I went into the other room. I said, "Father" . . . He turned and looked down at me. I fully expected to be beaten. My eyes were as wide as fear. "I want as good clothes as my brothers have. This is not as good clothes." So I ripped up the garment and threw it on the floor at his feet.

He laughed. My god how he laughed. He bent down and picked up the ripped clothes. He said, "You are right, you shall get new clothes." He went right out and bought them to me - cut out of the same cloth as my brothers. He was so pleased. And to this day it is still a story in my family. That I did to my father.

To this day my father himself still laughs at it every time it is told.

How old were you then?

Seven.

And you had been how long with the family?

Only two months.

Had you started school yet?

No. Not quite. The next few days and weeks I continued to shape my character as it were among my brothers and sisters and the other boys we played with. Perhaps "shaping" is not the proper word. I still remained pretty much the same hostile

brutish fellow, clinging to my village ways of bluntness, arrogance, plain-speaking. I was always sort of demanding my rights - I remember that distinctly - all the time forcing my opinions, probably more in an inquisitive way, trying to find my place.

And then school.

School. This was it. Right away, this became my great challenge, for me, the focusing of everything, all my dreams, complaints, aspirations, desires.

I remember as if it were yesterday what a new horizon school seemed to me. It was no longer a question of who has lived in Dungala and who in Wad Medani, or who our parents are or how long you have lived in the city or the country, but only one question, one problem: can you learn the material or can't you?! An objective determination of worth, it became right away for me the challenge, the thing to excel in.

Right away it took the form in the very first few days of trying to excel everyone in the whole school. It was a school a little outside Wad Medani, about 5 or 6 kilometers from our home. I used to go on a donkey with Osman. Now when you ride a donkey only one can sit on the saddle. The other must ride behind on the donkey's hindquarters. I can tell you that seat is very uncomfortable. The inside of your legs are constantly chafed by the rope that holds the saddle. It runs from the back of the saddle and goes around the donkey's tail. Osman was older so the back was my seat. Also, the back riding person has the chore of kicking the donkey to make him get along. It is a small thing, but it is one of those things that just slowly presses into your mind. You never quite forget it. And since I knew more about donkeys, and since Osman's classes ended after mine - he had five lectures and I had four - I had to take care of the donkey at the end of the day. But I was too happy just be going to school to complain out loud.

In fact each day I spent more and more of my time studying at home, less and less time playing - so by the end of the first year I was first in my class. Of my brothers I was the only one to be first in his class.

What age range?

My age. First year, second year, some little older, a few third year boys perhaps.

But still - to my mother and father and the rest of the girls in the family - Osman was the one who was going to be an **afandi**, the government clerk, height of European respectability as it were. Oxford dress and so forth, and perhaps even a doctor. Ali had not done very well in school, but Osman had done quite well. He was the first boy in the family to do that well - so it was natural for everyone to look up to him. He said he wanted to be a doctor and they were sure that, if he wanted to do it, he would do it. He was that intelligent.

And I was still the odd ball. But it did not defeat me, this only gave more interest.

Now I would get up at 3 o'clock in the morning, just to study . . . Ah . . .

What's the matter?

Something I just remembered.

What?

The ghost.

The ghost?

The ghost of Mr. Rogers.

One morning I went running from the house of my mother and father saying I had just seen a ghost. It was before the sun had risen, about three or four o'clock I remember. It was still night. I was in intermediate school. My father caught up to me and asked me what was wrong. I said, "I saw a ghost." He said, "What do you mean? Describe it to me." So I did.

And as I talked he began to nod, knowingly. Then he stroked my head. He took my hand and brought me inside. He showed me my study desk. He said, "Look, there is your ghost. On your desk. It is your Mr. Rogers from Canada."

Who is Mr. Rogers?

Probably you have the same thing here in America, but in our geography lessons, when we visit a country, we are 'introduced' as it were to a typical member of that country, who then takes us on a tour around the country. Well Mr. Rogers was our school guide to Canada, a lumber-cutting, wheat-growing sort of man, with a long moustache, short pants, long brown socks with a red ribbon on them, a hook pipe in his mouth and a big hat on his

head. He was my ghost. It seems I had been copying him over and over so much in my geography lesson book in order to remember him, that when I woke up that morning I actually thought I saw Mr. Rogers, life-size, with all the details of my drawing, peering down at me.

What did your father say to that?

He was proud. Always proud. To him it was an example of how hard I was working. He would tell this story to everybody. And he would say how of all his sons I am the one who stays late at night, reads more, studies more. In fact, I am sure that is one of the reasons I pushed on, pushed on in my schooling more quickly than the rest of my brothers.

Because it pleased your father?

Yes.

What's the matter?

It is funny, thinking back on it now. I had forgotten about Mr. Rogers.

We go back now to where we ended the time before. I told you we came to Khartoum at about 4 in the morning. When you see a patient that has acute uremia, he is full of liquid, his kidneys cannot handle the water and apparently he looks very blooming. You think that he is healthy. Fat and robust, as it were.

Two chaps, who happened to meet us at the airport that day, in fact, friends of mine, commented how healthy I looked, how I had put on weight and so on. For me, of course, it had a different meaning.

We took a taxi from the airport and went to my brother Osman's house. He was living in Khartoum at this time. It is the same brother who is now in San Luis Obispo.

We reached there about 5. After an hour or so I said I wanted to go to Wad Medani immediately. He never suspected that I was ill — nor did he raise a fuss about my going. He probably thought my paleness was the result of no sun, that I had been staying in luxurious England, students life indoors and so on.

Suddenly my brother Sidieg arrived. He had just come from Wad Medani to meet me. Just like that. I did not send a telegram that I am coming but somehow he said he had a hunch. He knew we were in Egypt and he had just figured that we may come on that particular day. So he came down from Wad Medani to meet me in Khartoum.

He was so pleased to see me. He insisted that we should go immediately. He said we should not waste a minute. Everyone was expected me at home. There were many people there, since it is a feast day, the end of Ramadan, the end of fasting, everybody will be there, I should go

So I, Sidieg, Nagat and Sara said goodbye to Osman and his family and drove to Wad Medani. Osman and his family were driving up tomorrow.

Describe your brother Sidieg, his personality. What is he like?

Sidieg is carefree, footloose, a humorous person, he don't know. For example, that day I arrived he was so pleased to see me. That's the kind of man he is. He lets you know right away how he feels. Like fresh air. Whenever you see him, he is like a fresh air after a summer storm. That is Sidieg.

Had you been close with him before?

Yes, in fact, he is the closest brother to me. I did not tell you much about him up to now, but I should say this at this juncture. He did not really do well in the secondary school competitive exams, so he was not able to go to Khartoum University.

However, I was insisting that he should pursue a university career with all costs anyway. So he went to Poland. For university training. He stayed there for 7 or 8 months and then he wrote back to me that he wanted to come back, and I wrote back, "Why do you want to come back? This is a good chance. You have found a university education. You will find a chance to live in Europe. Why do you want to come back?"

"If it is the question of finance, it is no problem. Between brothers and father, we can share the financial problems you are going to face?"

But somehow he said that he was feeling guilty looking at the students - and himself - who were in Poland at the time. They were really wasting time, enjoying themselves, with wine, women, song. He was doing nothing as far as studying was concerned. It was fun, but he thought it made no sense. Why waste money, why waste time. At the end of 7 or 8 years there would be nothing, actually.

He just wasn't interested in it.

Just wasn't interested.

So soon after this correspondence, one night when I was still in Khartoum doing my internship, Sidieg knocked at my door. It was about 12 o'clock at night. He had come back from Poland. Just like that. I was very upset that he came back, but I was pleased to see him anyway.

I phoned my father to say that Sidieg is back, and everybody was pleased. But Sidieg had lost a lot of weight. He said he had trouble, he was vomiting quite a lot in Poland. The doctors could not get to the bottom of it. They thought perhaps it was **bilharziasis**, a parasitic disease which is very common in the Sudan.

But for that they couldn't diagnose him there, so they thought he should come back. I admitted him to the Khartoum hospital and I found that he was quite healthy. There was nothing organic. I had felt all along it might be psychological, actually. So I said to him, "Sidieg you are the healthiest one of us all. You are very healthy, there is nothing wrong with you." I waited a min-

ute to see how that would set. Then I said, "If you don't want to pursue your studies it is up to you, but I think perhaps you should get back into the teaching profession" - which was the job he was doing before he went to Poland.

He took my advice. He went back to teaching intermediate school - which is like grammar school in the states. He was sent to the southern Sudan. But after a month or two he came back again. He just took one of the ships, without telling anybody and came back to Wad Medani. That is Sidieg. Like a rubber ball, no matter where you threw him, he came bouncing back.

Back to the present. So now Sidieg, Nagat, Sara and I are driving up to Wad Medani and I began to feel very cold.

I was shivering. I don't know why this is, but it is one of the features of the disease that I have never found in any book, I don't know why people have not talked about it, but I may work on this in the future. You feel as if you were stuffed out in the snow. At the top of a snow mountain without clothes - without heat. Sidieg asked: "Why are you shivering so?" I said, I have the flu." He of course did not suspect that I had a serious disease, so he went on without worrying.

We reached Wad Medani. There we went to the house of my father and mother. Everyone was so pleased that we had arrived. Here is a son coming from England. He is a surgeon.

They slaughtered and roasted a lamb. It was a real good day.

How many people were there?

About 100 people. There were at least 100 people. For Eid, to celebrate. So many people. And everyone was pleased that we had come back home. You see, my father was sort of a trail cutter. He was the first man from our immediate family to come from the northern Sudan, from the province of Dungala - to Wad Medani. Wad Medani is much bigger, much more industrialized than the Dungala area. And by coming to Wad Medani, he helped many other people make the same shift. He had become successful, they were encouraged to come after him.

So now they were at our home this day to visit the head of the tribe, the clan leader as it were. To celebrate the festival of Eid with him. Unfortunately you eat a lot of meat on that particular day which was just the one thing that I could not do. I was vomiting. I couldn't eat anything. Everyone asked me why I was not eating. I said that I had the flu. That seemed to satisfy them.

No one would think about questioning a doctor about his own illness.

I was very ill. In those first few hours at home, all the time what was running in the back of my mind was: "In a short time I may be at the end stage. Should I perhaps tell my father now?"

I felt that I was subject to go any time. Should I tell my father what had happened. What was about to happen, so he could handle things in the best way possible, and he could tell Nagat what had happened so she could be here.

I don't understand.

Nagat had gone to her family's house. They were living only three or four blocks from us.

There is something in the Sudan: if you have been away for a time and someone from a particular family has died, you must go immediately on your return and visit the family. Nagat's cousin had died. He was very well loved and respected in her family. So she had gone to her house immediately upon our return while I stayed with my family in my house.

As late afternoon approached, I decided not to tell my father. I would wait till everyone was done having fun. Till the celebration was over. I said to my family, I must go to Nagat's house now and . . . and . . . how do you say it?

Pay your respect?

Pay my respects. So I went.

Most of Nagat's family were there on that particular day. This is again one of the customs in the Sudan: if someone has died recently, in the next coming event, such as a festival event like **Eid** for example, the whole family gathers at the dead man's house to keep the mourners in consolation as it were.

Obviously this changes the mood of the feast at her house.

Yes, sure. There was no feast at her house. At our house, the feast of **Eid** was happy, but at her house there was more or less, I think you call it a wake. It was not a happy day.

I stayed there with Nagat until about 6 or so, and then I returned home. Nagat remained behind to continue to be with her family.

At my house the celebration was still going on. Sidieg, happy and bubbling as usual, insisted that we should go out. But I could not.

I said, "I am tired, I should like to sleep." But he kept sitting there chatting about England, while all I could think of was how much I just wanted to fall asleep. Finally I did, but only for an hour or so. I had to get up to vomit.

I was vomiting, coughing blood. Badly. I would go the nearest water closet and do it there rather than in front of anyone so nobody again would know what is happening.

Then I tried to go to sleep again. It was a very long night fitful sleep. Suddenly the question arose in my mind of my two sisters going away pretty soon, of having to go back to their home in the eastern Sudan with their children. They had come just to spend the festival day and they had to go to their own homes. It was a long trip, 10 hours at least and I figured I should try to stop this because I knew they would have to come back immediately when I died. This became the first issue.

During the night I thought, "The priority issue now is these girl's going away, they will have to make such a long trip back when I die. Especially Amna, the oldest sister. She is the second mother to us." I knew my father and brothers would depend on her more than anyone else when I died. Her strength is to hold things and people together. So I knew she would make the trip no matter what the hardship.

The next morning when I woke up, I went to Amna and Hafiza, the other sister, and said, "Why don't you sit down, chat with me for a while, may be stay another day or two, tell me everything that has been going on?" But this wouldn't work. They had to leave.

I must admit that was one of the points which sort of pushed me on most of all to thinking of telling my father. I wanted to stop them from leaving somehow.

Why is it you always saw your death, your deterioration, anyone finding out about your condition, as a burden to someone else?

That is one of the things . . . in fact I still . . . I don't know why it is I do that — or rather why I did that — but somehow I was convinced that this is the end. And I wanted the end to be

with the least difficulty to anybody else. With the least burden. That is all.

It is difficult even to say whether I really wanted anybody to be with me at the last moment, if it meant an extra burden, a long trip for them. I don't know if I wanted my sisters to be with me under those circumstances.

Did you always think like this? I mean, this trying to be a burden — was this just something special because you were dying or were you always like this?

No. No, I have always been like this. This is my difficulty, even now. I don't know why but I always overworked myself for others. Not only myself, but sometimes my family I overwork.

For example just yesterday, after you and I talked, I went to the hospital, leaving Nagat and Sara in the car. I felt I had to see a patient. We were going out to visit but I had to go there and the patient first. It was my time off, but that didn't matter.

You see, always with me, I am the last, then my family next, then everyone else is ahead of that. Especially patients. But not just patients. Family, friends. I don't know why — I don't even know if it is good or bad — but somehow this has been the pattern all my life. My death was just an extreme example of what I have always been like. People come first, then my family, then last, me.

So when I was dying, I naturally thought: "Why shouldn't I take all the burden? Why should I make other people suffer? This is the end anyway. My sisters have to go on a long trip and then have to come back again it is silly. They have got so many children." — you don't know how difficult transportation is in the Sudan. "It is only logical that I should try to stop it somehow."

Tell me something, as a doctor, today, if a patient — such as the one you had to see yesterday — were about to die, do you feel that his family should be notified immediately? Or do you just feel that they should wait until he dies to find out? Do you understand what I'm getting at?

I understand. I feel they should not know unless they could do something that may help. In actual physical terms. Unless of course, their knowing would help to sort out the things that

are left behind, the personal and family matters, as it were, that should be cleared up before anybody goes away.

What if it were important to the family for purely emotional reasons to spend the last few hours with him, to share the burden with him of knowing that he is going to die?

My first thought is that it is the man who is dying, it is his choice.

But it is the family who must live on. He will be dead soon.

Yes, but it is his life until then. His decision. I don't know. I just do not know. I must admit that even now I would be torn between the wishes of a dying patient for secrecy, and the desires of a family to know.

What about the family's rights? Could he be wrong in denying them the ultimate solace. The need to share death with him? For example, what if he suddenly lapses into a coma?

Yes, I understand. It is a dilemma. It is complicated. Doctoring is not all medicine, is it? Fortunately, for me, on that night, I was both doctor and man. I was able to make the whole choice. And to me it was a clear choice; the most important thing was to avoid making other people suffer. Die in the most smooth way, the plain way, the mathematical way as it were.

Now, during that day some of the doctors in town had come to visit me and when they saw me they said you have got, the flu, you need vitamin C. So I took it. Just for the hell of it. They never suspected that I had uremia at all. I still hadn't told anybody.

But the next morning, the morning after my nightlong fight with vomiting, as my sister were preparing to leave, I decided I must tell somebody. But who?

My first thought was to tell my brother Osman. The oldest is brother Ali, the civil servant. But I thought of all the brothers I should tell Osman. I don't know why.

More common background, more common experience . . . ?

Probably. More common background, common experience, common education.

He is the one really who has had the university education, he has appeared in the theatre, he has been all over the world. I thought he is the chap to tell, that is all.

Anyway, I took him aside and said, "Osman, while I was in England, in the last six months, things were not very well with me. I had some kidney trouble. In fact, it was decided that my kidneys were not doing very brilliantly . . ." Suddenly, in the middle of my sentence to him I decided it was wise not to tell him. I don't know why, perhaps I thought it was too big a burden. I decided not to tell him anything further.

Do you remember what he was like while you were telling him?

He was not believing. You know he is sort of hard to reach. An optimist. Hard to pin down to any sad reality. So as I was telling him, he was just not believing. He was saying, "You are a doctor and doctors are always like that. You think the worst. Take my word for it. You look healthy. In fact, too healthy, you ought to lose some weight." He was commenting like that. Jokingly. So I decided not to tell him.

He assumed you were feeling sorry for yourself.

Yes, that is it. In fact when anyone complains to him, generally, that is his attitude. It is often a good attitude, but at that time . . . Well, anyway, I thought: really, since he does not believe me, I will give up. I may have already given up half the story, but now I will pull out.

And that is what I did. I pulled out. I said to Osman, "You are right. I am just imagining things. I am just run down, because of the flu. You are right. I am fine." He nodded, got up and on this basis he went to Khartoum. He had been planning to go anyway, since the day before. I knew Khartoum was nearby, not really that far from Wad Medani actually, it is a good road, he has a good car, he can come back. There is no difficulty. It is not like my sisters going all the way to the eastern Sudan.

Then after he left, strangely, for the very first time since I had arrived home, I began to think of my own death. To actually see, to imagine, to get a mind's eye view of my own death.

Perhaps Osman's leaving triggered it?

I don't know. I just suddenly saw I would die in this particular bed. When you die in the Sudan, you are not put in a box, they sort of . . . well, I will describe for you the whole ritual. It is really very beautiful. First they take you to a separate room

in the house. Only your wife, your brothers and your father are allowed in the room with you. You are washed first, according to Islamic ritual, and then your brothers and father shave you. For cleanliness - these are the things I began to imagine - all this will be done on a certain bed, one of the household beds.

My wife will trim my nails. My body will then be covered with a cloth, a new cloth, a tailored robe - cotton will be placed in my nose and ears.

My body will then be covered with a toub, one of my mothers probably, a white toub, and they put some perfume on me. Then the body, still on the bed, will be carried outside, into the courtyard, where the people will sort of come about me, weeping perhaps, until they would finally take me up again, take the bed up and carry it toward the common burial ground. In Wad Medani, actually, the burial ground is a long distance from our house.

A procession of mourners would form behind the bed. Both men and women. After a bit of walking toward the burial ground, the men would start holding the women back. The women would try to follow in the procession, to continue especially those women who are weeping most over the body, the women in the family generally, but they too would eventually be pulled back.

The wife is the last one to be pulled back, because her grief is generally the greatest.

People will already have gone on ahead to dig the grave, the procession of men would continue to the burial ground; prayers would be said. Then after the prayers, after the men are done mourning I would have been placed into the earth. After that the other men would return to my home with my empty bed. A period of mourning would follow.

How long after a man dies do they bury him?

They bury him immediately. The quicker a family deals with their deceased, the better. That is considered to be the final element in a man's life. The sign of a good family. Everybody is there. Everybody is with him in death. As quickly as possible. The quicker death is dealt with the better the family.

There seems to be a great sense of pride in the Islamic culture in ritual. In how well the thing is done.

In how well the thing is done. Yes. And how well the thing is done in death depends on how quickly the family is gathered

I didn't want to say it, but in a way, I must admit, overall, this was probably the operating thing in my mind: when the family is there, everybody is there, your father is there, your brothers are there, all sisters are there, the bed is prepared, the procession proceeds, there is no delay - it is an honorable death.

This was probably the foremost thing in my mind. People would come to pay their consolations . . . what do you call it again? . . .

Pay their respects . . .

. . . pay their respects. People who know my sister would come to her. Others in turn would come up to my other sisters. All the family who should be there would be there. Nobody would come later to any of my family saying, "What happened? You weren't there. Were you sick?"

The perfection comes in the completeness.

In the completeness.

The precision.

The precision.

In the orderliness.

Yes.

This is an honorable death. Precise. Orderly. Complete. Quick.

One last question; this honorable death, was it for their benefit Or yours?

Mine and theirs. Both. It would tie off my life correctly. For their benefit and mine. For the family.

One other thing. From the moment a Muslim man is buried, his wife remains in a room of her house, seeing no other men except her father and brothers for four months and 10 days. This is done today as a sign of great mourning but it had a more practical origin. I remember smiling to myself at the time of my own eminent death thinking of it. How it was done originally to avoid any situation of suspicion on the wife. So no one could say, "ah, ha, she was a cunning wife. She got immediately pregnant by another man to claim the child in her womb was the dead man's son and thus deserving his inheritance." The four months and 10 days you see is almost exactly one-half the normal

pregnancy period. This obliterates all possibility of suspicion by obliterating all possibility of her getting pregnant.

However, now, as I say, the time is for mourning. In fact, it has become a very beautiful ritual. In the opening and closing of every day of the four months and 10 days, during sun-up and sundown, the wife will sit on the empty floor, mute, doing nothing. Her grief is so great she is even unable to welcome or bid farewell to the new day.

The Wish of a Dying Man

When you are dying, you go through your life, what things you have done wrong, what things you have done right, you wonder, "Have you done something malicious to someone, have you injured anyone?" One of the little episodes that came back to me at that time was when I had not been very gentlemanly to a particular person in England. In fact, this is one of the incidents I have been very sorry about ever since it happened.

The man is a friend of mine. He is a doctor who showed me the address of the place where I lived in England. We lived together. Actually, he was living in an apartment above, I in an apartment below. He was a real gentleman. His name is Yahia, Dr. Yahia Rahim.

A few months after we moved in, there was a question of his having another child. The landlord said that he could not live in that apartment with three children, he would have to move, but our apartment was bigger. If we would swap with them, the landlord would not mind his staying.

I was willing to do so. I mean it is not very gentlemanly to have somebody show you an address of a place, you live there, then after 4 or 5 months, you let him get thrown out although you could help just by swapping apartments in the same building, that is all.

But his wife and my wife had had a little falling out over something. Nothing big - but one of those little things that they themselves wouldn't even remember now. And this was during the period I was most groggy with my illness and I just did not want even the slightest extra strain at this time. So I decided not to swap. I'm sure the reason I felt so badly about this choice was that it was the sickness more than anything else that made me decide in that manner. It was just something I would never have done otherwise. I told him how sorry I was, but it still preyed on my mind.

Since you were reviewing your life at that time, the different people you had injured, not injured, had paid back or not paid back, did Nagat pass through your mind? Your relationship to her?

That is the main thing I wanted to talk about today. In reviewing the people and the things I did wrong and the things I did right, I finally came down to: how are things going to be after I am gone. And the first person that crossed my mind was Nagat.

And of course Sara. But as I told you before I have always thought of children as indestructible, they will just go on. The main thing was what about Nagat.

I began to think of what would happen to her after I am gone, and the first consideration was: should she marry or should she not? I was convinced that she should. Then whom should she marry was the next consideration.

This is one of my difficulties. I like to plan things for other people. I don't know why. The right thing probably would be to let things happen, whatever will come will come. But I like to see things planned. More than that, I like to plan them. To say, "Do this, do this," I like to be the planner. It is as if I am going away and still I want to plan Nagat's future life. I . . . I don't know, but somehow I wanted the continuation of our relationship. In the form of one of my brothers actually.

In fact, I will tell you how I was feeling. Ali, well, Ali is now about 40, he is married, he is married twice, his first marriage was a failure. He is married again. He has got some children from the first wife, he has got three children from the second wife. It is obvious Ali is out of the question.

Now Osman is married, has got two children, he is out of the question. The only ones left are Sidieg and Ahmed, and Ahmed is too young. That leaves Sidieg.

I should mention here one of the reasons I did not want my younger sister Hafiza to leave before I died was that she is one whose husband died and who married his brother. So she had experience in this. I wanted her around in case things would happen the way I was thinking.

Now, as to Sidieg, my first reaction was: "How human is it to tell him straight away? Number one, am I truly convinced in my mind Nagat will make Sidieg happy. And am I truly convinced he will make her happy?"

To tell you the truth the answer was "yes" on both counts. I was convinced immediately that this would probably be the best situation, if I had to choose what is going to happen. That Sidieg should marry Nagat. You know, Cliff, I have never said this to anyone before. That I made this decision at that time. Nagat doesn't know it, nobody knows this except Sidieg.

Did you talk to Sidieg about it right away?

I will tell you later on.

Tell me something, in reviewing things, did you think you had been a good husband to Nagat?

Yes, I thought I had been a very good husband.

You had been honorable to her in all respects?

Yes.

You would not have lived any differently then?

I would not have lived any differently. If I had to choose again, I would not choose any other girl. That I am certain of.

Would you have acted any differently with her?

In what way?

The amount of time you spent with her, the line of work you went into, anything?

I did too much in too short a time. In that short span of four years, I did too much in the way of work. Probably I was consumed by greed for my work. I could have proceeded a little slower. I could have given her more of what a girl looks for in terms of going out, going around, seeing things and so on. Parties. Things like that.

Did she ever complain?

No, she never did.

Did that make it easier or harder?

That made it harder for me. Of course I think that is why I was so worried about her next married life. I wanted to make it an easier married life if I could plan it. I wanted somebody to give her that easier life for me.

This was one of my hardest moments, Cliff, when I was thinking: "Should I tell Sidieg? Should I not tell him? Perhaps I should just let it alone. Not tell him. Perhaps he will marry her anyway."

I thought: "If I tell him, it is a terrible thing to tell someone your dying wish. If he doesn't do it, he will have a difficult life

- later on, remembering the last thing I said to him was, "Will you do so and so" and he didn't do it."

You know, I felt to ask a man a dying wish, it is not a request, it is an order. Especially if he loves you, it is an order. If he loves you, and he is your brother, it is more than an order - it is an inescapable burden. That was my thought at the time. The wish of a dying man.

It is a certainty. A thing to be done - especially to a man like Sidieg.

So I thought about it. I decided to tell him.

Did you think he would have given her a much easier life, I mean, relative to you?

Yes, sure, he is a policeman now, a sergeant, there is no further study, there is no further problem, his is a coming life . . .

In other words he would have given her the exact opposite kind of life that you had given her?

Exactly. That is exactly what I thought. That he is a happy go lucky man. And he would give her a different kind of life. Anyway these were my thoughts on that particular day before I decided not to tell him. I was so confused. "What is important, what isn't important, what should I do, what should I not do, should I tell him, should I not tell him, should I tell my father" - in the middle of this I began to vomit more.

If you have uremia, some sort of vicious circle occurs.

- You vomit, you become more uremic, you vomit more. it is a very vicious circle. "This is the end," I thought. "I am going to die soon." So I lay in my bed, trying to decide, trying to come to grips with all my questions. I began to have periods of dizziness. Then at about 3 o'clock in the morning, my father was going by my room to pray as usual, his first prayer of the new day. I was awake. I called him in.

I was sitting up in bed, my mother was in the room in another bed asleep. My wife was still sleeping in her own house.

My father came in and asked me quietly, "What is the matter?"

Why did your mother stay with you? Just because of the flu?

Just accidentally probably. I was trying to talk to my father quietly so she would not wake up, so she would not know anything was wrong. You don't want to tell your mother. She would be very upset. So I decided to walk out with him on his way to his prayers.

Suddenly I got dizzy and fell down. This probably aided me in saying what I wanted to say to him.

He picked me up. At first I said, "I am just dizzy, probably from the flu." But then I said, "Father, I should tell you now, and in fact, I had decided to tell you. even if I had not fallen down. My problem is so and so, and so and so." I told him everything from the beginning to the end. Just as I have told you.

"I said I had uremia disease, I had a kidney biopsy, my condition is terminal. I was planning that I should come here, spend six or seven months before I died. Unfortunately, no one can predict all the time what is going to happen, not even in science.

"Things have gone rapidly downhill. Faster than I had figured. I think that I will not last now for more than one day. I have been vomiting blood. That is the sign of end stage renal disease. You yourself, you have seen Hussein Hamour who died with the same illness four years ago - how he was vomiting blood at the last stage. Well that is where I am at."

He nodded slowly, dully. The reality was beginning to come upon him. "There is nothing left to do but to accept what is to be."

"In the span of my life I have done well. I have lived an honorable life, I will accept death. You yourself have always taught us how people should meet death in an honorable way. You have seen other men whose sons have died. And they have been serene . . ."

But the poor man . . . he could not do it. He just collapsed. Weeping. His face was a mask of tears. I was immediately sorry. I knew I should not have told him because he could not meet it at all.

I was angry at myself. For not predicting properly. If I was going to die I should just have died. Why did I have to tell him?

You just assumed that he would carry it better?

— Yes, I thought he would carry it better. He is a very good Moslem. I thought he would carry it better.

He went out, I don't know where, and he came back after an hour or so with one of his friends. One of the fellows with whom he goes to the Mosque every morning to pray. He came back and he put his hand on my chest and said, "Son, I am not a medical man, I don't know science, but I believe in God. I am certain of one thing. That I been good to all people all my life. I have raised you quite well and I don't think that God would harm me in you. I believe strongly that somehow you will pull out of this."

I said, "Okay, father, I hope I will."

He nodded, gave me some native herbs, medicinal herbs. I took them. They were important to him, I took them.

I knew they would do nothing.

He looked at me, hopeful.

However, I was convinced in my own mind that this is the end of it.

Once I had talked to him I felt as if a great burden had been taken off of me. I had been carrying it all this time; I had never told anyone. And now I said to myself: "I have told him. I shall hand myself over to him. Whatever he says, I will do."

You got out from under the responsibility then?

Yes, I got out from under the the responsibility. If he wants to tell our family - I want him to tell the family, in fact - he can; if he wants to do anything else, he can. I will not object to anything. I will go to a doctor if he wants.

All my young doctor friends had been seeing me the last few days, they had been expressing concern about my 'flu'. Of course I did not let them test my urine or my blood. I knew that if anybody does that, they would soon know that my 'flu' was actually something else. However, my thought now was: "If my father says I should go to them, I will go. Otherwise everyone will feel that they failed in trying to help me." I knew of course they could not help me, but at least I wanted to give them the satisfaction of trying.

Nothing was going to change, so why not let them examine you, is that it?

Yes.

So you had already succeeded. You had gotten close to death without troubling anyone. Now all that was left was for your father to tell Nagat, to keep your sisters here?

Exactly. To confide in my father so he can explain to Nagat. So she could be here when it happened. I may go into a coma at any time. If I die suddenly and she were not here, people would say, "Why was his wife not with him, poor girl, did she not know?" So I wanted him to tell her. I expected him to tell her. To tell everybody, in fact, so they should all be there at the moment of death.

Tell me something, was there a fascination in watching yourself die? A sort of intellectual delight?

I don't know if it was an intellectual delight, really. Not in a philosophical sense, anyway - though perhaps it was in a precision sense.

I felt a pride in dying with everything well planned. Mind over matter as it were. I had not told Osman, my wife, my daughter, my sisters - no one until now, now when I wanted everyone told.

Everything was being executed according to plan. To me that had been the challenge over the whole five months - the challenge that had been accepted, and defeated. In a sense, you could say there was an intellectual delight in that.

Since you couldn't conquer death directly, you chose to conquer it the only way you were able to: to control the manner of death.

I never thought about it in that way, but of course it is true.

I was thinking at that time how my father would tell the elderly men of the family, the elderly men would tell everyone else. Everything would be done properly. The house would be cleaned, prepared for the occasion. My father would tell my mother, tell Nagat's father, everything will be prepared. I would be dying in the least troublesome way.

And you never regretted your decision to die?

No. Never. Not for a minute. I knew I had done the right thing. And now that death was coming, I was facing it.

I mean, if you think about it, death is not painful, except in the terms of leaving things and people behind, disoriented, disarranged, disorganized.

People die in England more honorably as a rule than they do in the Sudan. I have seen people die in England in the wards. I have seen people die in Sudan in wards, but to me the people in England usually die more honorably. They face death.

An Englishman has cancer. He knows it, he accepts the fact.

It is an acceptable scientific fact. That is that.

Perhaps this is so because England is a developed industrial society. In a developed industrial society the family disintegrates a bit, you know, nobody really depends on the individual as much. Everybody is more dependent on the state, less on himself, on his family. So if you pass away there is a very good chance everybody will lead their normal life pattern again. The state fills the gap left by your passing. Like sand filling into a watery hole at oceanside with the next wave.

In the Sudan, however, things are different. Everybody depends on the individual, the father especially; he is expected to plan things for the family.

I have always felt that this is one of the great sources of panic in the Sudan about death. I remember how panicky I felt thinking about how I was leaving behind those who depended on me. You are so aware of everyone, you don't want to go away unless things are settled for them first. You could face death much more easily once things are settled. Anyway this is the consolation I was giving myself, as it were.

Speaking of consolations, were you a religious man?

No. Not at that time.

The idea of an after life, the rewards of the good life . . .

I knew of them, but they were not important. I was not then an active believer.

Therefore there was no consolation from them? Terminal was terminal.

Terminal was terminal. After life, the good life . . . I didn't think much about that. I had been a good man, I did not mess around a lot, I was a good husband, but not because of religion.

No consolation?

No consolation. Not from religion. The consolation I got was from thinking (1) I was not dying a painful death, (2) I was not dying a dishonorable death. Perhaps as a doctor I should not say this, but I thought then - and still think now actually - there is a certain indignity about dying in pain, unconscious, screaming, perhaps frothing at the mouth, people trying to keep you clean. Mine was a dignified death, it was a good death. That was what consoled me.

Also, I knew what I had done and that I had done it well. If I would match myself with other Sudanese chaps, even older than me, I had done very well indeed. I mean, how many chaps have been doctors, graduated from the Royal College as surgeons, and so on.

You had finally beaten the city people?

Yes, in a sense. I had beaten the city people.

Now sometime after my father had given me the native medicine and left again, it just happened Sidieg visited me. I told you

how pleased he had been to see me, how he had wanted to go out, then talked on and on about England. Well, this time, as he was sitting beside me, I said, "Sidieg, before we begin to chat, I have something to say to you. Probably it is the most difficult thing I have ever said to anybody. And probably the most difficult burden anybody could lay on anybody else." "You are a man," I said. He tried to say something but I stopped him. "You have seen a bit. You are experienced. You have gone to Europe, to Poland, to South Sudan where you have seen men die, you have travelled around the world, I must tell you now I am going to die. Perhaps today. Perhaps tomorrow. And the thing I want to tell you is that it would give me great relief to die and know there is somebody who will carry my plans behind me." He said, "What are you talking about?" I said, "I have not told you but I have been very ill for sometime. For many months. Right now I am about to die. In fact, I am very groggy at this moment. I don't know if I will be able to finish what I am saying to you but there is one thing I must tell you. Something I have not told anybody. It will be a burden on you . . . ?"

My mind was operating furiously, I was repeating to myself, "Should I tell him, should I not?" I decided that I should.

I said, "I have been married to Nagat for the last four years and she is a great girl. You will know her. I have never known any man in my life asking another man to marry his wife, but I am going to ask you to do this."

He did not stay any longer to hear what I am going to say. He just stood up and went away. He was very upset.

I'm sure he thought like Osman at first, that I am a doctor making things up out of my imagination, exaggerating things - but when you continue to talk like I did, when you are asking someone to marry your wife, then there is a different set of circumstances altogether. At the end of my talk he was probably more convinced than my own father how serious the problem was. That I have really brought myself to this point of asking him to marry Nagat - I mean, when you say this, there is no way of lessening the seriousness of the moment.

I had thought about it before and I had decided that these would be the last words that I would say to anyone. In fact, as Sidieg left, I began to lapse into semi-consciousness, what you would call a first degree coma. I began to hallucinate and bab-

ble. I thought probably I should not live to talk anymore. Not sensibly, not intelligently.

So I was hoping for this to be the last words to anybody. This was about 11 - half past ten in the morning. This was the point in my life when I really resigned myself to death. I have given up now I thought, that is the end. I had said to him what I wanted to say. I had said, "I want you to do that and I'm quite sure you will be happy and she will be happy and I will be happy, and I hope you will have children who will be happy too." He had never said a word. He just went out, very upset, the next moment after he went out, my mother came in crying saying, "What have you said to Sidieg?" I said, "Nothing."

Since that time Sidieg and I have never talked of this again at all. In fact, this the first time it has been spoken of since. I am not even sure now whether I want anyone to know of this.

Whatever you wish.

I don't know. We will see. Perhaps we will not let this remain in the story.

Whatever you wish.

Yes, Anyway, shall we go on?

Please.

Where were we? Yes, soon after my talk with Sidieg, my father returned. He said he has decided we must go to a doctor immediately. The doctor was a chap called Salah, Dr. Salah Ali Taha.

When they took me to Salah I said to him, "Before you examine me I want to tell you this. I have got terminal acute uremia, and you know as well as I there is no treatment for terminal acute uremia. I am at the end stage. There is one thing I ask: please don't send me to Khartoum. I am your colleague, please don't treat me like a soccer ball, kicking me from colleague to colleague. Let me die in your hands. I don't want another doctor, to die in his hands. It would probably destroy his private practice later on, anyway" - I was joking with him of course, an 'in joke', hoping to relieve the tension. I saw from his face it did not.

"Please", I said. "You send me to Khartoum, I will die there anyway and they will have to send me back here in a lorry, with my father, my mother, the rest of my family very upset. I know

I am going to die, probably today, tomorrow, so why don't you . . . you know, why, why don't you make it easy for everybody and for me, just let me die here in Wad Medani."

The poor chap, you know, he was really in a fix. I was pleading to die, he saw the bad condition I was in, but still, for a doctor to just let a man die, it is very hard.

Yet on the other hand, he knew it was a terminal thing. He thought and thought. At last he decided I must go to Khartoum. That is what he told my father.

Why do you think he decided that?

Thinking about it now, if I am a doctor, and you come to me in the end stage of any disease I will act as if there is nothing called the end. In medicine there is nothing called the end. Until the end.

- The doctor is sober but the patient is probably emotional. He cannot think scientifically. There is no end until the end itself. Our duty as doctors is to fight death. I would jolly well do that with any patient. I would never despair.

- Didn't you ever think that you were perhaps blaspheming the doctor in you by not fighting your own death? I mean, what happened to your doctor's philosophy when it came to you?

- For me, at that time, I was not just a doctor, remember, I was also the patient. So I had to put together two things: (1) What are the chances of fighting the disease successfully? Probably zero; say .001 (2) And as a patient, what are the chances of dying a planned death? At that time probably 100%, if they let me have it the way I want it, especially.

In other words the price of pursuing the doctor's long, long shot wasn't worth the patient's very real possibility of dying in a frantic grasping way?

- Exactly. I didn't want to die like somebody drowning. The chance of living was very meager, why should I not play the surer thing? Which was to die in an honorable way, in a planned procedural sort of way.

But Salah and my father overruled me. They took me to Khartoum on a train. It is not a very long ride but I was groggy most of the way. There is one thing that happened I want to talk about,

however. I have always considered it to be one of the most special things that has ever happened to me. It was not a spectacular thing, but something very special.

As I told you before, when you die, there is a ritual in Sudan of trimming the nails. Now sometimes, if someone is fast approaching death, it may be done in advance. Like the Catholics who give the final rites of the church before the man dies, in anticipation of death, as a preparation for death, as it were.

Well, while I was going to Khartoum, my mother, Nagat and I were in a separate compartment alone. Nagat had discovered that I had a bad disease, but she did not yet know it is terminal. My father had not told her of that.

My father was not staying with us in that compartment. He stayed in another compartment, next door, because he did not want my mother and Nagat to know exactly what was happening and he was having trouble controlling himself.

- But my mother, I don't know why - she probably had a hunch that this is the end. She is an old woman, she has seen death, I was vomiting severely, blood - blood in Sudan is a special kind of thing - it is almost as if it carries your spirit with it as it runs out of your body.

- Maybe she had heard people whispering, and she did not have to ask. There always seems more hope when the knowledge of death is left hazy.

- She had said nothing on the trip - until now. She said simply: "Nagat, have you got scissors?" Nagat stopped what she was doing, and said, "Yes". My mother said: "Why don't you cut Omer's nails."

- You know, to me it was a great thing that it was being done by Nagat herself. I think my mother realized how important it would be to me. You see in the ritual, it does not have to be the wife who cuts the nails - it can be the father, or the brothers, in this case, it could have been my mother herself. But it was as if she knew how important it would be to me that Nagat would do it. As a wife herself, I am sure she knew that it would be important to Nagat also, to always remember that she had been the one to perform the ritual. To have that final cherished memory, as it were.

I asked Nagat later on if she knew what the ritual meant, what it signified and she said she somehow had a feeling but that the full knowledge was uncertain to her at the time. I remember she was weeping as she did it. My mother was weeping. The train was rolling along. Nagat took my hand in hers and slowly, carefully, prepared my nails. That is all. It was nothing spectacular, as I said, just something special, something I felt I wanted to say.

I was very drowsy when we reached Khartoum. A doctor friend met me at the station and rushed me to the University Hospital.

They looked at me and it was soon apparent that I was dying. Everybody knew I was dying. They took blood and urine and so on but they really didn't need to confirm it. The confirmation was in everyone's eyes and faces. All the doctors who came into the room, former residents of mine, interns who had worked under me, they would be weeping and coming in and going out. Everyone was emotionally upset.

Did that please you?

It pleased me. It did, yes, it did, for one thing because I felt now my father will be convinced that this is the end and there will be no question of going any further, of going to England perhaps, because I knew that the next step after Khartoum would probably be England.

What about the fact that many friends, many professional colleagues were crying over you?

Yes, I was pleased about that, but we shall talk more about that later. When this episode is repeated.

In a minute Professor Dauod came into the room to see me. He is one of the leading professors of medicine at the university. Without weeping, he said that "We have decided that you must go to England. We have talked and in our view if there is anything to be done, dialysis is all that can help."

I knew dialysis could only be done in England. There are no machines in Khartoum. His thinking was if there is even less than .001 of a chance to save my life, I must take it.

But even Dauod himself, you know he was not convinced I had a chance. Speaking to him later I asked him and he ad-

mitted, in fact, that he was convinced I could not make it by going to England. That I would probably die en route.

Your colleagues were obviously giving you very special treatment then in flying you to England.

Yes, very special treatment. They were ready to send a telegram to England for me, to put me on the only flight leaving that particular night for London.

At that precise moment, I began to change. I don't know why but I didn't want to die.

Why

I just did not want to die. Not in that clumsy manner of death, going to the plane, perhaps flying away and then coming back again in a box. I began to feel I was flailing. Like a chicken without a head.

I spoke to Professor Dauod. I said, "Professor Dauod, you know there is no chance, why do you want to make things difficult. To come back in a box, my whole family would have to come to Khartoum to get the box. All this activity, it is of no use. All it means is that things are going to be difficult for my family, everybody. I know it is necessary for you to try to fight, but still in this case, you know nothing is going to change."

Dauod looked at me directly. He said, "You have no right to say this. We are doctors, we are taking care of you, we are going to fight it up to the end. That is all."

I said, "Dr. Dauod, in your own mind, are you convinced that I am going to make it at all?" He did not answer this question.

I knew the answer. In fact, I think my being a doctor had made it worse for me. I mean, you know, I'm sure he had in his mind at that time, "Here is a doctor who is dying. We must do as much as we possibly can for him."

Were you angry at him, then?

I was angry at him. For making me and my family grab for straws like that. Like sliding down a hill, grabbing at a weak stick that will immediately pull out of the ground when you grab it. I was angry that they were not letting me die the way I wanted.

What happened to the sense of relief at being out from under the responsibility?

That was when my plan for an honorable death was being executed as I wished, was being respected. But now they were changing my plan, ignoring my wishes. Totally. Everybody was deciding for me. I tried to resist with all my limits. But Dr. Dauod spoke to my father, to Nagat, and they agreed I should go.

- ~ Nagat came next to me and said, "We should go back to England. If there is even the slightest hope in your going to England, I think we should go back to England."
- I must say that at this stage she pulled up together better than anyone else. My father was coming to pieces, my mother was coming to pieces, Nagat's father, her mother, her sister, my sisters, brothers, everybody was coming to pieces. My elder brother Ali would not even come and see me, he said he just could not bear even looking at me, I was bleeding from my lips, from my nose, I was stretched out on a cardiac table, my heart was beating very fast - which it does at this stage of uremia - but Nagat was the only person who was pulled up together. In fact, the only tear she had shed was on the train - when she was cutting my nails.
- She said simply, "I am confident something good will come of all this."

Why this sudden sense of optimism?

She was just fighting. That is all. She was just fighting. Probably, thinking back on it now, had she known six months earlier that I was going progressively downhill to death, she would have accepted the fact now. But when you are confronted suddenly by something like this, in the first moment you just fight back.

A shock reaction?

A shock reaction. But anyway that is how she acted. She was firm. They put me on the airplane.

We flew during the night. The plane was scheduled to go to Cairo and then directly to London. However, it was an unfortunate time. Cairo was in blackout. It was during the Arab-Israeli tension - after the war, but still the tension. So we had to take a longer route, including changes of plane, to Beirut first, then to Frankfurt, Amsterdam, and only then to London. All this time I was in a stuporosed condition, barely conscious, and bleeding. With me in the plane were Nagat, Tijani, Osman.

Back at the Khartoum airport, I had tried to walk up the stairs with out help, waving back to my family - I wanted them to feel everything is all right. But the moment I got on the airplane, they had to rush me unto a stretcher, breathless from walking so much, and cover me with blankets. My lungs were filled with fluid. The plane took off and the passengers began celebrating. It was midnight, New Year's Day, January 1, 1969.

In Beirut we changed planes. Unfortunately there was no stretcher for me on that flight. So they gave me three chairs to lie across, and Nagat's lap became my pillow. A shy girl, at any other time, my head on her lap in public would have embarrassed her, but here, with me bleeding on her, gasping for air, she just held my head gently. She stared out the window, her mind filled with concern and worry, not the demands of our cultural patterns.

In Amsterdam we had to change planes again. I remember they were angels at that airport - I want to be sure to mention that, that they were angels - they gave us a special room to wait in, plus all the care and attention we could possibly have. Angels.

From here we flew to London.

At London's Heathrow Airport we were met by two chaps from the Embassy. They took us by car to University Hospital. During the drive what was operating in my mind was still the process of what is going to happen. After I die, I mean.

The box. Specifically, the box.

We drove to the hospital, we passed signs, advertisements, talking about this and that undertaker, which one gives the best funerals and so forth: I remember thinking of the two occasions when I had been in London before, when I had to arrange the funeral of friends, to put them in a box, to send them to Sudan.

All the time driving I was muttering to Osman, Tijani, that these are the arrangements, you must do this, you must do that.

Just phone one of these men on the billboard. They of course did not understand what I was talking about.

Did you feel you had already solved the problem of your wife in the short talk with your brother?

I am now convinced that this is the end of it and I planned everything. Everything is simply planned.

Did you wish you had already died?

Yes. I was wishing it had happened in the Sudan. However, on the plane, for the first time, I did not wish to die. Not on the plane itself, it would have been very bad organization. How things are going to occur, organizational problems. That was the main thing to me at that time. But now, on the ground, I was prepared to die again.

When we arrived at University College Hospital, some of my colleagues and friends, Doctors Sami Khalfia, Ali Kambal, Mohammed Ahmed Hassan and Ibrahim Abdul Aziz met me - along with Dr. John Dickinson.

Immediately Dr. Dickinson took me to the intensive care unit and placed me on dialysis. He gave me oxygen through a mask. There was no time for any complex hemodialysis - machine dialysis - just the simple peritoneal dialysis which is standard procedure in intensive care units.

Describe it.

Well first they fix a catheter - a tube generally made of poly-ethene plastic - into your abdomen - into your belly actually - and through it they pass a concentrated solution of sterilized water, glucose or dextrose, with sodium and potassium and a few other elements mixed in as well. This solution is intended to suck the toxic elements, water and other impurities in your body - the waste products - from the blood; a process called osmosis.

It is approximately a twelve hour process, creating much abdominal discomfort and respiratory difficulty. This kind of dialysis is done every night. The solution is a cold one, and throws you into shivering the whole night. However, at the same time you are also longing for it because you know it will make you feel better the next day.

In fact, the very first night I had this, after only three or four hours I began to feel a bit better. The fluid in my chest was also going and I could now breathe. For the first time I could feel the gradual awakenings of living.

Were you glad?

Yes. I was glad, it was life coming again, you know. It is almost an automatic thing, when life returns. It was not that I suddenly wanted to live, a conscious decision, as it were. More it was a feeling of surprise - yes, that is it, surprise. The excitement of being back again from the other side of death. A surprise to be alive. However, not a thinking, not a conscious thing.

Now immediately I wanted to talk to Nagat. She was allowed to come in the next morning. I began to comment on things, to talk about little things, practical matters. She should not be depressed, she should dress well, she should not come back this afternoon it is noon already, she should come this evening. I began to arrange things for her, as it were, giving orders . . .

So, the first flutterings of life and you give orders again?

Yes. Taking over, a sure sign that I am getting well. I told Osman what to do, in fact I told Osman and Tijani where to stay, what hotel is best. I was not even sure I was going to live past tomorrow, my condition was still that critical, but right away I began giving orders.

That is how it was with me.

And pride. I must tell you that those first few days at University Hospital were some of the great moments of my life. I still remember it as a great period of my life. I began to reap the fruits of life - how would you call it - to harvest the benefits, the results of the seeds I had planted.

Almost every Sudanese in England came to see me. Dr. John Dickinson, he came every day. Everyone was so nice. Concerned.

This gives meaning to life. You feel you must have done something good for people. You must have been nice in some way, at some time, for them to pay you back in such a way now.

Did any of them want to know why you had decided to go home and die?

No. Dr. John Dickinson was telling them that I was still sick, therefore, this was not the time to ask that. Besides some of

them had not even known that I had been sick up to now. The visits were just pleasantries, concern, well wishes. The questions of long term management of my life, the past, the future, these were not important questions right now. The immediate problem was still to save my life.

Dr. Dickinson was merely telling them, "Keep your fingers crossed that he may do well."

And I did. At first, slowly, but then definitely everything was going fine. Every day, the first day, the second day, the third day, I was progressing.

I remember one morning, Nagat came. It was about 5 o'clock in the morning. It was snowing outside. January in London.

The nurse came into my room. I was half awake. She said, "Your wife is here. Shall she come in?"

I said, "Of course she should come in." Nagat entered the room slowly, tentatively, her face drawn, peering around the door like a child, like a child who is afraid of what she might see.

But upon seeing me awake, she was instantly pleased. You could see it in her face. I asked, "What was the matter, why did you come at this time of day?" She stammered a moment: "Well . . . I have been sleeping quite a lot this week, and so I woke up early and . . . I had nothing to do so . . ."

She had been staying with friends, Dr. Khalfia and his wife, Fawzia - and their child who was the same age as Sara. Later on I found out that early that morning Nagat had heard someone knock on Khalfia's door. It was another doctor from the hospital, and she heard them talk about someone being serious. She thought immediately it must be me. So after the other doctor left, and Khalfia went back into his room with Fawzia, Nagat quietly got dressed and came quickly to the hospital.

She had been very timid those first few days at the hospital, but when this occurred it seems she just pulled herself up and made her footprints in the snow toward the hospital. As I told you those first few days at University Hospital were days of great satisfaction to me.

Since that first night of dialysis I have always believed that my life is really a profit. I still believe that, even up till now. I have died already. To me this is a second life. I did not know

that then - whether my future would be an hour, a day, a week, whatever - but it didn't matter. Not a fearful sort of way. I thought whatever I would get would be a gain to me. I would be playing with the winnings, like a gambler who no longer is afraid to lose. No longer would there ever be a black side to life.

In five days or so, John Dickinson came to see me. He said, "I have received a letter from Professor W. S. Peart, the head of the transplantation center at St. Mary's Hospital. He says you can be transferred to his unit. It is the best transplantation unit in the country; they will be taking over your long-term management."

Approximately five days later, I was taken to St. Mary's Hospital. It was the first time for me to actually see a transplantation center . . .

What was your reaction?

As far as life, you mean?

No. As far as being sent to a transplant center?

I knew that it meant some further form of treatment. Other than that I knew nothing.

But didn't you ask how this came about?

I did not. I had no idea whether this was Dickinson's idea, or Peart's idea, or even whether this had been discussed with Osman or Tijani, or Nagat or not.

No idea. In fact, I am not quite sure up to this day what happened - other than the fact that I was taken to St. Mary's.

You remember nothing specific?

I can't recollect any specific thoughts about that particular event - other than to say I was not very hopeful about transplantation in general. As I said I had never even seen a transplantation center before, so I assumed I was being sent mainly to be able to utilize the dialysis machine. In my mind the whole concept of transplantation was still a very vague kind of thing, experimental and tentative at best. The idea of life coming in that way just did not enter my mind. In fact life coming at all was not a very specific reality. I went to St. Mary's because someone said 'go'.

But there was no sense of excitement. My change to St. Mary's was merely like I had been floating for a month now, falling in air, until suddenly I discovered that the floor is being lowered a

little. That is all. I probably would hit bottom in St. Mary's rather than home in Wad Medani, or in University Hospital

To use your own image, it seems to me you have been floating ever since the night you told your father. Since then you have been just letting things happen more, letting others make the major decisions.

Yes.

So what was operating in your mind as you were going to St. Mary's? Were there there any decisions you felt you wanted to make now?

No. Because nothing was going to change the outcome at this particular time. So there were no decisions to make. The outcome is still probably death. It is just going to happen over a longer period of time. Probably tying in with my original time scheme - seven months. Death was still to be the victor. We had just held him off a little while.

I arrived at St. Mary's on a Friday night.

On Saturday morning Professor Peart came to my room to examine me. I don't know, somehow the moment I saw him, that man impressed me. As a man to have confidence in, you know. He still impresses me. He looked me over, examined me thoroughly and said, "You shall live." That was all. He said, "You shall live." And I believed him.

I must admit however, I did not ask him, "What sort of life?"

What do you mean?

I mean, "To be alive, to get up and do things, to accomplish the things I wanted, or just to be a vegetable, to be chronically ill, to achieve nothing except a shallow victory over death?"

These kinds of thoughts I did not go into.

Why didn't you ask him about them?

Because I was afraid of the answer. I still didn't want to live if "to live" meant only half a life. I had not changed in that since the first day I found out about my deteriorating kidneys.

I wanted to think about it alone first. So after Peart left, I did just that. All the rest of that day in fact. All that night. I did not discuss it with Nagat or Osman or Tijani or anybody.

The next day I asked to see Dr. Goodwin, who is the registrar of St. Mary's, a man I also respected very much. I said, "Dr. Goodwin, Professor Peart said to me yesterday I will live. What does that mean?: But before he could answer, I blurted out my fears, my hesitations, as if this would somehow change what he might say. I said, "To me, Dr. Goodwin, life means work. To do something worthwhile. Contribute.

"If all that is going to happen to me however, is to be barely alive - the simple physical process of eating, sleeping, breathing and no more, I must tell you I am not very excited about this concept of to live."

He sat down and he talked to me. For a long time, about machines and transplants. Like a father to a son. He stayed for more than two hours, orienting me to the coming months. What it would be like waiting in a transplant ward, being on dialysis for months and months and maybe years. He painted a picture for me, with words, a description of my life at St. Mary's.

He said: "For example you are now in a ward with all these patients. perhaps six to ten patients, some young, some old, all different, yet all the same because everyone is here for the same reason. Some in fact will be allowed to go out during the day and only have to return at night to get dialyzed; some will have been here for two or three years, others will have been placed in the hospital just recently, perhaps because of a relapse, a minor episode of failure from a transplantation kidney."

Then he told me the story of Ken who would be one of the patients in the ward with me. Ken had had a transplant five years before and up to recently he had been doing very well indeed. He had been a working man all that time, doing full-blown work, important work. In fact, during the period he had a child also. Then one day - only a few months ago - on the German Expressway, driving along, carefree, smoking a cigarette, he felt the symptoms of renal failure. His transplanted kidney was rejecting. He was rushed to London, to St. Mary's, and after a wait a new kidney was put in.

After telling me this Dr. Goodwin paused for a moment, then made his point: "So Omer, you see nothing is sure, but hope is always there, with contingencies of course, but for a courageous man, a full working life is always a possibility."

Now for the first time after my talk with Dr. Goodwin the question of whether I am really at the end of the road or not presents itself to me in full force.

I began to weigh things: "Could a new full life be actually accomplished? What are the choices in front of me?" The defiance returns: I want the best choice, to have the fullest life.

So the next day I discussed the matter with Professor Peart himself.

You are beginning to assert yourself again, to grab control?

Yes. Until this episode I had been floating, as you said.

Why do you think you were unwilling to do this before?

Probably because I did not think I had any alternatives. In my terms, hope for a full life, where I could control my own destiny, is a life where a man has alternatives. Up to now there just didn't seem to be any hope in this sense. I had been a man calmly waiting for the noose to be tightened, moving along in the ritual and precisions of my own death, waiting patiently for the trap door to be sprung.

But now, for the first time again, I am beginning to think of some form of full life. A life where I can organize myself, where I can have some choice. A full range of choices.

Because of transplantation?

Yes.

Did you notice any other change in yourself at that time. I mean as a result of having been snatched from the jaws of death, fundamental changes, psychological, philosophical . . .

No. Only that I have now got the power, the will to live again. The old defiance to face life fully, head on.

But in a way isn't that really just the old Omer. What I mean is: hasn't the whole experience brought any basic changes in you, new meanings that perhaps were not there before?

No. Not yet. Later on, these changes did in fact occur. But now, at this time, these fundamental meanings were not important. Just the will to live.

Waiting

January 24th. Dear Mother and Father and my Brothers and Sisters: I am quite sure that I am going to make it now. I will be back to see you. The plan is for me as follows: First my upper stomach tract has to be tested to see that my stomach does not have an ulcer. Because after I have a transplant they will have to give me antirejection drugs - drugs to help my body accept the new kidney and those drugs tend to provoke an existing ulcer - however I have already had that test. I am okay, I do not have an ulcer.

"Next they will have to look at my bladder to see that it is okay. There is no point in getting a new kidney to take the fluid out of the blood stream if the bladder will not then pass the fluid out of the body. This they have already done and the bladder is okay. They have also checked my blood pressure. It is okay also. I now only have to wait for a kidney transplant."

You said in the letter you were sure you would be back. Was that really the case?

No. It was only a 50-50 chance. But you do not say that to your father and mother in a letter.

The letter continued: They have to pass a tube into my neck for 4 or 5 days to draw out some lymph fluid. This fluid will then be injected into a horse. The horse will of course fight against my lymph fluid - for him it is foreign protein matter - he will produce antibodies to do the fighting - and these antibodies - antilymphatic serum it is called - will then be drawn out of the horse and used in my body later to suppress possible kidney rejection.

Why a horse?

Simply because a horse produces more antibodies than most other animals.

So anyway, I wrote this kind of planned procedure letter for my father, exactly what is going to happen. I knew, for him, this kind of systematic approach would give him confidence in the whole business of my getting a transplant. He would know that if I am thinking scientifically again, I must be doing all right.

So only one question remained and that was waiting - waiting for a transplant. Or to be very blunt about it, waiting for a kidney to come by.

You say there were others in the ward with you.

Yes.

How many?

Eight. Eight of us waiting in Fleming Ward, which was named after Sir Alexander Fleming, the discoverer of penicillin.

Describe them.

First there was Terry, a young boy, with long hair, a hippie sort of chap, a poet, very nice, warm, only eighteen years old. He had a mother, three younger brothers. A gay happy fellow, and he and I got along quite well actually. He became very close to me. Then there was Ken, the one whose kidney began rejecting on the German Expressway. He was such a carefree man. He had a pleasant attitude towards life - in transplant literature they call a man like Ken, who has been through the transplant experience and comes out fun-loving, nothing truly able to upset him, a post-mortem or post-death man.

It was always a pleasure to be around him - he was laughing, smiling, his pleasant attitude always cutting through all problems.

A typical post-death man.

Then there were two young children. First Philip, who was about 10 years old. He was in and out a lot - in for night dialysis, then out for the day. However, many of the days he would spend in the hospital.

I remember him as a very demanding child.

And his mother as a very sweet woman, a woman who could do anything for him. Sometimes when we ate he would ask to sit in a special chair, one of the big comfortable armchairs against the wall, and she would hurry over and get it for him. She was that kind of mother.

I do not recall ever seeing the father. I do not know if he was dead, or just a very busy man.

The other child was Jan. She was very ill, pale and fragile. An eleven year old child, she looked more like seven. Her mother and father were very plain people very nice. Jan had had kidney problems from birth - polycystic kidney disease it is called - but

it was only discovered about four or five months before I met her. By now she was very ill. Had to be helped to go anywhere.

The fifth one of us was Bryn. Optimistic, happy, bubbly Bryn. I used to call him the typical Englishman. A policeman. Very tall, very fit, dark-haired, well-dressed, meticulous. A most pleasant man, except to his wife and daughters. For some strange reason he would always be very demanding on them. And they would return his demanding by being nicer than before. A very strange situation.

Bryn was only 28 or 30 years old, very informal, very optimistic. The one thing I remember most about Bryn was that he always was sure he would get well, he knew he would have a transplant, walk out of the hospital and lead a full healthy life. Which he actually did. When he had his operation - he was fine - just as he had said it would be. However, to mar the pleasure his father died just as he was being released.

Then there was Joan, a girl of about 23, 24. Frail, pleasant, she talked very little, and only when one of us asked her something. She was a very emotional girl yet strangely careful in her answers, always waiting to make sure she said exactly what she had in mind. I think it was that she simply did not want to offend.

Her face - it had the look of someone who had been very pretty once, before she had been so overwhelmed by her disease. Very pretty once. Very thin. Very weak. Very ill. That was Joan.

And then finally there was Mr. Hill. Mr. Hill I remember most especially of all. He was a very nice man - I mean a very nice man, a dancer. He and his wife were both dancers. They were about 40 and they used to dance together at night clubs. He was one of the few people who I was close to personally, you could talk with him about almost anything. Sometimes we would talk all night while on dialysis. He was an out-patient, that is he would have his dialysis at night. then spend most of his day outside. In fact, after a few weeks, most of us were able to do this.

Mr. Hill had played the dialysis game for quite a while, it was no longer any real bother to him. He had had a transplant a few years before and it had failed. So he knew the hospital itself very well.

He knew most of the staff. He was the sort of chap that would get up in the morning, get dressed, go to the other wards, talk

to the patients and so on. He was just a man who had a knowledge of the situation, of what is happening around.

So there we were, eight of us, Terry, Ken, Bryn, Mr. Hill, Joan, the two children, Philip and Jane and myself all waiting about, our life revolving around dialysis, a catheter in our bellies, glucose solution, cold fluid running through our bodies every night, daily visits from friends, lunch together almost every day where the intake of fluid was the general topic of conversation - and listening for the sound of ambulances. Our subconscious pastime.

A moment ago you said there was a 50-50 chance of living. Of this original group of 8, how many died.

Three of us. We beat the odds.

Who died?

You know, I should also mention that there were two other beds in our ward - they were reserved for transplant patients who were suddenly brought back to St. Mary's for a specific kidney crisis. Complications suddenly arising, as it were.

One girl in particular I remember, she had had a transplant some time before - and one night they rushed her to the hospital with pneumonia. It was raining terribly that night. They said she had been out without a coat. She had gotten sick and they had rushed her to our ward.

It was only sometime later that we found out why she had been foolish enough to be out walking in the rain. It seems that when she had come home that evening, she had found her husband with another woman - and was so overcome by it that she just ran outside into the rain without thinking of coat, kidney pneumonia or anything.

For a few days it was touch and go, very near death, but in a short while she was released. As good as new. Some time later we found out that soon after that experience she had divorced her husband.

So, you know, all the time you are on dialysis, it is a miserable experience, shivering all night, longing for it, yet hating it.

And even with the dialysis, you still can't handle water very well. If you retain any you can shift your life balance and you can die just like that. To put it in a nutshell the patient on dialysis is always on the edge of a very sharp razor. He can easily be over

dialyzed - too much water taken out, and die from hypotension and other complications. Or he can be under dialyzed and have too much water remain in the body - which can cause death just as easily. So you are really on the edge. Death is always very near.

I remember one morning early in my stay, they took me off dialysis at about five o'clock and they cleaned me up. I don't know where my mind was that morning, but it was not in the hospital. It must have been on Nagat or Sara or Sudan or something.

The nurse making the rounds was offering tea, and suddenly I tried to stop her to get a second cup. I jumped out of bed which is the worst thing I could do.

After dialysis, a lot of fluid has been taken from you and your blood pressure is low, you have been lying down, and when you get up it takes a while for the blood to reach the brain, it gets pulled down into the legs first, as it were.

A sudden movement like that and you are likely to faint.

Which is what happened to me. I stood up to call the nurse and the next thing I found myself under the bed in the next room.

They had to take an X-ray of my skull, but since I was completely out they had to carry me to my bed to take it. Luckily I did not injure myself, but this tells you what sort of a borderline life you have on dialysis, a very tenuous existence.

Did you ever wish during this period you had been allowed to die?

No. My first priority now was in the other form, in terms of living: I may find a good kidney, a good transplant, and go on. Although the chance was still 50-50 even with transplant possibilities, death was no longer my problem. Life was.

And transplantation was the road to that life?

Yes, Of course.

We knew why we were in a transplantation unit. There was no question of a machine life - unless of course the problems of getting a transplant prove insurmountable. It was clear to me - to all of us - that we were there for one thing - a kidney transplant.

TWO LIVES

The problem therefore was merely how to wait - how to keep our mind on the bright side of things, to stay optimistic.

Describe a typical day together.

Lunch was probably the most typical time of any day for us. We would talk shop. Helping one another, sharing common problems. A typical thing was: "How much fluid are you allowed to take today? Were you thirsty? Did they allow you more or not?" And by they we generally meant the Sister.

Sister?

Sister . . . I think I shall not tell you her name.

Why not?

I don't know, but she was a great woman, an important figure in all our lives.

She was very strict. If you are allowed 500 cc. of liquid you cannot have 501cc. She would say one cc. is as bad as 1000 cc. So we used to really bash at her, get angry at her, you know even though it was all for our own good.

She was the gestapo then?

Yes. The gestapo. The gestapo of the ward. I mean, everyone else in the hospital treated you in sort of a sympathetic way, but she would rather crush you down than give you that extra cc. of liquid.

She was good.

Very good. But only after you got out did you realize how good.

Anyway, that is how we spent our days, either talking about wanting more liquids or bashing Sister for not giving them to us.

And waiting.

Yes, Waiting, always waiting.

While the days in January slipped into the weeks in February. Month went by. February, early March. Every day we would listen, hope, wonder, waiting for the ambulance.

Finally two and half months went by this way. We were expecting, we knew any of us could have it any time. Today, tomorrow, the day after. The whole setup, the unsureness, the waiting, this is what made matters so difficult- events to be set in motion.

Waiting

Yet, we knew that someday, somewhere, somebody would have an accident and be taken to a hospital. And that would start us on the path to a transplant.

The typical procedure would be thus: The people at the hospital where the accident victim would be brought would come to the conclusion that there is some form of irreversible body damage - not to the kidneys - probably to the brain. They would discuss the matter with the victim's wife. They would say to her, "We are very sorry about what has happened, but, well, we think your husband - or father, brother - is about to die. We are very very sorry but we think that he is not going to make it."

Then the doctors would then phone someone in the renal unit who is always asking to be informed when someone is dying, whose kidneys are not damaged.

A person from the renal unit would go immediately to the dying man's wife. He would say to her. "Mrs. So-and-So, I am very sorry about what has happened to your husband. However, I am here on behalf of patients who have terminal renal disease. They are waiting for a kidney transplant - some of them for months and while certainly I hope everything will be okay with your husband, and I can assure you that your medical team is not failing in extending every effort to save him - I am going to ask you if you would agree to offer his kidney to our patients, in case everything does not go the way I - we all hope - it goes for him."

It is a very difficult thing for the doctor to say. It is even a more difficult decision for the wife to make. A lonely voluntary decision. Her option and her alone - to admit an eventuality no one wants to admit - the death of a loved one.

I know even now if my relative is dying and someone comes to me and says, "Would you give us his kidneys?" it would be difficult for me - even now that I know the process. Because no one wants to accept the implication of that decision - a dear one is probably destined to die.

But a decision must be made. The renal unit doctor must intrude into the wife's grief and anxiety - although it seems at times callous and harsh. Because if the woman says yes, blood can be taken immediately from the dying donor, in advance before the man dies, in order to determine tissue type. To grant

maximum time for the selecting and preparation of the recipient - including travel time for the kidney to reach the patient especially if the patient is in a different hospital from the donor - which is usually the case in cadaveric transplant.

How much leeway is there? Between the donor's death and the actual transplantation?

The time between the donor's death and the insertion of a kidney? Before the kidney is no longer considered transplantable?

Yes.

At best, it should not exceed **nine hours**. This includes one half hour at the front end for the removal operation - and one half hour at the back end for the transplant operation. This total operation time of one hour, front and back, is known as the warm ischemia time. It is the maximum amount of time the kidney should be left exposed to normal air temperature without being inserted into a human being.

Now the cold ischemia time - the time that a kidney may be kept in a cold solution between the two operations - so it can remain fresh while in transit or waiting for the donor to be prepared - should be no more than **8 hours**. So you have a total operation and travel time - warm ischemia plus cold ischemia - of no more than **nine hours**. **One half hour removal, eight hours preservation., one half hour insertion.**

However, most people probably will not answer your request for a donated kidney immediately. You will have to wait. You will just have to put the thing to them as tactfully as you can, and then leave them alone - while they think it over - until the time comes when they themselves would become convinced that their husband or brother or father is at the end stage. Then perhaps the fact will be accepted and the wife will let you have the kidneys for transplantation.

As I said the people in our ward would have already been typed. So once the donor's tissue type is ascertained the results are rushed to our hospital, then the decision is made: **so-and-so is the best match to receive the donor's kidneys.**

Then the decision is based on best match?

Yes. The selection of a recipient is made **strictly** on the basis of who stands the best chance of not rejecting this new kidney, whose blood and tissue type best match up with the dying donor.

Once this is determined the other doctors involved in the transplant are informed, they order the nurses to prepare the man who is the best match for the kidney.

And then the operation?

Yes. Actually the operation itself is the simplest part of the whole transplantation process - it entails an incision in the lower right part of the abdomen, exposing the blood vessels (artery and vein) which go into the leg. The new kidney is placed in the opening, the kidney vessels are attached to the leg vessels, the ureter is attached to the bladder, and the patient is closed up again.

Tell me something, is the offer of a kidney ever turned down?

No. The best is made, no matter what the offer.

Even if the chances of rejection of that kidney is very high?

We still make the best of it. Unless of course, the kidney is damaged.

After all, all kidney matchups are in the final analysis arbitrary. While there are attempts at gradations - attempts at establishing criteria - whether a given kidney will be accepted or rejected by a particular recipient's body, all criteria are at best tentative criteria - criteria based on imperfect knowledge, incomplete data. We are not very long down the road in this business of kidney transplantation.

In fact the first successful kidney transplant in history was not until 1954. And although we have discovered many things since that time, we have not discovered everything. Certainly not enough to turn down any legitimate offer.

We accept the kidney, and then say, "Based on the available figures this kidney will **probably** do fine in Mr. So-and-So."

But nothing is sure - whether it will do better in any absolute sense, in this man than that man - or in any man for that matter - we leave that up to tomorrow's advances to find out. In the meantime we will just accept any kidney offered - and put it to the best possible use.

So anyway, the preparations are made for Mr. So-and-So. The operating room made ready. The doctors and nurses notified. The ambulance is set to get the donor's kidney, and Mr. So-and-

So is officially notified - although I'm sure Mr. So-and-So had already known something was floating in the air for some time. The excitement in the ward would have told him, if nothing else.

It doesn't matter who is getting the kidney, everyone would be pleased, excited. But still there would be no betting. Nothing is absolutely sure. The donor is still alive. So everyone just sits around. Waiting - for a man we do not know to die so someone we all do know perhaps can get life.

And the eight of you have now been sitting around for two and a half months waiting.

That is right.

And in all this time is there any friction?

No friction whatsoever. I mean, that is the important thing I want to bring out from this transplant experience. That you reach a stage where nothing is worth making friction over. You sit there, you hear in the air that a kidney may be coming, one of us will have a chance at it, but there is no competition, no friction, it is a strange feeling. I mean, I know what it is, I felt it myself.

Somehow, it just doesn't matter if the transplant is for you, as long as it is for one of us. It was a little like the Three Musketeers, only in this case, it was the Eight Muskateers. Often, to tell you the truth, you find yourself wishing that someone else will have it, rather than you. Someone whom you feel needs it more urgently.

In a sense then, your destinies are tied together?

Did you feel that this was a new experience for you? That is was very profound?

Oh, yes. You know, up till then, my life had always been competitive life. But now, when it came to competition about life itself, I did not compete. For four months I didn't compete. Genuinely, sincerely, through all that time of waiting, I never once had the idea that if a good kidney is coming, I hope it shall be for me, and not Terry or Bryn or Mr. Hill. I never had these kinds of thoughts.

Never, never did I experience - even for one moment - the challenge of getting a kidney quicker, or with better results, than any of the other seven people in the ward.

Then the old challenge among individuals is gone from you?

I would say that with all these people, what we shared was a different kind of challenge, the challenge of group faith. We were all rushing for life, together, side by side, rushing, but only leisurely. We all knew that for each of us the goal was to have the transplant, but there was no driving, competitive, challenging urge to get there. And certainly no sense of any of us wanting to get there ahead of the others.

This relaxation - this lack of competition - did you enjoy it?

Yes. Exactly. A lack of competition. A relaxation. I enjoyed it. But even more, I found it profound.

Do you miss it?

What?

Do you miss it? That experience. That relaxation?

Now?

Yes.

To be honest. Perfectly, blunt honest?

Yes.

I am afraid not. I have gone back into life now. Competitive life. And the challenge to me is once again to do the very best. I am afraid. I have gone back.

Are you saying that this condition of mutual concern, group challenge, lack of individual competition, can exist only on the edge of the grave?

I am afraid so - probably because we eight were working together within the same limitations, within the very same severe, minute boundaries, that we all had to squeeze ourselves into those boundaries. Together. It was as if we knew that if any one of us squeezed too hard or pushed too hard, we would all fall off. Somehow we knew this - we felt this.

How long did this feeling last? This feeling of group concern?

Three or four months.

Why only three or four months?

By then some of us died. Some of us received transplants. Some of us still had to wait. But all of us had been forced back into our old ways. Back into the continuum of life.

What about Nagat during this waiting period?

As I said, Nagat was living with a friend of mine, Dr. Sami Khalfia, and his wife Fawzia and their little daughter.

But in essence she was living alone. She used to come to the hospital at about nine o'clock in the morning and stay until 11 o'clock in the evening. During that time I discussed with her several problems. One problem in particular - the question of whether she would stay in London or not. I approached it sort of backhandedly.

How do you mean?

I wanted her to stay, yet I didn't want her to stay, I couldn't make up my mind. So I approached it in the following manner. I said, "Nagat, we have been married for four years now. You have been away from your family for some time. I was thinking perhaps you are eager to go back to them. I am well enough now - although I want you to share with me this problem, to face it together, perhaps it might be better actually if I fight it alone. I think if one is doomed - which is no longer certain, but still it might be - I think it is best if a man stands up and fights it alone at a time like this. What do you think?"

You meant that?

Yes, I did. I meant it. There was something in the idea of Nagat's staying with me right up to the very end that troubled me - annoyed me actually.

Why didn't you just tell her to go then?

I could not. I suppose it was because I was not really clear in my own mind. I had been thinking: She cannot go on like this another year. Perhaps even two years, four years. She just cannot do it.

However, on the other hand, if she went back to Sudan now, what would people say of her. I mean, they would say of her that she walked out. That is very bad too.

So you tried to force her to make the decision.

Yes. I was dallying with myself in that particular decision, so I wanted her to help me.

It again was a self-pride sort of thing, I am sure. Not very noble, but common. You don't want to admit that you are failing

to make a decision so you thrust the the burden of deciding onto someone else.

I remember when I was a boy I lived for some time, during my school days, with one of my uncles. I remember him trying to teach his sons how to ask for something, in a "social graces" sort of way. Whenever they wanted to go out to play in the ball field, or to the cinema they would just get up and say "We want to go." He would say to them: "Be subtle, indirect." Do not say "I want to go out;" say "Shall I go out or not? I am undecided."

"And say it in such a way as to lead the others to decide for you. You must make it sound all the time that you would do whatever is suggested until **forced** by the other person to do exactly what you wanted to do in the first place."

Not exceptionally sincere, but a common device. In America as well as Sudan, no?

In America as well as Sudan, yes.

It is a difficult decision sort of thing, when you cannot make up your own mind - or you don't want the responsibility of the consequences. You let someone else decide, and hopefully you can get them to give you what you want without having to pay any price for it. Anyway that was the situation at that particular time.

But Nagat refused to go. And at the exact moment that she decided, I knew her staying was what I really wanted - **for her** - for her reputation at home - but it was not really what I wanted for me.

Did you feel it imposed a burden on you?

How shall I answer this? She had been fighting alongside me for almost one year already. And now to go again for another year? And perhaps longer - without even knowing what the outcome will be? . . . It was the one incident in my life that I could not plan. I could not plan when I am going to have a transplant. I mean, if I knew when I am going to have a transplant, **then** I could say, "Nagat, stay here another month, then go to the Sudan for two months, then come back and I will have the transplant." I could say this. But, the transplant itself could come at any time. It may come tomorrow, it may come in six months - and although I didn't want her to wait, I **did** want her to be here when it came. As I said, it was a difficult decision.

However, Nagat herself decided to stay?

Yes.

Tell me something, had she changed any through all of this?

No. Not really.

However, the one thing that did change was I felt there had been a change.

How do you mean?

To this day, I do not really know if it was just something in my mind or if this change was in fact true.

It is something that is common among transplant patients, patients on long-term dialysis, - a sense of acute loss of independence. They feel that they are losing control in all their relationships - they are gradually becoming excessively dependent on family, friends, associates.

For example, I was especially weak in one thing during my dialysis - fluids. I know I should take exactly 560 units of fluid a day - this was deemed the best quantity for me - but often, during the day, I would want to suck on an extra piece of ice, or eat an extra apple. As a patient, you know, I was doing all the things I knew I should not do as a doctor.

Nagat would protest. She would refuse to bring me the extra apple, to get me the extra piece of ice.

I would get angry.

I began to view these times as trials, as a shift in our usual decision-making pattern. I'm sure being a Sudanese male exaggerated things, being raised to be the controller of things, to make decisions. And of course she was correct in what she was saying, but I went through a period of oversensitiveness.

No matter what she would say I would rebel.

If she would say, "I should not eat salt," I would turn right around and eat salt. I would say, "So, if I live or die, what is the difference. I want salt." Oversensitive, very emotional, I began saying ridiculous things . . .

In short, you were being unreasonable.

I was being unreasonable.

Just a kind of 'patient's paranoia'? Or was there a real danger of Nagat taking over?

TWO LIVES

No, I don't think so. I was just over-insuring, as it were, against even the slightest possibility that in the future Nagat and I could not come back from this dependence, when and if we ever got back to normal life away from the hospital.

As I said this is one of the great problems of people living on machines for a long time. The patient begins to feel he is too dependent on the husband or the wife, on the doctor, or even this may sound strange, science fiction, perhaps - but on the machine itself.

We in this modern world have great faith in machines: computers to make out our bills, generators to make our electricity, carburetors to make our cars run, we rely on them. Almost we think them immortal, omnipotent. Some people I am sure think we cannot live without them.

The same applies to dialysis machinery. I know of a case where a man, after long period of kidney dialysis, had a successful transplant - and then tried to commit suicide. Being on his own, as it were, dependent only on himself produced anxiety stresses too great to handle. Whereas before he had been happy on the machine, after the operation he had nowhere near the same confidence in his own - his new kidney's - flesh.

Many times this erosion of independence is not just the man's fault - many times a man's wife, mother, friends, even doctor, take advantage of his crisis need for them. And they - perhaps not consciously but they do so nonetheless - they become willing co-conspirators in the man's loss of independence. They help make him a life-long addict on other people's decisions, as it were.

It is a difficult situation - one in which the door is open to all kinds of temptations, real or imaginary - for both sides, the patients as well as his well-intentioned helpers.

So since I was depending on Nagat for certain necessities among them objective thinking as to my fluid intake and so forth - at the same time I was fighting against this becoming an unchangeable pattern in our lives. Yet - and this is where those situations are so full of ambivalences - these things that she was doing for me were a great constant source of daily pride.

I had seen in the wards, many other people who were visiting patients, family, friends, acquaintances, and I was struck by the

A Question of Independence

special relationship between me and Nagat. You know Nagat was . . . it is difficult to put this but . . . she was the one person I saw actually in all that time who was so devoted, so faithful. From 9 in the morning until 11 at night, she would spend all her days with me, taking my clothes, washing them, cleaning them, things like that. And not just like a servant. If I wanted a cigarette and she knew I was not allowed to have one, she would just say, "No!" And there was nothing I could do to make her go to the store to get them.

However, out of the period of great stress came something very important, very new. For me, especially. Slowly, when I began to want something or to do something, or to think about something, I would stop to ask Nagat what she wanted, what she wanted to do, what were her thoughts on the matter. You see, I was beginning to value her point of view before I made a final decision on something - gaining a respect for her opinions, her wants, her thoughts about things.

Where before I used to think I was right all the time, now I was finding out that I could be wrong too, and that I should listen to Nagat. And not only Nagat. Others as well. To listen with an open mind as well as an open ear.

I discovered that people have an interest in what is good for me, that their niceness is genuine, their concern real. Where before I generally saw peoples' niceness as only wanting something from me, now I began to see their niceness as wanting something for me.

Before you saw peoples' niceness as a threat?

Yes. Exactly. But now I was learning that I could maintain my self respect, my sense of control, while at the same time opening myself up to others.

I found out that to listen is not to acquire, to consider is not to lose control. To admit that one knows only half the truth, is not to open oneself up to becoming wholly dependent, but rather to open oneself up to the possibility of discovering the whole truth. It was a period of great growth for me. A high point of my life actually.

Sara. What shall I say? Sara was in the Sudan at the time, living with Nagat's sister and brother.

What about Sara?

And?

And she was one of my great weaknesses during that period.

How do you mean?

Although in the few weeks after I got to St. Mary's I was prepared to handle my health situation, and I was beginning to handle my situation with Nagat, I felt that Sara is something that has gotten completely out of my hands. I became emotional at the mere mention of her name. I was more emotional than I ever thought I could be, in front of others, even.

You missed her?

Missed her? Yes, to put it simply, I missed her. A lot. Quite a lot. The letters coming from Nagat's sister and husband in Sudan were telling me how well Sara was doing, how special they were treating her, letting her sleep in their bedroom - when they did not even allow their own children to do this. They were obviously going out of their way for her, more than normal, better than if she were their own daughter.

I was very emotional about her - even the sound of her name.

What was it? You felt you were not doing your duty?

Yes, there was that, the guilt, the inadequacy of not doing one's duty. But there was also something else. Something more. A feeling of . . . shall I say stealing, of almost thievery.

The simple, single fact to face: Sara was alone because her mother was with me.

In fact it throws me into emotion even now - that I so obviously placed my needs in front of Sara's at that time. A young girl, a baby really, needs her mother. But Nagat was with me in London. So therefore . . . you understand what I mean.

Yes, you could rationalize Nagat's staying - her sacrifice as being good for Nagat herself - for her reputation as a devoted wife, for example - but as for Sara . . .

I was obviously being selfish.

Nagat's staying with me was a great benefit to me, but none to Sara. Sara was giving me something that I could never pay back - her mother, at a time when she needed mother most. I am still weak about Sara, by the way, even today. I let her have her way in many ways she should not. That is really because I deprived her of her mother for all that time.

Shall we go on?

Live Versus Dead Donors

Now during this waiting time, somewhere about in the middle of February to early March, I began to think about live and dead transplants seriously - scientifically as it were. To explore all the avenues, all the possibilities, to see if there were any real differences between live and cadaver transplants.

I began to read all the literature, to talk at length with everyone and anyone in the ward, people who came to visit, doctors and nurses, anyone who knew anything about the problem of transplants.

There was some talk in the ward about a mother giving her son a live transplant. But it never worked out. I think the mother was not very well, or something like that.

I began to surround myself with all the literature of transplantation, of the cases of fathers and mothers giving their children their kidneys - by the way I was thinking at the time only in terms of mother and father. I did not think of brothers or sisters at all. Up until January 1969, which is when I went into the hospital, there had never been a brother to brother or sister to sister transplant in London. There was nothing in the literature about it - so it was father or mother I was thinking about. Specifically father. After all, he is the one who gives life . . .

In America we tend to think of the mother as the one who gives you life.

In Sudan, the father.

I read the book on kidney transplantation by Professor Roy Calne at Cambridge - the expert in the field of renal transplantation - I studied the relevant figures on live versus dead transplants.

And to tell you the truth I was not very excited about the results. To me, I found no overwhelming evidence that a live donor transplant is better than a cadaver.

By this time - it was late march - I was beginning to get anxious. I wanted a transplant as soon as possible. Osman was about to go home, Tijani has already gone, Nagat will be left alone. No one would be here with her if anything happened.

In fact, I was very ambivalent about Osman's leaving. I did not want him to go for Nagat's sake - so he could be here if anything happened - but in another sense I wanted him to go

right away. I felt his going home would assure my mother and father that I was well enough to be left alone - which I was. The telephone would never assure them like Osman's coming back to Sudan.

On the other side I was afraid that if he is gone, and I died, things are going to be messy, sending me back to Sudan, funeral arrangements.

The box again . . .

The box again. It will all be placed on Nagat's shoulders, as it were. So I was really kind of pulled apart whether I wanted him to go or not.

Did he go?

Yes.

Did you make the decision?

No. He had to go because his three-month leave of absence had ended.

I mean, you didn't tell him to go?

No. He went of his own accord.

About a week before Osman left, John Dickinson came to me more as a friend than as a doctor - specifically, for the first time, to discuss the general area of live versus dead transplants.

He had never discussed this with you before?

No. My reaction was immediate. "I am not going to have a live donor transplant," I said, "My mother and father are old, ill . . . my father is a diabetic in fact . . ."

But he said, "What about your brothers? You have four of them, don't you?" I was more immediate in that response: "I am not going to have any of my brothers give me a kidney."

That was your immediate response?

My immediate response. I felt like it was instinct it happened so fast.

Then he said: "But what if one of your brothers had kidney failure, would you give him your kidney?" "Of course," I said.

"Then why won't you accept it from any of them?"

"Let me just say that I don't believe I would live longer with a kidney from one of my brothers than I would with a kidney from a cadaver. I have no figures here on hand to prove it. But from what I have read in transplant books, I don't think there is a significant difference between the two."

"Oh yes there is," he said. There is."

"Also I want you to know that your brother Osman has been talking to me about this."

A pause followed. "Osman?" I said. "I never knew this."

As soon as Dickinson left, I called up Osman directly and asked him what he was trying to do.

You were angry?

In a way I was, yes. I will explain to you more fully later on my reactions. I said, "Osman. I am a grown up man. Why didn't you discuss this matter with me first?"

He said, "What are you talking about?"

I said, "The question of transplant. Did you not offer to give me one of your kidneys?"

He did not answer me directly. He "hemmed" and "hawed", then began talking around the issue rather than on it.

What did he finally say?

To be short, to this day he has never really discussed the question directly.

What do you think happened?

I know what happened. Prof. Peart told me. Osman was rejected because of Bilharziasis but typical of his reticence he would not say so to me or anybody. Osman is that kind of man.

Did you ever ask Osman actually what did go wrong?

No. I knew he would try his best. Therefore what is to be gained by discussing the matter. Imagine if you were unable to do me a great favour because of elements outside your control, would you then want to be asked about it? Of course not. I would do dishonour to your attempt by even bringing the matter up.

Also at the time I didn't want to stir things up, to get the other brothers going in this direction. I felt the best thing was to leave the whole question of live transplantation alone. So all I know is that if Osman had been allowed to give me his kidney, I'm sure he would have done so. He and I have never discussed this issue since then except for him to say, "I wish, Omer, I could have done it."

The last day he was in London, I saw him off at the airport. I spent another month alone with Nagat and the rest of the patients. And then there came my first big chance for a cadaver kidney transplant.

One question more before we go into your cadaver transplant possibility: The live donor thing - now that your mother, father, and Osman are ruled out - are there any more times you are faced with the reappearance of this idea?

Yes. There is one more reappearance of it - on the day I was to receive my dead donor transplant, actually.

That day I was very excited. I had been waiting for three months - and the air was crackling with possibility. Specifically for me. It was almost certain, in fact they had a donor willing in another hospital who matched up with me very well. Very well, indeed.

That morning Professor Peart came to see me. He said to me, "Omer, I hear there is a chance of a cadaver kidney." I said, "Yes." He said, "However, I also know that there is something going on at home with your brothers. I think Osman has been speaking to them in Sudan. And I believe it will materialize in one of them, or perhaps more than one of them, coming over here. So what do you want me to do? Shall we go ahead with this cadaver transplant or shall we wait for the brothers?"

My first reaction was - without thinking about it - I want the cadaver kidney.

He seemed disappointed and said, "You know of course the results of cadaver donors as opposed to live donors. The higher incidence of failures among cadavers."

"Yes," I said. "I know how you feel about them - but I must admit I don't think the evidence is that conclusive. Besides, I don't want to put my brothers to that experience."

He said, "Why not?"

"I just don't want them to be put into the experience, that's all. In fact, I don't even want them to be put to the test of having to think about this, having to decide. So shall we go and have the cadaver transplant immediately? Before one of them does decide he must come, before I am put in the position of having to think about taking a kidney from one of them."

Why such a strong reaction?

I don't know why. I just didn't like the idea of taking a kidney from my brothers, that's all. Without really having been given time to think about it on top of everything else.

So Peart said to me, "If one of your brothers had a kidney disease would you give him one of your kidneys?" I said, "John Dickenson has asked me the same thing, and I will tell you as I told him: Of course I would - but I would remind you as I reminded him also that I am a doctor. I know what kidney disease means.

"I have seen patients living with no kidneys, like Terry. I have seen people live for 5 or 6 years with a kidney transplant like Ken. I have seen people congenitally with one kidney, like Mr. Hill - in fact I know from reading that .04% of the population have only one kidney from birth. And that they have no trouble at all. I know one kidney is more than enough for life. I know all these facts, so if I give a kidney, I give it from a position of knowledge.

"But my brothers. They are not doctors. They probably don't even know if the human body has two kidneys or one kidney to tell you the truth."

"People in the Sudan, to them this kind of experience is new. I'm sure no one there has ever donated a kidney before. I have been there. I have been a doctor there. I know how people think, how they react. I know this from experience."

He just looked at me. I continued on.

"How many times I have seen a woman come to Khartoum hospital bleeding to death, perhaps after labour, or abortion, and I would see ten or twenty people following her, worried, not knowing what to do. They would come rushing to the hospital with her. Family, friends, generally in tears, sincerely troubled. However, the minute we asked any of them for some blood, for a transfusion perhaps, suddenly all of them back off. In fact some of them are so afraid they back right out of the hospital.

Why?

Why? They are scared.

Scared of what? Blood? Death?

Blood, death, the same thing. Blood has a kind of superstitious quality about it, as I told you before. To many people in the Sudan, blood is not just a serum containing molecules, corpuscles, food, toxic material, it is felt that blood carries the spirit of the person as well.

So I said to Professor Peart, "I do not want to take life from anybody!"

What did you mean by that?

Just what I said. I do not want to take life from anybody.

But you knew that it wasn't taking life. Not literally.

Yes. But the person who was giving the kidney to me, they would not know it. That is the point.

Could you also have meant that you did not want to have your life dependent upon somebody else. That that's what taking the kidney meant?

No. I don't think that was the idea at all.

All right then, looking back, do you feel that you answer to Professor Peart was intellectually sound? Rational?

Now? Looking back? No, I do not.

Then what do you think was at the heart of your answer?

I don't know. I had no scientific grounds really. I was probably emotional. I have no rational explanation. My first reaction was: I don't want it. That is all. Emotional.

Then the argument about you being a doctor, more aware of the consequences - this was merely a rationale?

Yes, a rationale. For me.

I thought: If I gave someone my kidney it would be because I wanted to, I knew what I was doing. But if my brothers did it, it was because they were just driven to it and I should not allow them to be driven by a brother who is sick into something they do not know.

One more question. If your brothers had been all doctors - therefore knowledgeable as you about kidney transplants - could you have taken it from them in that case? Would that have a difference?

It is difficult to say, but now I think I would. Perhaps I would.

Now? But what about then?

Why not?

TWO LIVES

Then, at that time?

Yes.

I probably still would have said no. My first reaction would still have been no.

Pure emotion?

A purely emotional base.

Knowledge of consequences had nothing to do with it?

No. There are a lot of things. Emotion . . . basically though, the sense that it is your life, you have lived it. So when a moment like this comes, you should face it head on. It is your problem. Facing it head on complements your life, you know what I mean? It rounds off your life in fine fashion. It has been your life, it is your responsibility.

Don't take from another person's pot. That is it. That is what I am trying to say. Again, a defiant attitude. Reckless defiance, if you will.

A problem arises, you face it. Alone.

But that way maybe you don't let others face their problem.

What problem?

Wanting to give?

So that was the situation anyway. I told Peart I wanted the cadaver transplant immediately. I phoned Nagat. I did not tell her about the question of maybe one of my brothers coming, however . . .

I just did not feel it was best.

But why not?

Well, if you must know, it was a question of family pride. This particular piece, this again is one of those points which I have never said to anybody before. You see, although I did not want any kidney from any of my brothers, I was still proud of the fact that they were talking about it. I must admit that I was more than half pleased by this fact.

It is as I said earlier: When something like this happens, it makes you feel that to some people . . . well, let me put it this way - that your life is worth something to somebody.

More Live Versus Dead Donors

Remember, especially your family is your family. To be described as a man among men with them, a man who has got brothers, you know, part of a family who would stand up right behind him, this is a good feeling.

Now I had a hunch they might come, but still . . .

You were unsure?

Yes. I said to myself, 'suppose that I was transplanted today and it does not work out'. I mean, there are many times when it is scheduled, and does not come out at the end. Obstacles - decision variables - like the donor does not die at all, or the donor dies and the final consent was not given, or perhaps at the last minute the consent is withdrawn.

The kidneys are no good, or the kidneys are very good but the match-up is no good, or the match-up was good but there are transplantation difficulties - and on and on - so many other considerations really.

Suppose something like this happens and I have already told Nagat or anybody for that matter - that my brothers are coming . . . and then they do not come. The question would be: Why didn't they come? Where are they? Even Nagat herself would be tempted to ask the question. And I didn't want her to be disappointed in my family. I wouldn't like this.

How about you? Would you have been disappointed in your family in that case? I mean, if this cadaver kidney did not come and then your brothers did not come also . . .

Perhaps . . . I don't know . . . yes. I'm sure I would have been. Yes. I must admit that was also operating in my mind at that time. That, although I knew I would turn them down if they came and offered, I was also wondering if they would come at all.

You doubted their ability to see it through?

Well, yes, I did. I did. I did doubt. Perhaps they may not come.

So for that reason it would be best not to tell Nagat?

Yes. I thought something might happen. They may not come. They may not come. I doubted their sincerity or courage, mind you. It was just . . . well . . . I was thinking, how would people in the Sudan think about this? You must put yourself in their

place. They are operating in the Sudan. There are factors pressing on them there.

My father. He is really a sick man. If he was told that he had one son who is dying and will have another son going to England to give him a kidney - and there is a possibility one or both may die - I'm sure this would be a terrible blow to him. For my mother it would be a time of great mourning in the house. This is the kind of thing I knew was pressing on the situation.

Do you think if you had told Nagat about your conversations with Professor Peart - in particular your refusal to accept your brothers' kidneys - she would have been angry?

Sure. Sure. She would - later on, in fact, she said just that: "You always have given your life to people - why do you say no when someone wants to give you life now?"

However, on this particular day the clear fact of the matter was simply I just did not want a kidney from my brother. In fact, I did not even want them to go through the experience.

What experience?

The experience of having to sit around and discuss it.

And I want you to know it was not a thought off the top of my head. I had thought about this quite a lot - in fact I had read much of the literature available in this matter - and I knew it would go on something like this: The brothers are sitting around and one of them will say, "Look here, our brother, Omer, he is critically ill. The only thing that may save him will be a kidney transplant. Now who of us will go and do it?"

It is a difficult decision. It is difficult even to talk about. Just deciding who will talk first, who will talk second sometimes leads to arguments. The pressure is very intense. The whole thing is very difficult.

Anyway this was the case as I saw it. The one thing I did not want to do was put pressure on my brothers. That is why I was so happy that day, you know, so happy that I was having a cadaver transplant. To have a transplant at all for me, for Nagat - but mostly because with a cadaver transplant no one had to be put to the test. Nobody had to be put against the wall of difficulty.

In the ward, up to that time, was there any other talk of someone else receiving a live donor transplant?

Yes. Terry. Terry's mother had wanted to give him her kidney. He was very happy about it, actually. However, he had not taken it. I do not know why. Either she had not put it strongly enough, or somehow the tissue match was bad, or . . . anyway he had just not taken it.

But he had told everyone that his mother wanted to give it to him, he was duly pleased that she had offered it. In fact, he used to boast what his mother had offered.

You think he would have taken it?

Yes, yes. Definitely. He would have taken it.

No hesitation.

No hesitation at all.

Did you respect him for this?

Respect? Well . . . actually on two occasions we did briefly talk of this. He said, "Omer, if I do not get a kidney in the coming two or three months, I think I will have my mother's kidney."

I remember my comment was: "Terry, you talk as if you visualize your mother's kidney like it was an orange on a tree, you just will pick it off whenever you want to. Don't you have any brothers?" He said, "Why?" I said: "Just a question."

He said, "I have got younger brothers. Why?" I said, "I was just wondering why they do not come into the picture, I mean, before you decide on your mother's kidney?"

He looked at me. "Why do my brothers have to come into the picture at all if my mother gives me her kidney. Do you think I'll need more than one kidney in me. I have that much water to pass!" He laughed.

I didn't want to press it much further. But I did say, "I just wanted to know. I mean, suppose one of your brothers needed your kidney and . . ." but he was still laughing at the look I must have had on my face when he said about passing water. He was this sort of a boy, you know. He would never really discuss anything seriously.

The upshot of it anyway was that he never used his mother's kidney.

He was a lot different than you, then, happy-go-lucky?

He was. He was quite a different kind of character. You know it is probably quite a bit different in England that in Sudan, the situation is quite a bit different, the ideas, the donor the recipient . . .

Anyway that was the whole discussion. It was academic really. I had told Peart that morning that I wanted the cadaver transplant, and that night both Terry and I were prepared for the operation.

Terry?

Oh. Yes. Didn't I tell you? It was decided that Terry and I were the best match-ups for the two kidneys arriving from the dead donor. Terry and I had similar tissue types, and so forth. So we were to each receive one of the dead man's kidneys.

Terry and you.

Yes.

I was excited waiting for the event to come. It was about 10 o'clock in the evening. You know, on the day you are to be transplanted you are not allowed to eat. So I had not eaten anything all that day. I could feel my stomach growling at me.

I had had my bath. Nagat had told some people, some friends of ours, that I am going to have a transplant. She told me they were preparing to visit me. I was looking forward to their coming.

The doctor had already visited my room and said everything is going in order. "It is moving in the right direction," He said - and that means, in this unit, the donor is dying - in this unit unfortunately when the donor is dying that is in the right direction.

Terry also had been told. Terry and I were . . . how do you call it? the pride of that day. People had been coming into the room all day, talking to us. Everybody who had the experience before us, you know, they would come and talk about this and that, how it will feel when the operation is over, how happy we will be when the tubes come out, things like that. Cheering us on.

The fact that I was a doctor did not matter. They - and I - acted as if I were a complete layman; today I was only a patient, nervous, eager, excited, as if I knew nothing of medicine, had never witnessed an operation before.

Did you think much of the man who was dying. the man who was going to give you the kidney?

Yes. In fact, earlier on that day, Terry came to me with his poetry book. He had written a poem to his 'unknown kidney donor'. It said, "Today you die, and here I lie . . . you are in the grave while I am on the table." It went on for some time. Very beautiful.

But it was hard to be depressed. I must admit we were able to forget the man's tragedy - it was far away, certainly further away than our own fate: perhaps to live normal again. We somehow tried to include him in our happiness this way: - to think that he is not dying, he is just going to share a portion of our life from now on.

But, it is a strange thought, getting your life from a dying man. I suppose the only way you deal with it is to keep it in the back of you mind, your own possibilities of living in the front.

Nagat came, the other friends came. Four of them to be exact.

Terry and I were dressed, prepared fully by the nurses. We were given premedications, and 11 o'clock - this was still at night - we were taken to the operating theatre.

Terry, he was the sort of chap who would say to me, "Omer, I hope you will have this kidney, you are alone here in a foreign country, your wife is alone."

He would talk to me in this way. And of course I too was hoping Terry would have it. He had been there for two years.

Once again, as I said before, there was never any sense of competition among us.

But in this case, there would be a kidney for each of you, right?

Yes. One for each. That was the plan.

I remember going in the theatre, lying on the operating table. The **anesthesiologist** was looking down at me. He said, "Beleil, you are on the wrong side of the table." He knew I was a **surgeon**. He was just chatting with me, you know, they usually do just as they are about to induce you to sleep.

In fact, his words were the last words I remember before slipping into unconsciousness.

After some time, I did not know how long, I woke up - on the other side of the table. Dr. Jim Boick, the doctor who performed the actual surgery, was leaning over me, saying, "Omer, I am sorry we did not operate. From the look on his face I knew it was bad: something had gone wrong. I was astonished.

I knew things can go wrong, but never for a moment that things could get this close - and it could still go wrong after that.

I had been so optimistic - we had all been optimistic. We had been told that they were good kidneys - they had already been checked out - and they were to be removed by Professor Roy Calne himself - the man in transplantation. Everyone was so sure everything would be okay - kidneys to be removed by one of the experts in the field, kidneys that had already been checked out in advance - what more assurance could you want - plus I knew they would never have operated on us, prepared us, if they thought anything could go wrong.

But something definitely did go wrong. My kidney was no good! Very simply, the vein had been cut obliquely.

An improper cut.

Yes. An improper cut by Professor Roy Calne. When he had removed the kidney from the donor he had cut the vein at the wrong angle. That's all. Obliquely. For an improper cut. Probably a once-in-a-lifetime mistake. But there it was.

It could not be attached to me in that manner. So, as far as my transplant was concerned, the operation was a failure.

The number one man?

Yes.

But . . . why was it necessarily your kidney that was ruined?

If there are two possible recipients, they decide at St. Mary's before the donor's kidneys are removed, which recipient shall have which kidney. So-and-so gets the right one, so-and-so gets the left one.

That way, if something goes wrong as it did here, it takes the pressure off the doctors. They don't have to decide, after the fact, as it were, which of the patients will get the remaining kidney.

Yes, just the way you are looking now, that is how I felt, that is how everybody felt: mouth open, head-shaking, not wanting to believe.

Everyone was upset. The doctors, the nurses, the patients on the floor, in the ward.

I remember right there on the table, Jim Boick had showed me the kidney itself. He had said, "Omer, I am sorry, but we just cannot put this kidney in. If we did we would just have to take it out again. I promise you, if it had been anybody other than his Royal Majesty Roy Calne, I would have cut his throat."

That picture I can never forget, I still remember it, the kidney there in Jim Boick's hand, the vein cut obliquely.

It was about half-past 12, I broke down. They brought me out to the couch. You know, they do not allow you to walk after being under the anesthesia, but I was trying to convince them I could walk. They were trying to hold me down.

I was thinking furiously, but not about the transplant itself, simply about one thing: how would Nagat accept this! Although you cannot tell the future, I was sure she would have a difficult time with it. She had waited so long.

You know you can pull yourself together for a long time waiting for a thing, you could wait months and months and still if it does not come it is okay, you can continue to wait. But when it comes and everything seems settled - when it comes and it is no good - you really have had it.

That was the case exactly. Nagat went into tears. At first when she saw me awake, she saw that I had the operation and I was well, she was pleased. But as she saw me talking to the doctor, she knew that something was wrong.

The doctor went to talk to her and she just went into tears. Everybody was depressed. I was depressed. In fact even the girl in my ward room - the one who does the clean-up - she was depressed. She had heard about the foul-up and was just slowly moving about the room, sort of cleaning a little here and there muttering to herself.

You know, they clean up your room, extra after the operation, sterilizing everything, the sheets, the pillowcases - everything - well, she had cleaned my room first, expecting I suppose that I would have my transplant first, and had not yet done Terry's room. So when they brought Terry back after performing his transplant . . .

Successfully?

Yes, sure Successfully . . . his veins . . . properly cut . . . when they brought Terry back to his room it was not even clean. So Terry and I had to switch rooms.

I just tried to take care of Nagat that night - concentrate on her worry, her sadness.

However, coming back after twelve - it was now about 1 o'clock - I had to go right back on dialysis. I told Nagat to go home for a few hours rest.

I stayed awake almost all that night. The question on my mind was: should I press Nagat to go home now to the Sudan or not? At least for a long visit. We could discuss later, when she was at home, whether she should come back, when - and if - I had another transplant possibility. However, on the other

side I was also thinking, if I press this issue of Nagat going and she does go - although I'm sure I would have had to fight her on the issue very severely before she would have gone. This will put pressure on my brothers to come quicker, which is the very thing I did not want to do.

So I decided that I would not even discuss with her the thought of going to the Sudan - nor would I want her to tell anyone at home about this abortive attempt.

She came to visit me at 4 o'clock. Her eyes were so tired, I doubted she had slept at all. She just looked at me, held my hand. I smiled at her, said what Professor Peart had said to me right after the operation. "Maybe next time lucky."

Who said that?

Professor Peart.

Why? Did he think you would give up? That you would say 'no' to another transplant operation?

No . . . he knew I would never give up.

He knew you would wait?

Yes, I would wait. But now - something new had happened. I wanted a cadaver kidney as soon as possible. No more pushing leisurely for a transplant. I wanted it tomorrow, the next day, the day after that . . .

For Nagat's sake? Your brothers' sake?

For both. I wanted it quickly. I told her that we should not write to the Sudan about this at all. I told her to tell our other friends the ones who were here tonight, not to write home about the transplant failure, otherwise it will be spread all over Khartoum and the news will eventually reach my family.

Did she agree?

She agreed. She knew that when I decide very firmly something, I will like to have it done. This time she did not put up an argument. She just accepted.

However, I must say that I did not tell her what Peart had told me that somebody might be coming from among

brothers. I just told her I did not want anyone at home to know about the failed operation, because it would worry them. That was all. The question of my brothers coming I remained silent about.

After two days Dr. Boick came and said, "I think we should go ahead and remove your kidneys." He explained: "If you were going to have a living donor - or the possibility of a living donor - we would wait and remove your bad kidneys at the same time as we put in the new kidney. It would be better then, we would know exactly when the operation is scheduled, things are well planned, prepared in advance - however, with a cadaver transplant, we don't know when it will come. It is more of a spontaneous, less planned thing. So we have decided to get your old kidneys now.

Why do you think he made that decision?

I'm sure, until the day of the transplant failure, they were still tossing about the idea that maybe I would have a live donor transplant - and they could take my kidneys out then. However, I had been so very firm to Professor Peart that I would never accept a live donor, so I'm sure they were beginning to accept my decision as a final thing.

And so they said, "We are going to remove your kidneys now?"

Yes. And then, you know . . . I don't know why exactly, but for the first time I began to argue this point with them. I said, "Why do you want to remove my kidneys now? In the literature there is no real conclusive evidence in favor of removing the kidneys."

"If they were functioning badly I could understand your wanting to take them out - I mean if they are doing harm, if there is difficulty in my blood pressure control, if they are leaking a lot of protein, if they are causing infection. In that case, sure, take them out. But mine are not doing these things. They are not doing any harm at all. Why take them out?

Their answer was, "They are not doing any good either. Why leave them in, they are not giving life."

I said, "True, they may not be giving me full life, but I know they are doing some good, say only 1%, so why not leave them in. I always assume 1% is better than nothing."

Of course, my argument was specious. What I was doing was simply: I didn't want them to take my kidneys. Period. Whether they were good or not. Somehow my thinking was, "They have given me life, you cannot just part with them, just like that." The shoe was on the other foot. Because how many

times before in the Sudan, in the hospital ward, when I would see a patient with a gangrenous finger. I would go and discuss matters with him.

And I would say, "The only treatment will incur amputation." And I remember how he always became hard after that time, he was never able to accept the fact. And meanwhile I would always be thinking: 'Why shouldn't he accept this? The leg is a rotten leg - or the finger - it is killing him. Why shouldn't he accept my cutting it off? It will only save his life.'

But now, when it came to me, I saw it was not just parting with a simple physical part of yourself, but it is something more. Much more, really. Not only a physical part but also a shadow side of your life.

I don't know if phantom is the right word, but in surgery, neuro-surgery - neurology really - there is a thing that stands out very interestingly in the literature: that for every organ there seems to be a phantom image in the brain.

Explain.

Well, if I operated and I remove your leg, later - after the leg is gone - you may still feel pain in it. Of course there is no longer any leg there to feel with, or any left toe, or the ankle or knee. But the patient will still complain. He feels pain. Specifically, in the limb or appendage cut off.

It is an odd phenomenon.

Every organ it seems is well represented in the brain, by the way. So even if you have taken off a specific organ, you still haven't taken off a portion of the brain where the phantom of that organ resides. And the pain is felt.

It is as if there is a mirror image in the brain of the every physical part of the body.

Does it gradually disappear?

It gradually disappears. But in some people it may create a great problem. It is one of the real things to think about in neurology.

Are you saying your arguments to the surgeon, Dr. Boick, were not academically sound, except in the sense of your phantom physical side?

That is right. My arguments were not academically sound. It was simply that I didn't want to part with any part of me - not even my very bad kidneys.

Do you think they had a kind of symbolic death attached to them?

Yes. Probably so. A real physical part of me was going, you know. Not an appendage - whether a useless one like an appendix or a peripheral one like an arm or leg or toe - but something that was in the middle of my whole life process, something that cleaned my blood, sustained my life - something which, as I had been finding out for the last 4 months, a man cannot live without. Not without great help.

So one of the actual bases for giving me life was being asked to be parted with. It was not a simple thing for me to say yes.

How did Nagat take to this? Did you tell her?

Yes, I told her. She did not take it very well.

For one thing, all this time, from the very beginning, Nagat had had hesitations about whether these people would really go on assisting me in this program - how long they would go on, continue to carry me in the ward and so forth - so now, to take an irretrievable step like this, taking out your kidneys, well . . .

Why was she hesitant? Because you were a foreigner?

Yes. But more because they had been keeping me on in a special ward.

How do you mean?

My room itself was a special room. The dialysis rooms and the transplant rooms are separate rooms. The transplant rooms - they were very good rooms. Luxurious, you can use television - much better than the dialysis rooms.

So even though I did not have a transplant yet, they kept me in one of these rooms. From the beginning.

And this made Nagat uneasy?

Yes. It was sort of VIP treatment, you know. Unusual. Probably Nagat would have felt more comfortable if they had treated me like any other Englishmen.

But you accepted this? You felt it was natural?

I don't know. They just gave it to me. That was all I really thought about it. Many of the staff, the nurses, they would often come to visit me. They would sit down, chat, smoke their cigarettes on break and so on. A very special kind of treatment.

Why do you think they did that?

Um . . . well . . .

It pleased you?

Sure. It pleased me, but why they did that, I really cannot say. Perhaps it was that I could talk their language. You know, I was a colleague, a doctor - and then again perhaps it was just because I had a good television set.

Perhaps they felt you were more worth saving?

Pardon?

Perhaps in a sense, they felt you were a little more worth saving than others?

No. I don't think so.

Your student accomplishments, your career, your future possibilities . . .

Anyway, Nagat was a bit leery about how long this would continue. Especially now that we were moving into a fourth month, - and even more that we had had that abortive attempt.

But I told her not to worry. In one sense, now that they were removing my kidneys they are committed to me, to my life. You remove somebody's kidneys, you are obliged to fill the void with something better than what was working before, and that calmed her somewhat.

So in the next couple of days, they did in fact remove my kidneys, and, although the psychological implications were still very great to me, the actual operation itself was really very simple.

When Nagat came to see me the day after the operation, I was fine, and I said to her again, "In this case as in the others: nothing must be told to the Sudan, to my home, about what has gone on here, about the removal of my kidneys."

She agreed.

The period after that was one of the worst of my life.

To begin with, the doctors decided Terry had to remain in the hospital a while after his transplant. His kidney was not functioning very well. Although he did not need to be dialyzed for three or four days it was really touch and go - the kidney was not working very well at all - then he began to pick up.

Right after that the Mr. Hill episode occurred. Mr. Hill and Jane, the little girl who had the congenital kidney problem - you remember, the girl in the ward who looked like seven although she was actually eleven - well, she and Mr. Hill were receiving two kidneys from another little girl donor who was unfortunately dying in another hospital.

I already told you what a nice man Mr. Hill was, such a very nice man, a dancer, both he and his wife, so intelligent, we used to talk and so on - well, I was really pleased when he had the transplant. Everyone was pleased.

Mr. Hill himself was just ecstatic, he felt he was so lucky. Just lucky that everything was going so well.

I had seen his wife that morning after the transplant, when she had come to the hospital to see him. She said Mr. Hill was quite well all that day.

In the evening everybody came to see him; in fact it was so crowded in his room that after a while I decided to go back to my room. My dialysis was coming on and I had to get prepared anyway.

As evening moved into later evening the people had gone - and a little later on I heard other people scurrying in and around Mr. Hill's room. They were doctors, but I really didn't give it much thought. Usually when you see a lot of doctors moving around, you think of death. But everyone was so happy on that particular night, no one could possibly think ominously about anything, Mr. Hill was such an optimistic man, more than a lively man, he was life itself.

But of course he was dying. Just like that, dying. In the morning they told us that Mr. Hill had died during the night.

When Nagat came, she was instantly depressed. Mr. Hill's death affected her very greatly.

You know, you are waiting on dialysis, and dialysis is miserable life - the dark side of things, as it were - but you always think that it is just a temporary sort of thing, your

while thinking is geared toward transplantation. Transplantation, the white side, such as painted by people like Ken who had had a transplant for 5 years, full-time working, a child. Dialysis, the dark side, transplantation, the white side.

But that afternoon at lunch everybody knew that Mr. Hill had died, but nobody wanted to say anything about it.

No one was eating. We were just sitting together talking in hushed tones about this and that, about little things, fluids, our shunts, actually trying to avoid the issue of Mr. Hill if we possibly could.

Finally after a while I felt I just had to say something. "It is unfair", I said. "Mr. Hill, he was so pleased at having a transplant. And now to have just gone away like this. It is so unfair. For his wife, for his family . . ."

And suddenly everyone wanted to talk about it. To say nice things about him. To remember him with our words, how good he had been, how kind.

Then one of the patients said - I distinctly remember this - He asked me, "Why did Mr. Hill die? What had gone wrong?"

He asked me because he knew of course I was a doctor. So I explained to him: "Mr. Hill died of a heart attack. You see, it is not the kidneys *per se* that have to kill you, it may also be other systems of the body - damaged by the long life of kidney infection. Mr. Hill died of cardiac arrest, his heart had simply given out."

Their faces - they were younger than Mr. Hill, most of them - you could see at first in their faces the disbelief - and then the relief. They were thinking that for them it was hope again, that death did not come from the transplanted kidney. You see Mr. Hill's dying of cardiac arrest meant that they might not have to die if their hearts were good. As I said, they were younger than Mr. Hill. For them it meant hope again, a white side to balance Mr. Hill's dark side.

So that is how Mr. Hill died. And the little girl, Jane, who got a kidney with Mr. Hill, she was doing well at first, but then on the third day she began to get very sick and her kidney had to be taken out. Now by the way, she is well, she has had another transplant and is doing fine.

But this was the failure side of transplant. A double failure, one died, and one kidney removed.

And then in the next few days, Philip and Joan had transplants - the little demanding boy whose mother was so nice to him and the girl I told you about, whose face must have been pretty at one time - well, they were transplanted and it took very well indeed.

For two days.

Then Joan became very ill and died. Nobody knows exactly why. She had a bit of a fever, but that is not exceptional in transplant cases. Anyway she died. Twenty-four years old. To this day nobody can figure out why. My own feeling was that she was just too weak to survive the operation. Perhaps she should not have been transplanted in the first place. Not so soon. Her original kidney disease had just drained her too much for her to survive a transplantation attempt at that time. But anyway, over that particular week it had been a high incidence of failure, all in about ten days. It was really a very bad period. Mr. Hill dying, Joan dying, Jane's kidney removed, the whole atmosphere was very depressing.

And then I had the chance of a second cadaver kidney. I must say that a cadaver kidney coming now no longer meant a real happy event like it used to. Whereas before, when I saw a patient who had had a successful transplant, he can go out, he can be very well, it was a happy thing, but now it was hard for me to avoid the dark side of transplantation.

Nagat, in particular was depressed by the week's events. The day I told her that there is a chance I might have another kidney she said she was very, very, very afraid and angry also. In fact, at one point she seemed almost to want to say to me that I should **not** have it - but she never actually said the words out loud.

Then, in the afternoon of the scheduled day - they of course had not allowed me to eat again - the nurse came to me, said, "Well, you better eat" - which meant no kidney was coming. She returned later and said, "Now you better **not** eat," then, later on once more, "You better eat again!" The net result of the whole day was no kidney.

That particular night Nagat never slept. She told me later on she did not sleep at all. She had had a divided feeling - whether she even wanted the kidney in the first place. I must admit that that same thought passed through my mind as well.

At this point you never considered the alternative of living on a machine?

No. It was never an alternative to me: up until that time, as in the beginning, I never felt that life on a machine was any life at all. I still had not met anyone who was on a machine who worked full time. Not as I like to think of work.

I don't know, but somehow work was still the thing. Life to me still meant work.

Now the day after I was supposed to have the kidney - the one that did not come - well I was told I again had another kidney coming. Two kidneys in the space of two or three days. I was a good match for both of them - so again I was told not to eat and again we waited - but again the dark side of things - that kidney did not come either.

It was a terrible period for me, for Nagat, a time to think fully through the whole situation. Is it better that the kidneys come or not? That divided feeling was with us now more than ever. And yet we were still committed to waiting. Still waiting for a cadaver transplant. It was very late March by now.

You never considered rejecting the whole transplant business completely?

No.

I mean just saying I don't want one?

No. I never thought of saying that.

Even though the probabilities had been lessened?

Yes. Although I must admit seeing the black side of it was a shock. Transplantation had meant to me, to everybody in the ward, one thing: Life. But now it was no longer just the white side, the dark side had come to visit us very starkly and very really. The thought of whether it can kill you had never been a serious conscious thing before with us. But now it was - yet in a strange way it made me more eager than ever for the cadaver transplant.

How do you mean?

In these terms: It will either succeed and I will do well - or it will fail and I will die. One way or the other it would be over. Clean and quickly. It was this waiting, this pressure on other people I could not stand.

You see, I had been reading more of the transplantation literature and had discovered that most of the live donors come after the failure of a cadaver transplant. A person would have a cadaver kidney, it would fail, and then the live donor would come into the picture.

And you didn't want that?

I did not want that at all. To me it still was an unacceptable alternative. To get a good life still meant to get a life in which no problem had been created for others. So I had been thinking that in this regard Mr. Hill probably had a good end.

He had died, simply, quietly without burdening anybody?

Yes.

Mathematical again. Precise.

Yes. One plus one. He had tried. And it had failed. And no one was left behind with just one kidney because that man had been Mr. Hill's live donor.

And then, one morning a friend came to see me, a doctor friend, Mohd Ahmed Hassan. He came to me in the hospital, sat next to my bed, and said, "Omer, I am going to have my blood tested to give you my kidney." Just like that.

And you know, this man is a great friend of mine, a very sincere man, a village man, arrogant and blunt - so I was sure he had thought about this quite a while before he said it.

You see, men from the village are not really cut out by the modern attitudes of social progress, you know. How shall I say it? . . . sincerity to a village man like Hassan means to say exactly what you feel. At all times. Right to the point. Directness of life - talking, thinking, doing - what one feels what is true, it would be said. That is sincerity.

You seem to fully equate sincerity with the ability to speak truth without regard for consequences, or others' feelings. Is there no room for tact, diplomacy . . . ?

They are feminine traits - that is the village concept of it. A man should be direct, blunt, sincere, honest, arrogant. Circumlocution methods, indirect methods, these are more feminine. They are for women and city men.

City men?

Yes. So anyway Hassan sat next to me and as the village man he was, he just offered his kidney, and I did not have to consider for a moment whether he meant it or not. I knew he did. However, I not only rejected the idea, but I found it the most insulting thing that ever came to my family.

Insulting?

Yes.

To your family?

Yes.

Funny isn't it, a man offers me life through his life, and I am insulted. But that's what I thought. I felt I don't want a live donor transplant. I want a cadaver transplant. And if anybody's blood is to be tested, if any body is to come forward, it will be my own brothers.

You were angry at Hassan then?

I don't think it was anger really. I don't know. Let us say I was just not very pleased. I don't know if really anger is the right word.

What was it then? He shouldn't have come forward like this, it was not his place?

Exactly.

He should have understood from his village ways about the priority of the family?

Yes.

In this way he created displeasure.

Yes. Displeasure. That was it. You know, I was not thinking about his offer of a transplant as a generous thing - which of course it was - or anything like that, but rather it was a question of who should come first, what are the priorities. His coming forward just seemed to me great disrespect against my family.

Well, did you ever wonder what happened to you brothers, why they have not approached you by now?

Sincerely enough, no, I didn't. I did not expect that they should, or would.

But now this friend has stepped forward and made an offer. A man outside the family.

Yes, that is what made me angry as you say . . . you are right. I was angry.

His coming ahead of the family like that, it was just as if he were walking ahead of the family at a funeral procession?

Yes, that is it. That is the feeling. I was not being rational perhaps, but that was the feeling - I was simply not very pleased. As great as he was to make the offer, I felt he should not come ahead of my family.

So I did not reply to him for some time - about 5 minutes, in fact, and then I said, "Mohd, I don't know how to say this. It is not enough for me to say thank you. For I must say it gives me the greatest pleasure to know there are strong men such as you that I count among my friends. However, I must say no.

It is just that I am quite sure that I will have another chance for a cadaver kidney. So there really is no rush, no worry, no concern. I appreciate your feelings, your generous offer and I hope that I may live a long life if for no other reason than to remember what you have done here today."

That is about all I said to him. He did not respond. He go up and left.

Did you tell Nagat?

No. But funny enough, that very day, Nagat herself came to me and said, "Let us go out."

So we went to her room at the hotel. We were talking about little things, sending letters and so forth, when suddenly, without any preliminary wording she said, "I am going to have my blood tested." I just stared at her. She went on. "Why should we wait all this time? Why should I not give you my kidney; any difference in a woman giving a kidney to a man; the kidney is the same, is it not; If I am wrong you tell, me, tell me now if there is something I do not know." And on and on. Her words were rushing at me like a swollen river running through rapids.

I did not know what to say. I did not reply to her really. I couldn't say yes, I couldn't say no. All I know at that particular time was that I had that same strange feeling I had with Hassan.

Dear as she is to me, as close as she is to me - let us face it, it is always the wife who is closest to you, ultimately it is she who suffers the same fate that you suffer - I felt it was my brothers, my brothers, not my sisters or my mother or my wife - the **men**, as it were, who should come forward to you in a time of need. It is an arrogant attitude, perhaps, but that is what is **running in our society**, what was running through my mind at that time: It is the men who **should make the offer first.**

I loved her of course for her offer, but still the thing that ran through my emotions most strongly was sudden displeasure.

At Nagat?

No. At my brothers - the fact that I had not heard from them at this time. It was their fault these offerings were being made. Although, as I said before, I did not want them to be put to the test, now I did think it was time for them to sit down together and discuss things. To stop offers from happening. To take me off the spot, in having to reject kind people such as Hassan and Nagat.

You wanted the brothers to come?

I wanted the brothers to come, to **measure up to my ideal** - to have four brothers **come marching** into the ward. And then I will **refuse them all.**

And nobody else would cause me this problem again. I would refuse my brothers and then I would live my life in the same way as before. Nothing would change. I would have a cadaver kidney, if it is good, then I could go back to work; if it is bad, I would die - but until that time, until I get my cadaver kidney, they should come and offer their kidneys to me - to stop other people from **offering first.**

You wanted the offer but you would have refused?

Yes.

But you did want the offer?

Yes. I wanted the offer. But I wanted to refuse them more.

What was it, did you feel that perhaps your brothers didn't love you enough, they didn't respect you, or care for you enough to come to London and make the offer?

No. No, I did not. I gave them the chance - I only became impatient because others were now starting to take their chance from them.

I felt as if Nagat and Mohd - **Ahmed**, they were not giving my family their chance. That is basically it. I don't know, I can't really express it very well . . . I mean, **why** I felt this way - displeasure at Nagat and Mohd - Ahmed Hassan for giving me such a great generous opportunity. I suppose it was just that I wanted them to give my family more of a chance, the chance I had been giving them in fact . . .

How long had it been?

It had been not quite four months. Three months, I think.

Don't you think that was long enough?

No. No I didn't think it was long enough. I think the average waiting time for a transplant is 7 or 8 months.

I don't mean that. I mean wasn't 3 or 4 months long enough time for your family to come forward if they were going to come?

No. I don't think so. Not at all. I mean, if you send them a letter and then they send a letter back to you, the process from London to Sudan and back again is almost a month - ten days to travel, a week to draft their reply, another ten days for their reply to go in the mail . . . I mean, only two letters can be exchanged during the whole **3 months**, perhaps only **3 letters** at most . . . anyway, so I told you I felt great, great in Nagat making the offer but also displeased in that she was not doing the right thing toward my family.

After all, I felt I **have got men behind me**, to the extent in fact, that I have entrusted one of them with my wife and daughter, in the event of death. I certainly did not want her to have any bad feeling of them, thinking that they are not coming and so forth.

Did you think she had given up on them?

Yes, that is the thought that occurred to me. And that is what displeased me most of all. I did not reply to her. Instead I went back to the hospital, I went back on dialysis.

But when she came to the hospital a little later I said, "Nagat, they really don't like to take transplants from wives." I said other things, trying to dissuade her from her offer . . . But again she went on, again the rushing river of emotion. She said **such dear things** to me, like "I have lived with somebody

for all these years, and now all it has meant is that he could say this to me. I tell you this, Omer, all I want is to lie on an operating table next to you, to give you my kidney. And I want to get up only if you get up well. If you don't get up well, I don't ever want to get up either."

I looked at her face. She was so tired, so drawn, so full of the months of waiting. I said to her, "Nagat, it is not just you and I. There is Sara, who must share you with me. I would not want anything to happen, for her sake as well as yours."

I continued on: "A kidney transplant operation is serious. True, the risk is little, but it is there. Not only the operation, but later, living with one kidney, I wouldn't like this to happen to you."

In my mind I was thinking, "There is the problem of pregnancy - the great demand is placed on the kidneys during that time - and if I was going to die, there would be the problem of having other children, perhaps of remarriage. If she gives me her kidney and I die, perhaps I am limiting her chances. One kidney is not a normal thing, it frightens many people."

However, during this time, even as I was talking to her, thinking about her, refusing her offer, I must admit Nagat became a different person to me. You know, when you are ill, sometimes you think all this is too much for your wife to bear. But when she comes to you and says things like this, it revives in you other things. That you can no longer think of being without her. You must face up to the fact that you no longer just want her - you now need her. She is part of your life. Forever. You cannot live without her. It is a simple fact to be accepted.

So although the past week or 10 days had been a time of failed transplants, death, Nagat's visit and her words revived in me new feelings, a new sense of what it is like to be in marriage with a woman. I felt great. I knew I could go on. And then I got the letter from Sidieg.

And the letter, it was the first letter he ever sent. Even later we were laughing that this was the first and last letter he ever sent to me. Up till now, in fact. The letter said that he was coming to London on his leave. On the first of April.

However, he did not come on that day. I don't know why. He came the 6th or 7th . . . no, actually he came about the sixteenth. The sixteenth instead of the first.

In that letter he did not indicate anything at all about transplantation or whether he is just coming to London, or whether he was coming to visit me, or whether he had plans to go on to visit Europe.

However, at that time, as I told you, I knew things were going on behind the scenes because Peart had told me that my brothers were talking the matter over.

But I was unsure whether he was coming for this purpose or if he was just coming to visit or . . . well . . . the main point is I didn't know for certain that he was coming for a transplant. But I had a hunch. So I was really hoping we would have another chance for a cadaver kidney transplant before he came.

I did not tell Peart that Sidieg is coming. Now the question was: "Should I tell Nagat?"

I decided not to tell her - since as I told you before I had not even told her what Peart had told me about my brothers discussing the question of transplant back home in Sudan.

But when you heard that Sidieg was coming, you were pretty sure the brothers had been discussing things?

Yes.

And did Sidieg seem the likely choice to come?

Yes.

He would definitely be the one?

Yes. He would be the one. Thinking about it logically and scientifically, the way we were all brought up, he definitely would be the one. My first brother, Ali, was the kind of man who my father beat quite a lot. He scared the hell out of him. The same with Osman. And even myself to a lesser degree. But Sidieg, he is the one man who could make a decision like that. Certainly live transplantation, donating an organ, is a self-made

decision. And he is the one person of all the brothers who could sit down and make such a decision.

Because you know, if you think about it, there are really very few men who can do that, can really make decisions like that - drastic decisions, as it were.

Courageous decisions?

Yes. I think that is it. A courageous decision. Sidieg has always impressed me as a courageous man.

Where does this courage come from?

I don't know.

In one sense, as I just tried to explain, he was the one son freed from a lot of parental discipline, and in that sense he was the one of us whose life was not really planned for him - it did not go very smoothly. It was touch and go from the start.

In secondary school I remember he took part in the Islamic Brotherhood - a conservative religious political party - and he was a leader of that for a while. Then he went to the university in Poland, but never finished, then went back again to teaching, then to the South when there was the civil war and then he came back . . . you know he was just a sort of chap who was tossed here and there.

The rubber ball.

Yes, the rubber ball.

But was it he that was tossed, or did he really just sort of toss himself around? I mean, perhaps he just didn't take anything too seriously.

No . . . I just couldn't say he didn't take things too seriously. It is difficult to say, to answer this question actually. Thinking about it now, however, perhaps I must admit that he tossed himself around more than he was tossed around really.

Yet, somehow, out of all this he developed a certain kind of courage to make decisions. To grab the bull by the horns. It is true he often let go of the horns - always wanting to move on - but he never seemed to lack the courage to grab on, firmly, quickly, decisively whenever he felt the urge. Whenever he felt it was important.

Anyway, so Sidieg came.

He came during the night, without even sending a telegram saying when he is coming. He had never been to London before, but that didn't stop him from just popping in unannounced.

I think he first came from the airport, took a taxi or something to the address he had from our letter. Then he came to that address - Nagat's hotel - where he met this chap who told him Nagat was not there.

So the first thing I heard about him was from a telephone call from the hotel. Lilian Benson Hall. It was seven in the evening. Nagat was with me, I was already on dialysis.

He said, "Hi, it is Sidieg. I am in London. See you at the hospital."

That was it. Just like that. He drove over to the hospital with some of my friends.

I was so pleased to see him. He was so pleased to see me as well. It immediately brought back memories when he put me on the plane itself and did not leave until the last moment. And he had said, "You are obliged to come back. You will come back to us."

"So pull yourself up. Remember, we all need you, you must come back."

At the time he was trying to cheer me up, of course, to make me fight to live.

I did not even have to try to recall that time at the hospital. He just smacked up against me as we sat there, chatting. Then we talked about the family, what was going on. "How was mother, how was father, how are the other chaps, our sisters . . . ?" And then he started to poke around, to ask questions about my condition and so on. You know, he was the one person in all that time, among all my friends, Nagat, Osman, Tijani even, who ever did that. The others were very dear to me, had been with me a long time, in the hospital, but none of them had ever thought of doing this.

Sidieg would lift my covers, poke around, point to something, touch it, say "What is this?" or "Does this hurt you, how long has this thing been in you?"

Of course he knew when he had arrived that I had been under dialysis treatment, but he did not know yet that I had my kidneys out.

In other words, with him there seemed to be a certain confidence and familiarity in dealing with you that the others didn't feel, didn't necessarily enjoy?

Yes.

What was it? Him? His own special way?

Yes, partly. And partly it was a special way we have always had of getting along. There is just one year age difference between us, he is one year younger. We were shepherds together, you know, we took the goats to the pastures, many times we had to do the shopping together — we simply had many times to be with just one another. And this early experience of having been raised up together probably created in us a special feeling, a bond.

So somehow when Sidieg came, I felt a great surge of confidence. It was about 11 o'clock that evening when the nurse finally came in and said to Sidieg, "You have to go now." At first he dallied a moment, but then he left.

And that night, when I was alone I began to think about many things - how long Nagat had been homeless in effect - familyless - she too had been on the edge of a very fine razor.

I had really been needing somebody, not for me but for Nagat, to be there to be able to handle things if I fell off my razor. True, my friends, many good friends were in London at the time, Hassan for one, they were very dependable friends, but still . . . you know . . . at a time of crisis, you want someone of your own blood to take care of things.

So that day when Sidieg came, I felt sort of lightheaded, care-free, like a great burden had been taken off me. Someone was now here to take care of Nagat.

I was very happy, and that next morning, when Sidieg and Nagat came to visit I said I wanted to go out. I am feeling well today. Why should we not go out for a bit. It was only half past nine when they came, but I was already dressed and ready to go. The doctors were making their rounds and I told them I wanted to go out today. My brother is here and I want to go out. Peart was not on that round that particular day, but a few minutes later he happened by and said,

"You are dressed. You are going out?"

I said, "Yes."

He paused, but then said, "Okay" and moved on.

Sidieg, said, "Are you sure you want to go out?"

I said, "Yes, I am sure. Let us go and have lunch out, then go to the cinema, then I will come back here tonight in time for dialysis."

However, as we were about to leave one of the nurses came running up to Sidieg.

"Mr. Beceil. Mr. Beceil. Professor Peart said you should come to have your blood test tomorrow."

And without thinking Sidieg said, "Okay" - then immediately realized what he was saying. So he turned to me and said, "Look here, Omer, I can see in your face there is no way to avoid it so I might as well tell you. I told Nagat about this last night, but I haven't told it to you yet. But now that you have found out anyway, I will tell you. But first let us walk. I would prefer that I tell you when we walk."

So we walked.

And as we were walking, he spoke, "First of all I don't want you to think we buried our heads under the sand at home. We have been talking for some time, and we have come to some decisions. And now that I am here I will tell you this: You are just a patient and you have no say in things, I mean in regard to the sort of treatment that is best for you. There are really only two things that you have to decide. (1) Either you accept the judgment and honesty and ethics of men like Dr. Peart and his group or (2) you don't accept them.

"If you accept them you must then realize that my giving you my kidney is best for you, that they would never do anything that is bad for you - or me. The ethics of medicine would never entail them taking health from one person to give it to another person. Right?"

Without waiting for any reply he went on, "I don't think they would ever do a thing like that, and you don't either. Which means that if they felt that taking a kidney from me is a very harmful procedure, they wouldn't do it. So if you don't trust their judgment then there is no point in even being under their care.

"So I will tell you. Yesterday, the moment I arrived - which was about five - the first thing I did was to phone the hospital and ask for Peart. Right over the telephone I told him that I am here to donate a kidney for my brother. And over the phone he said that, 'Omer is already on the cadaver list. He has had two abortive chances in the last few days, in fact.' I told him, 'Even if he has another chance today - give him my kidney.' And Peart said 'Okay, shall we have a meeting.' And I said 'No need for a meeting. I am decided on this.' And he started to say something and I said 'Don't worry about Omer. He simply has no say in this.'"

"I mean that, Omer. You have no say. You cannot say 'no' you can't say 'yes'. It is simply not your decision to make, so you just don't think about it. Okay? Here is the cinema. Let us go inside."

I was really shattered. For the first time in all of this experience, in Sudan and London, I was faced, full front, with the specific problem of: (a) Shall I accept his offer? (b) If I don't, how can I stop him?

I remember it was a foreign film. Omar Sharif with Barbra - or something - Streisand. It was very good - but I must say, after the film, walking out into the night, I don't know, everything inside me seemed to go upside down. Like the clouds were under my feet, instead of above my head. I remember the evening air hitting my face as we left the cinema - cool and moist. Refreshing. I mean . . . I was . . . I just felt great, you know. Even now I can't record the specific kind of happiness that I had at that particular moment. But I must say that above all I felt just great. And whether or not I was to have a transplant, you know, the immediate scientific problem of having a live donor and so on, these were . . . well, these things were just not important. What was important was that a value had just been given to me. A reward. I was receiving one of the most important gifts of my life. To me I was receiving one of the most important gifts of my life. To me I was getting one of those things . . . well, I wanted to tell the whole hospital about it, if possible the whole world. Everybody on earth should hear about this. I was that proud.

I was not really thinking about my chances, whether I am going to live or die, what are the odds, the probabilities, the problems.

It was simply the fact that my brother Sidieg wanted to give me his kidney. I did not have to ask him. He just wanted to.

And you should have seen Nagat's face. She never spoke, but you could see it in her face, you know, how great she felt, how she was affected by the moment.

Was it the family? Here was living proof that this was a great family?

Exactly. That was it. That was it. Family. My family. A pride for me, a pride for Nagat, a pride for my family. I was so taken by this. We went back to the hospital and I had the whole night to think about things.

At about 10 o'clock, I remember one of the girls, one of the nurses, came and she sat and gave me a cigarette. She had nothing to do, and she knew of course - all the nurses knew - that Beileil's brother offered his kidney. And she tried to sort of open the subject up. I wanted to think out loud, to speak aloud about it. She became my sounding board, as it were, to help me think through the problem.

I remember saying to her, "The priority issue is this: Does the gain out of all of this as a patient outweigh the price of all of this for Sidieg, the price of his spending the rest of his life with one kidney?" But she said nothing. She knew somehow I did not want an answer, just someone to listen while I posed to myself both sides of the problem.

"Professor Peart would of course be the man to convince. He has seen so many cases - he has so much experience in judging the results. So I should talk to him, I know . . ." But then I said, "It is not just logic and medical results. It is people. Me. Sidieg. The feeling of it. For me as a man. For Sidieg as a man."

Professor Peart cannot really judge on this. He is not the expert on this. I have better judgment in this regard." The nurse just watched me, continued smoking. She would nod occasionally, but that is all. "I mean it is my reaction toward the problem as a human being that is important too, let us leave science out of it for the time being."

When the phone calls came from Sidieg saying he is in London, and then later he is going to give you his kidney, were there any sudden remembrances of your boyhoods together?

Yes, that is what I am going to say. The human thing. Then I began to carve out for the nurse - for myself actually - the whole life of Sidieg and me, all the minute incidences.

"I remembered especially when I poked Sidieg with an iron. You know he was teasing me, I was ironing my clothes and he was teasing me. I had a pot belly at that time. He used to call me pot belly. He really used to drive me mad. So I put the hot iron on his pot belly one night - it was really very flat actually, his belly, I mean.

"He still has sort of a triangular mark on his belly."

I began to remember all these incidences and then I began to weigh certain other things in my mind. Such as, "I have married, I have a child, completed my university education.

"I wanted to become a doctor, I became a doctor. I wanted to become a surgeon, I became a surgeon. Whereas Sidieg, he had not even begun to start these things.

"If I was him, and he me, and he was sick, of course I would give him my kidney. I would give it to him because . . . well, there really is no because . . . it is simply he is my brother, if he needs it, I would give it to him.

"However, If I give it to him, his mind would not be troubled because he knows that I am a doctor and I know what giving a kidney implies.

"But Sidieg, he doesn't know if he has two kidneys or one kidney. All he knows is that he is making a gift to me. And that is what makes it difficult for me to accept.

"Because he is a man just giving by his emotions, not by anything else. He knows nothing about kidneys, he has no way of knowing anything really."

I said all this and more, but still the nurse said nothing. She just listened, interested but silent. I had obviously worked myself into quite a state. Finally, the last thing that came to my mind, but I did not say, was: "I was more confident than ever now that there is somebody to live on after me. I mean, Sidieg is here. More than ever Sidieg is here to take care of my wife and family.

"Sidieg is the man really that I am looking for." I was surer of this than even in Sudan, on my deathbed. All the worries in

the world sort of went out of my head that night and I became very eased.

So the next day, when Siddig came, I was a different man.

Even the dialysis the night before had been a great dialysis. I was feeling particularly well when he showed up. He came into the room and the minute he came in Sister brought him a cup of tea. This is the same Sister you talked about as Sister Gestapo - and she generally doesn't bring tea to a guest but probably she knew being from the Sudan, Sidieg probably liked tea, and besides I'm sure she had heard what Sidieg had come to London to do.

Anyway, she gave him the tea and he sat down with his tea on the bed next to me and said, "I did not want to tell you this yesterday in front of Nagat and all, but I want you to hear it now. The first day when you went into the plane, when you flew to London, remember I told you you are obliged to come back to us, well, I went out of the plane, my mother was weeping, my father was weeping, and everybody was, you know, we were very, very sad. Your illness had been a great shock to us.

"And when I drove back home I drove with one of the doctors, and I asked him, 'Dr. Ahmed, I have heard about something called transplantation. They can take organs from live people. I mean, If I were to go to London . . .'

"But he said to me, 'They cannot take organs from live people. I am sure they cannot.'

"In the next few days I asked two or three more doctors, some professors even, and none of them seemed to have the faintest idea that you could donate an organ from one live person to another. Most of them said that two kidneys had to be transplanted and 'of course you cannot take both kidneys from somebody and give them to somebody else.'

"So forgive me, Omer, but I never thought this live donor thing was possible."

He wanted you to know that he had thought about giving you his kidney right from the beginning.

He wanted me to know that. Yes. He said to me, "Why I am saying this Omer, is because I feel very sorry and ashamed that you have been left living like this for four and a half months. If I knew that something could have been done, believe me I would have done it. But instead, for all this time you have been

lying down every night with that dialysis, shivering and cold. I am quite sure if my father and mother or the others saw you like this they would, they would feel pretty bad you have actually gone through this. "We did not know anything. You must believe that. We knew that you are ill but we never knew that the treatment involved this dialysis sort of thing. That you have been on that fluid all night, every night, with your body shaking, that catheter in your belly... I want you to know one thing. I tell you this: The earliest that you could stop this dialysis, the better I'll feel."

Did he ever ask you why you hadn't told him in the first place that live transplantation was possible?

He said he knew I would never tell.

It just fitted into place for him that you would never mention it.

He knew that I would never mention it. He said, "I found out only yesterday your kidneys are out, in fact. I never thought anybody could live with two kidneys out."

He began to be very emotional as he was saying these things. Very emotional. He was weeping as he was talking, speaking with his eyes, words and tears all jumbled together - he felt that this is his guilt that I have been on dialysis for four and a half months.

He too had a sense of family . . .

Exactly. Exactly.

So now you knew why your family had not come forward.

Exactly. Exactly. It was just simply misunderstanding at home.

And your stubbornness to let them know.

That is right. And then he rose from where he was sitting and said, "I am going to Dr. Peart now. We have an appointment."

I said, "What about."

He said to me, "The mechanics of giving my kidney to you."

Then I quickly tried to stop him. I said, "Look Sidieg, I have already had two chances for a cadaver transplant - three actually - and I can have another chance any day - so there is no need for you . . .

But he did not let me finish. He turned and walked out of the room. "It is time for me to go now," he said.

Later Peart told me about his conversation with Sidieg. "Omer, I have had many calls from many people wanting to be live donors. Your brother was simply the most sincere man I have ever met. At our first meeting at St. Mary's I posed certain questions to him. I said, "Sidieg, you are not married, what are the problems of getting married in the Sudan if somebody has only one kidney? Are the people there ready to accept this - or will you have difficulty matching up with a girl?"

"He said to me: 'Professor Peart, if a girl does not accept me because I have given a kidney to my brother, I don't think I would want her anyway, so this is no problem. And since I don't want to get married anyway it is even less of a problem in the first place.'

"Then I told him about the other problems, the risks as it were—however slight—of anesthesia, the operation itself, living with one kidney - and he said to me, 'Professor Peart, walking in the streets I've got problems. I am not a fatalist but there are certain important things in life which are similar to having to walk in the street. And you cannot just simply stay at home and avoid these important things. They are obligations. I am going to give my brother my kidney because he needs it. And I am ready to take my chances.'

"And then I said to Sidieg: 'What if this kidney does not function and we must take it out again. Would you feel bad?' And Sidieg said, 'of course I would feel bad. I want my brother to get well, but I will tell you this: I've got another brother who will come, and then another brother, and then another brother after that. Just think of us as all arranged in a row. I am just the first' "

What criteria did they use?

Pardon me?

The brothers. To decide who should come first?

It seems that when Osman went back home from London, all the brothers sort of sat down immediately and discussed things. They decided that my mother and father should not be involved nor should the girls. They naturally discussed the question of getting their blood analyzed to see who would be the best match. They all had agreed that I should have one of their kidneys - so it was only a question of the best tissue type.

But before they could go any further, it seems Sidieg just sort of took matters in hand. He apparently told them that he didn't care who was the best matching. The best matching could go second, third, then fourth. He would go first.

You know, Cliff, thinking about it now, - it was not very democratic of Sidieg of course - but still it was his way - and very few people have that way. It is the sort of thing that can only be done in certain families, and only by certain men.

What Sidieg said - "My role shall be such and such, I will take the first responsibility - that is all." It is very unusual. I can give you innumerable examples in the literature, in fact, to show you just how unusual this is. All I can say is that Sidieg's way had a great deal of courage in it.

Then Peart said Sidieg explained to him: "I am not saying these things to brag or to say I did anything wonderful. I am saying this to you, Professor Peart, only to show you that I am not ignorant of what I am doing. I am eager to do it, in fact I know that probably Omer does not want me to do this because he thinks I do not know what I am doing. But I tell you - and I want you to tell him - That I do know. In fact, all the brothers know. And we are in agreement on this."

After Sidieg discussed the matter with Peart he came back to my room and said, "Okay, Omer, we are going to go ahead now."

I said, "No."

You said "No"?

I said "No."

Just like that?

Yes.

Why?

I felt Sidieg was not giving me a chance to speak my mind. He was just getting on top of me you know. I cannot stand to have a decision rushed on me like that. Certainly not a decision as important as the one he was making. I wanted time to evaluate. I didn't want to swallow it - right off the bat - without even digesting it first myself.

But the night before there was tremendous pleasure in Sidieg's offer?

Yes, but that pleasure came from (1) the fact that Sidieg has come, (2) that Professor Peart will know what sort of family I am from, and (3) that all the attention the hospital people have been giving me, all this nice treatment, the VIP ward and so on, I am the sort of person who deserves this.

Because of the kind of family you are from?

Because of the kind of family I am from. I was proud. I am still proud. But that was all I wanted out of it.

Pride, not life. Pride in Sidieg. Pride in my family. Nothing more. Certainly not life itself from Sidieg's kidney.

Then this pride was worth more to you than your life?

Yes. I just was not that mad for life, you know, not in that way. It was as simple as that. I had no intention of grabbing onto life in that manner, by accepting Sidieg's offer.

But I thought you wanted the offer?

Yes. But remember I told you I wanted to reject it also. In fact I tried to rationally discuss the matter with Sidieg. I said: "Look, Sidieg, I don't want your kidney."

But he immediately walked out of the room.

Nagat came in. She said, "Sidieg is very upset. He wants to go see Professor Peart right away."

I said, "Nagat, you have seen patients living with cadaver kidneys, how well they do. If I can have the chance of getting a good cadaver transplant, why should I take Sidieg's? After all, Sidieg may be endangering his life."

She just looked at me and didn't say anything. She knew I couldn't accept the fact of Sidieg being my live donor. Not at that particular moment. She could see how upset I was. She knew there was no point in saying anything.

Then Professor Peart came into the room. He looked very severe.

He said, "You know Omer, you have to realize that I have been in this kidney world for quite some time now, and if I tell you patients can do quite well with one kidney you must believe me. You and I both know that .04% of the population

are born with one kidney - and that a half a kidney or a quarter kidney is more than enough to live on. So if I tell you that there need not be any detrimental effects happening on the breadth and length of Sidiegs life - any live donor's life - you must believe that also.

"And I want you to be perfectly clear about one other thing. There are very few things in this life that one can be truly proud of. Your brother has a chance to do something like this and you should not deprive him of it. In case there is any doubt I agree with how he feels. I would feel exactly the way too. I can assure you that he knows what he is doing. He has been around, he is a man who has made decisions for himself and he knows exactly what he is up to. He feels he has got a brother that deserves his coming here and offering his kidney. I happen to agree with him.

I told him, "Yes, I feel proud about him also. But I don't want it."

And then he said, "You should be rational and scientific about it. Look at the figures - the figures are conclusive that a live donor is better than a cadaver donor. If this were not the case, rest assured I wouldn't press the issue. But the figures are too good to neglect."

He stopped for a moment and looked at me somberly, directly. "Now I will make a point which I have not made to you before. We have had a great deal of difficulty in finding you a cadaver transplant - worse in fact than we have let on to you. And there is no reason to suspect that it will get any better."

Was he stretching the truth a little?

No. Not much. When you stop to think about it, I had had only one kidney delivered in 5 months

And then he said: "I just cannot for the life of me see how you can prevent your brother from doing this - you, a man who has said time and time again you would give your kidney to one of your brothers if he needed it."

I said, "Yes, I would."

"Then how can you feel so selfish? How can you stop Sidieg from doing the same?"

What did you answer?

I don't know, I did not know what to answer about. I simply wanted to think about it. I felt . . . it is my obligation to do things for others, not to have others do things for me - so when he said that about being selfish, this troubled me.

It did?

Yes.

Why?

I really don't know why - and actually I have no desire to analyze why.

So he said, "We are going to go ahead with the investigation anyway . . ."

This is the investigation that always occurs before a donor gives a kidney to be transplant . . . and then he walked out.

What did you say to that?

Nothing.

Then what did you think?

Well, I suppose I thought I have come this far I will play the game a little more by ear, that is all . . . wait, I did say something.

I said, "Professor Peart, does this mean you are now taking me from the list of cadaver transplantation?"

He said, "No I am not crossing you off." I replied, "Then if I have a chance for a cadaver kidney I want to have it right away - unless you don't want to give me a cadaver kidney, then I will reconsider."

He said, "No, I am not going to deny you that chance at all, but I still would like you to explain to me how you can want a cadaver transplant when you have got this superb brother who wants to give you his kidney. This is a strange sense of honour you have where you try to assume everybody's responsibilities all the time. You just cannot continue doing it, Omer. I am sorry that I have to be this blunt with you, but I feel you are not being scientific or rational . . . or very brotherly, for that matter."

What did you think of that?

I thought that they are really pushing me hard. I was nearly on the verge of saying to him, "You are not in my shoes. It is not only something scientific. There are other dimensions to it, you know. It is not just taking a kidney, we are talking about concepts of living, whole human relationships.

"It is more than just science, more than just figures, more than just one plus one equals two."

Not Doctor, but man again?

Yes. And I wanted him to know that I was something of a man as well. I said, "Have you got anybody in your writings, in the literature, who writes about his feelings? Do you have anything on how a recipient feels about receiving a live kidney?"

"Check the literature and not just your figures. To receive a kidney from someone you love is a difficult thing to decide. I am telling you Professor Peart that accepting a kidney is not just an easy thing. You of all people should realize it."

He said, "I do." We paused for a moment. Neither of us speaking.

Tell me then, what was it? Was it simply that you felt you might be lessening Sidieg's chances to live?

At that time I felt there are two things about it. On the one hand, If you think about it a bit logically, it is the fact that you are being done a favour which you can never repay. Do you see what I mean? That is a very important thing. It is a very hard feeling. **To be done a favour that you can never repay.** And then it is your brother you are taking from. It is hard enough to take life from somebody, a cadaver kidney, a man you have never met - but from a brother it is even harder to accept. And also if it is a brother who thinks so much of you that he would give his kidney, you generally have the same feeling about him. And you will really be concerned what will happen to him.

Sure, you say that the chances of death are very minor - but it is important to realize that the minor part is greatly magnified when it is your brother. I was very disturbed - Peart stood there before me, listening. I could see only complications for Sidieg - that was all I could see.

In reality of course the chances of serious complications occurring is less than 1%. But I remember thinking: perhaps for a father to donate a kidney, okay, somehow he originally

gave you life, he is in a sense entitled to give you a kidney, to risk his life to give you birth again as it were. Somehow that seems proper.

But for a brother, a brother who is you same age, who has a long life span ahead of him, marriage, travel perhaps - travel is important, you know - accidents, that is a very important thing in kidney transplants: If a patient with one kidney has an accident, that kidney is smashed, he has had it - so there are many problems when it comes to brothers. Brothers travel much, live more recklessly. And a younger brother, besides, one with whom you have shared many of your best memories, it makes you even more hesitant. It makes you resist more than ever this very serious decision. Do you understand what I mean?

Yes. One other thing: you said before, in discussing Sara - you said that she was giving you something at that time you could never repay her for . . .

Yes. Exactly. So that is how it stood with Sidieg and me at that time.

The Operation Itself, And After

Anyway, the investigations that were supposed to be done, were done. To make sure that Sidieg is suitable. The tests were essentially a blood test, to see that his blood is fairly compatible with mine, the renal function test to see if his kidneys are quite good, and the arteriogram which is a test to see whether his kidneys have got a single artery and a single vein - this will determine whether later on the operation will be an easy one or a hard one.

I should make clear that in some people there are more than one set of veins and arteries going to and from the kidneys. So in the arteriogram they inject a dye into the veins and arteries and take a picture of them. If they discover two sets of veins and arteries to be hooked up, this means they will have to plan to set aside more time for the operation itself.

Now the arteriogram is a very uncomfortable investigation to go through. It is one of those essential but difficult tests that are not comfortable, even for the doctor. And for the patient complications can sometimes occur, it is a quite hazardous procedure - and that is why that day I was very worried about something happening to Sidieg.

When Nagat came to visit that morning I immediately sent her to check on Sidieg, who by this time was being prepared for the arteriogram. I had just finished dialysis and had to stay in my room. Nagat returned and said everything is going okay. But still I was worried.

Nagat and I were still waiting in my room while Sidieg was upstairs to have the picture taken. Suddenly a girl came rushing into my room and told me they wanted me right away in X-ray. I thought something must have happened to Sidieg so I dashed out of my bed - forgetting again about my dialysis. I stood up, my blood pressure did not adjust fast enough, and winded up on the floor. However, this time I got up. Everything was all right.

And Sidieg?

I went straight to his room and I found out that all they wanted me for was that the girl in the x-ray room was having a little trouble telling Sidieg to go pass water.

She was a little shy girl and she had told him 'could you please go and spend a penny' - in England this is the colloquial expression for going to pass urine - and Sidieg started

looking in his pockets for a penny everybody started to laugh. He got mad and told them to go and call me, maybe I had a penny. However, by the time I got there, he was getting on quite well, passing water properly, he had figured it out for himself - in fact he was now laughing about it.

In short, the examination was over and he was 100%.

When he was going through the examination did you have any desire that he failed it? So the transplant couldn't occur?

No.

You now were committed to receiving it and therefore hoping that his exam would be positive?

Um . . . no, I don't think . . . I don't know . . . really I . . . I just never thought this investigation would make a difference either way. Let me put it this way - my decision whether to accept his kidney or not had nothing to do with the examination. I thought it was just one of those things that they do.

I knew there was some danger in it, of course, and for that reason I didn't want him to go through with it - but to fail it, I never really thought of that. I was just hoping that Sidieg would come out of it okay. Healthy, no complications. That was my main thinking.

Anyway, a couple of days later - on the 21st of April - Sidieg came to me and said, "Okay, we are now going to have the transplant. The day after tomorrow - at about 2 in the afternoon."

And I have to admit that I cannot remember any of that day. I am just sort of blank about that whole day completely.

What do you mean?

I can't remember what sort of discussion went between us, whether we discussed it at all. Last night, in fact, I was trying to recall it but I just cannot. All that I remember is that we agreed to do it.

You did agree?

Yes.

But you cannot remember it?

No.

I don't understand. How can you not remember?

Well there must have been some discussion but I just have a blank on the specifics of what actually went on. All I remember is that sometime that day I said in my own mind: 'I shall go ahead and have it.'

But you don't remember when you decided that, what finally made you decide, what the main considerations were . . . ?

No. I told you. It is a blank.

I'm sorry.

I know. It is very strange. But that is the way it is. All I know is that on that day I became oriented to the fact of having it - and hoping for the best for me, for Sidieg. Especially that nothing will happen to Sidieg. I do remember thinking that the real satisfaction in all of this was still in the fact of Sidieg's coming - and the knowledge that he wanted his kidney to give me life. But I must admit that although the will to live in me must have been very strong on that day, I cannot remember how I actually decided to accept Sidieg's kidney.

Anyway that same day Sidieg entered the hospital. He phoned me. I tried immediately to educate him to a few things that he should expect. I told him, "Look here, Sidieg, you must remember you have been depending on two good kidneys for many years now, so when one kidney is removed you should not expect to recuperate fully. Quickly. It is not like me. I have been without any kidneys for a long time, I would not have any transition problems therefore - but probably you should be prepared to feel somewhat shaky for some time while your system gets used to it. Remember your body is going from two kidneys to one kidney. It will be all right in a few days, but . . ." He sort of grunted, "Yes, Yes", but I really felt he wasn't too interested or worried . . . What is the matter?

I just can't understand how you can blank out on that day of all days.

I know, it is strange, but true. Shall we go on?

Fine.

The following day he phoned me and said: "I have just been told that I cannot visit you until six or seven days after the operation." I said, "Yes, I will be under 'barrier nursing' isolated to prevent me from getting any germs."

"Okay. So I guess I will see you six or seven days from now", he said.

"But you can call me before that. We can talk over the phone after only 3 or 4 days, it is just that I cannot see anybody." He said, "Okay", then started to hang up, then said, "Oh, by the way, if I die, goodbye." Just like that - "If I die, goodbye." Then I heard the phone click.

You know, I really never contemplated the idea of Sidieg's dying. Never really, fully. I was just thinking that at the end of the operation I would say: Sidieg. This is what you have done for me. Given me life." I just never thought that I could ever wake up from the operation and he would not be alive so that I could say that. "If I die, goodbye." That was the last word he said.

Nagat came to visit soon after that. I told her right away not to worry about me. And not to wait around the hospital during the operation. There was no need. It would only exhaust her, and they would not allow her to see me anyway. I wanted her to go home, to rest, not to worry.

And on the following day, the 23rd, we went into the operating room. Sidieg and I, together, April 23rd, 1969. At the same time - about half past one in the afternoon.

Now usually each patient is put in a different operating room and they start generally with the donor. They take his kidney out first and then, once it is out, the other surgical team would be starting on the recipient.

So, approximately one half hour after they started on Sidieg they decided to put me through anesthesia. And when they did that I knew everything must have been working well with Sidieg. In fact, this was the last thought I had before going to sleep. Everything is going well with Sidieg.

I woke up at about six in the evening. I was back in the ward. However, it was not until an hour later, at about seven, that I began to know what is going on. And the first thing that I did was look at the bucket under the bed. There was a tube there that was connected directly to my bladder. "Would there be urine?" That was my immediate thought.

Mind you, I had had my own kidneys removed for quite a while now, and of course I was on dialysis for some time before

that. Therefore for almost five months I had not passed any water, not a single drop of urine in what you would call a normal manner. Your bladder just does not have to function during this time because dialysis has taken over.

However, you don't really think about it, you know, even though since you have been born, you have been passing urine through your own bladder. But now, suddenly, here in my room, lying in bed, after five months of waiting, people dying, three missed chances at cadaver transplants, my wife alone in a strange city for all these months, my daughter away, I looked down at the bucket under the bed and there it was - yellow, clear urine, you know, and it means life to you, all of a sudden you realize your kidney - my kidney, Sidieg's kidney - is actually functioning quite well, right from the start.

That yellow clear liquid is under the bed. It is a silly thing - it is a glorious thing.

I can tell you, you might have had a lot of enjoyable experiences, Cliff, but passing urine - especially those first two or three days, it was a real enjoyment. Whenever I had the need to pass urine, I would just fly to the water closet. When you have not done this for 6 or 7 months, and then you suddenly can, well let me just say it is something you cannot understand unless you have been deprived of a simple bodily thing like this for a long time.

Did you enjoy the fact that you were passing water through Sidieg's kidney?

Yes, yes. Of course I did.

I was thinking about this yesterday, in fact. I had a letter from my father and it seems one of the people I know there in the Sudan, he is truly one of the wise men there, he has died. I began to think about the whole thing, this concept of death again, all the experience I had in this regard. And you know there is no doubt I have lived a unique sort of life these last two years since the transplant. Living with my brother's kidney. And this uniqueness, I don't know how to put it, but, well, it pleases me. I would always like to remember the fact that it is Sidieg's kidney, that I am actually a different person because of it.

But it did take a while for the distinction to be lost, before you appropriated the kidney, as it were, made it yours?

Yes. It took a while.

Tell me something, do you still make the distinction now between your kidney and Sidieg's kidney?

Well I don't know. Of course I know it is his kidney, there is no question of that. But most of the time now I don't even think I have a transplant, much less to be thinking of his kidney or my kidney.

So anyway, after the operation not only did I feel psychologically buoyant but also I felt physically well. In a way much more than I ever expected.

How do you mean?

You know, when I was under dialysis I always felt good. Able to walk, to go to the shops, to have coffee and tea and to joke with the people who visited me. Yet there was always some sort of a muddle in my own head. I didn't realize it, but it was there. The kidney disease had been operating in me for a long time. I never knew of course that I was ill. Not until about a year ago when I talked to John Dickinson. Up to then I thought I was well. I may have been a bit grouchy, a bit weak, but I thought that was what 'being well' meant.

However, after I had the transplant I began to really know what it is like to be fully well. For the first time in a long time life became clear to me again.

As my blood pressure came down to normal levels again, I began to recollect that I had never had this feeling for the last 10 or 12 years, I had never really operated in a fully clear manner - not since the time I was a boy in secondary school.

I remembered back to the days when I used to sleep and I used to get up from sleep feeling I had had a real rest. In the last ten years I had never had this feeling.

Where the last ten years I used to sleep for all hours and get up and still be groggy, weak and unstable, now, after the transplant, I realized fully what it was like to be well again - in your eating, in your walking, in your understanding, in your mental activity. An alertness that had only been a ten year memory was now a reality again. I was well in the fullest sense.

So this was the real radical change. To be born anew, both mentally and physically.

Were you worried those first few days that there might be a foul-up, a relapse, the kidney might fail?

No. I was just carried away by the excitement of the whole thing. I was just carried away by being well.

You were never worried?

No. I was never really worried. Even up until now, by the way, if I were to sit down and specifically analyze the feeling which I had - and still have - concerning my transplant, I would have to say that I just never think of the black side of things. My concept has always been: 'this is life, a new life, live it the best you can.'

Post mortem man.

Post mortem man again.

Did you think about Sidieg?

The first thing after I looked at the bottle on the floor and realized that I have had the operation. I rang the bell and the nurse came and I said: "Where is my brother? Is he in this hall? Is he next door to me? Where is he?" And she said, "He is in the Lindo Wing next door."

I asked: "How is he? What happened to him? Could I talk to him on the phone?" She said, "No, you cannot."

I said: "Then can you talk to him for me?" She said, "Yes, sure I can."

"Then go, please find out how he is." She went and she came back and said, "Oh, he is well", but I had the feeling she had just decided to tell me he is well without really checking carefully. So I asked her more specific things: "Is he up and about? What is happening? How did the operation go?" And on and on. Then I asked, "Can you allow Nagat to come." And she replied quickly: "No. Your wife cannot visit. Period."

So in fact I spent the first night without being sure whether Sidieg was actually well or not. Whether the nurse had specifically seen him or was just reporting second-hand, general information.

That night I did not sleep. I was both excited and worried, did not really get to sleep at all. I wanted to know about my transplant in detail, and I wanted to know what happened to Sidieg.

So the next morning the doctors came around at about half past 10 or 11. I asked one of them, Dr. Hume, the senior registrar in the hospital, "Would you do me a favour?" He said, "What?"

I said, "Can I smoke a cigarette?"

He said, "No, you cannot smoke a cigarette."

"Okay, then, can I talk to Sidieg?"

He laughed and said, "You are dealing with me."

I replied, "Exactly. So can you at least assure me what is happening," and he said, "Okay, I promise. I'll go and find out for myself and then report back everything to you directly."

He went - and soon he phoned me.

He said, "Sidieg has a bit of abdominal distention - swelling - normal after an operation of this kind. Other than that he is all right. Your wife is with him now."

However, during that night, again as during the night before, I did not sleep. Sort of half-sleeping and waking up again, actively tossing and turning back and forth through the whole night. I still was not satisfied.

What day was this?

The second day after the operation.

The next morning they let Nagat come and look through the glass. She came at about 9 or half past nine. The first thing I tried to ask her was, "How is Sidieg?" She tried to explain to me through the glass but soon got frustrated. So she just opened the door and came in - which immediately created a fight with Sister. Nagat was not masked properly, Nagat did not have permission . . . but Nagat was also not to be denied. She came in and we talked.

She said, "Sidieg seemed quite well, but I am worried because he was vomiting and they had put a nasal tube in him" That was all I found out. Sister was ready for her second effort by now and pulled Nagat right out the door.

I insisted that I talk to Sidieg by phone. They said okay. I called him immediately. "Look, what is happening?" I said.

He answered: "Well, I have been vomiting, I have got a tube in my mouth and nose, I can't smoke - but otherwise everything is fine." No smoking, vomiting, a tube up his nose, but everything is fine.

And then I said, "Look, they took your right kidney" - I wanted to explain everything to him - but he began to joke about things, to ask, "How is my kidney doing. Is my kidney passing your water okay?" and things like that.

He was trying to make me feel easy. About the operation. About everything.

He knew that you would be worried?

Yes.

Has he always dealt with you in that manner? Joking, kidding around?

No, When we were boys we were always scuffling and quarreling, in fact we were always fighting.

But now, when he knew you would be worried he just joked?

Yes.

That is his way, now that he has grown up.

His way of dealing now with almost everything actually. He will just not get angry. He just doesn't take anything seriously if he can help it.

I remember a short time after the operation, I decided to be the joker for once, so I called and tried to change my voice, make it much lower. I said, "How are you?" in my low voice. He caught on immediately, "Oh come on now, you take my kidney and now you think you can deceive me with your voice."

That is Sidieg's way. He is happiest when he is having fun. He does serious things, but he prefers not to talk about them in a serious way.

Anyway, soon after that he came to see me. Suddenly, unexpectedly, unannounced, I was confronted by the person of Sidieg right in my room. He came in very early before Nagat even came, about 10 o'clock in the morning.

How did he get in?

You know, as I told you, Sidieg was in Poland for some time . . . well, I think he developed a kind of worldly manner from

all his traveling. Because he just easily seduced Sister to let him in. And not only Sister. But it seems everyone else in the hospital as well.

Sidieg has been pushed in a wheelchair by his nurse all the way from his hospital wing right up to my door. You know Sidieg was staying in a completely different wing of the hospital, separated by the street, with only an underway corridor connecting them and the nurse had pushed him all the way from his hospital ward to my door. And all the other nurses along the way, instead of preventing him they were standing in a row trying to get a look at this man who was a live donor - the first brother to brother kidney transplant in London, by the way up to that time - they were too excited to stop him. They were just sort of trying to catch a glimpse of him, to see what sort of man this Sidieg Beleil was. It must have been like a Roman general returning after a conquest. Only his chariot was a wheelchair.

Meanwhile I had just been trying to figure it out how I could get to him - and so when he came through the door I jumped out of bed to greet him. And again I forgot that I was tied down by the bottles and catheters, a urethral catheter, a drape over me, bottles hanging, two catheters from above to drain the wound, so many tubes surrounding me - that when I jumped up to greet him the catheter draining the wound in my abdomen fell out of its place. Luckily the nurse grabbed me in time. So the only damage was to that wound.

It was repairable?

No, actually it gave me a bit of trouble for some time. That catheter was supposed to remain in my abdomen for another 24 hours - actually one more day - and so it was pulled out 24 hours prematurely. It created a bit of serum collection in that area for a short time, but it healed later on. There was no problem.

So anyway I jumped up when I saw him. But he said, "Oh relax. Lie back down again." Then he said to Sister, "You know other people are always affecting him like this. I now understand why they do not let anybody see him.

"However, Sister, don't you worry. I will take good care of him and see he does not get excited again. As for infection, I cannot give him any bug which I haven't already given him,

right? I mean if there is a bug in me he must have gotten it along with my kidney. So please rest assured as far as bugs - and excitability - are concerned, I will take care of him."

He was joking with Sister, calming her down - he knew he was not supposed to be in here of course - but he was just "sweet-talking" her, I think you call it, into letting him stay. And she did let him stay.

Then he said to me, "Is my kidney putting out urine today?"

I laughed and said "It is behaving quite well". And then he told me that he had some trouble with his stomach after the operation. He knew I knew this from Nagat - and he also knew that I would never believe anybody just saying he is all right. I would have to see for myself. So that is why he came over.

"And to prove that I am all right", he said, "I will smoke a cigarette." So he did just that, he knew I was not allowed to smoke, he was rubbing it in, and Sister said nothing again.

So we chatted, specifically about when shall we phone the Sudan. He was figuring on tomorrow. I said fine. Then he said, "Look, there is one point I have not mentioned to you up till now: I haven't told mother or father that I was coming for a transplant. They think I am just visiting. They are both having their own problems right now, especially father, so I decided to hold back on the information a little. With the two of us being operated on at once it would have made them very troubled.

"However," he said, "I was thinking that we should call them right away, tell them 'it is over and we are well' - although I'm sure they'll only half believe it until they see us."

It seems for the whole Beleil family, only seeing is believing?

I suppose, only seeing a person's face can ever really assure a close family. Anything short of that is rarely to be believed.

Sidieg said to me: "I will now tell you another story that I have not told you before. While I was in the Sudan, 10 days or so before I came here, we had one of your doctor friends come to the house, Yousif Mirghani, he came to offer condolences because he just heard you had died. And when our father heard this, he went into shock, immediately. He was very ill. "How- ever, although he is fine now I think that if we phone him now, just like that, it will be a disaster. He is still a little shaken from the whole experience."

So I said to Sidieg, "I will write a letter first. It should reach them in about 10 days. Then in 10 days we can call them and we shall be able to talk more sense - they will understand things better over the phone if I first put most of the details in a letter."

So Sidieg left and I started on the letter right there and then. But before I could actually get anything down on paper Nagat came.

I asked her, right off, "Nagat, tell me, how did you feel about the operation? Were you worried? Did you think we would pull through?" Nagat answered me directly. I could see she was very tired. Very exhausted. As if the operation experience had taken more out of her than anyone else involved.

She said: "Omer I will tell you this honestly. Through all of it, I became very muddled as to where I am, who I belong to, I can tell you genuinely, sincerely, for all these hours since the operation I have been just doing things automatically."

She then expressed to me how she had been worried about what was happening to me, but at the same time she had been equally worried about what was happening to Sidieg. With the same concern, same worry for both of us. She said: "Who was my husband, who was my brother-in-law, I didn't think of this. I only saw one man getting a kidney, and another man giving a kidney. One man looked well, one man looked ill."

She said what was really pressing on her mind was the fear that Sidieg might die. He had all sorts of tubes in him. She said, "I was really divided. I didn't know what to do, where to go. I used to come to the hospital - and even after I arrived I still did not know where to go first. Should I come and look at you first, then go to Sidieg? Or go to Sidieg first and then come to you."

"To tell you the truth I did not try very hard to make the choice on any given day. More often than not I would just find myself sometimes just looking at Sidieg, seeing how he feels first, then coming to you - and other times looking at you first, and then going to Sidieg after that."

"But now I am coming to you. That I know and I also know that I am very happy that you both are well."

Nagat, as you can see, is a very straightforward girl, she tells what she feels, She said, "This was how I felt. Many of the times I didn't know a difference between Sidieg and you. And if now I were to sit back and count the times I went to him first, and then the times I went to you first, probably they are about equal."

What was your response?

I respected her for this greatly. One of the things I have always wanted in the girl I wanted to marry - one of the things that I really respect in a human being in fact - is self-sacrifice. The sort of person who would not think of his or her self-interest in moments of great stress. I cannot explain myself really . . . the sort of person who would not . . . well, can you get across what I mean?

Probably not as well as you can.

Let us say that she just was not interested in a very primary selfish way about "Who is my husband and who is my brother-in-law?"

She just responded as a human being to other human beings.

No superficial priorities then, no social demands.

Yes. That is it. Although we are married there is no formula demanding a special kind of selfishness. In other words, "Who is the most sick person, that is who needs me. That is where I should go." I'm sure she was thinking, "Both of them are great to me because they are great to each other - and therefore I have no right to be selfish in the sense of deciding who should be first: husband or brother-in-law. I shall visit who needs me most."

An honest response.

That's it. Honesty.

Oblviously she had a tremendous respect for Sidieg.

Yes, of course. He had given me life.

I get the feeling that, in a certain way, she felt that both of you combined in that act, not that he gave a kidney to you or you took a kidney from him. It was a combined act.

Yes. That is it. In those exact terms. That is what she was saying. We were combined. Together.

I said to her: "Tell me, Nagat, did you have any hint that Sidieg would be coming?" And she said, that on the first day she heard people talking about the transplant she had a hunch that Sidieg would be the one.

She said, "I can't say why - but over the years I felt you have influenced and been influenced by Sidieg's life more than anybody else."

I was surprised by this in a way. But when she mentioned things which I had not thought about before, I began to understand somewhat. Things about the closeness between me and Sidieg. She said, "Since we have been married, who had come to spend time with us most? Who has slept in our house the most? Let us count the number of times and you find that Sidieg comes first."

But to me really, you know, I never thought about it. It seemed so natural. First of all, I was living and working in Khartoum as a doctor at the same time that Sidieg was a student at the police college. It seemed to me natural being in the same town, we tended to see more of one another - and while it is true I did involve myself in his life, still it had not struck me that Sidieg would be the one to come first - certainly not because of these reasons. It just didn't strike me that way, you know, not as it did Nagat.

But really, wasn't Nagat implying something more - that the relationship between you and Sidieg was more than just the coincidence of being in the same city?

I don't understand.

Perhaps even if you had been miles apart - even if you had done nothing for him about Poland, school, etcetera - still Sidieg would be the one to come forward first?

... I don't know.

Maybe there is a bond between you - more than 'where you live, who visits whom, and how many times' - it is more basic than the facts, a more fundamental relationship.

I remember she did say at one point, "He is more connected to you ..."

Connected? How?

Well ... um ... I will tell you how. Remember that morning Nagat and I arrived in Khartoum when I was sick, after our trip to Egypt ...

No. Wait. Really, I mean I am talking about something else: what I am saying is isn't there some special kind of relationship between you two, something that binds you together, something at the core of your lives? Maybe I am wrong. Maybe there is nothing special.

No. You wait this time. Yes. Yes, I think that maybe there is something ... you know, probably in every family - every large family, especially - there is some sort of ... well, you find two brothers or two sisters who form a special small group as it were, within the larger group, within the whole family.

And this is probably the case with me and Sidieg. Why, I never really sat down to figure out why. I don't know, probably because of the fact we have been so close age-wise, and have gone through all the experiences together, of growing up, and then I was a village sort of chap again, and Sidieg was younger than me - and in a strange way, I suppose Sidieg was a village chap too. Yes. That is perhaps it. There is a certain kind of village arrogance and pride in him. In being independent. Sidieg's ability to choose something and then just do it - irrespective of consequences. The quality of self sacrifice. I am going to do this for someone and to hell with the consequences to a great extent, then I suppose he too is a village boy. Maybe that is it.

We are like each other. And maybe that is why we fought so much together when we were young - because we were village boys together. I had never thought of it like that. I mean, we had not been raised together. I did not even see him until I was seven years old. But still, all our life, I was always the one, I had great faith in him. Sidieg is immediate, free, open, blunt, direct - a village man, yes. Like me. Arrogant. I suppose that is the thing we share. Perhaps that is why Nagat thought he would come first of all. We are both village boys. And I suppose Nagat just sort of sensed that.

Nagat never knew, however, that when you were dying, you had asked Sidieg to take care of her and Sara?

No. Not ever. Not even up to this time.

You now have your health, your clarity, Sidieg is all right. What is your priority now?

To go back to the Sudan. To see Sara. To reassure my family, my mother and father that I am well agin.

So I was really on edge. I wanted to go to the Sudan as quickly as possible. In fact I was planning to go with Sidieg who was scheduled to return home in a few weeks. But Professor Peart said he wouldn't like this.

He said it is just wrong to leave this prematurely, to go to the Sudan, perhaps to pick up an infection, to get into an accident, and not be near St. Mary's for treatment. He warned me that my going might be the surest way of losing my kidney.

Your first thought was of the family?

Yes. I wanted to go to my family. Mother, father, daughter. To prove to them I am all right. Work I did not think of. Not at that time.

Later on.

"Dear Father, I know how hard it is on you to be there and have your two sons in a strange country, being operated on together. I know it is a situation which you cannot handle, cannot manipulate. And this is one of the most difficult situations in life - a situation which you have no control over. I know that if you could at least manipulate it - even if it comes out poorly at the end - it would give you some sense of satisfaction. But when things are far from you like this . . .

"But there is one thing, you must realize: whatever has happened here has been the product of how you have raised us. Your righteousness and your philosophy of always being good to people. So please be assured that I am quite well, Sidieg is well, he has been with me all morning in fact, and will be discharged from the hospital soon. We are planning to talk to you on the phone soon after you receive this letter."

Then I wrote a bit about Sidieg. To tell my mother that she should feel great that they have a son like Sidieg.

Had they been a little disappointed with him at various times?

No.

Well, not disappointed, but, well, let us just say that at certain times he had shown himself to be an obstinate boy - one who

would never listen to what they said to him. But all of that changed after the transplant, I mean, the relationship between my mother and father and Sidieg.

No longer does Sidieg appear to them as the naughty boy, the boy they could not understand - now he was the man who gave his kidney to Omer. In fact, a few months after this, when we got back to the Sudan, Sidieg has become the man in the family. My mother would just stare at him, shaking her head, as if to say: "That man, my son . . . he is the man who has done such a thing?" And my father, when he wants to visit someone now - whereas before he would have asked me to take him, now he says: "It is all right, Omer. Sidieg will take me." Sidieg is the man who has saved his brother's life. Omer is no longer the number one son. As I say, things have changed.

On the sixth day I was quite well - so they decided to take the catheter out of my abdomen - the thing that I was depending on for my dialysis this whole time - and now it was coming out. I remember thinking it was like an umbilical cord being severed from a new born baby.

The thinking was that now I can maintain myself on Sidieg's kidney. I had not been using the catheter for almost a week now actually, I was putting out urine myself. So the catheter's actual physical removal was supposed to be the end of insurance, the end of 'in case something goes wrong.'

I was on my own.

Then on that same day I developed fever and chills, and on the next day the doctors diagnosed the chill and fever as a sign of rejection, acute rejection.

My rejection pattern lasted from the seventh to the tenth day. It was not a very big reaction, but it was a reaction - and they tried treating it with Prednisone and a shot of Actinomycin, drugs that treat rejection. I phoned Nagat. I had promised her earlier, when she came to see me, that I would no longer hold anything back from her.

So on the day of my rejection I phoned her and said: "Well, look here, Nagat, I have got a bit of fever, a few chills - the doctors say it is a mild rejection - that is all, there is nothing to worry about. So don't you bother yourself. I just want to tell you this because I had promised I would tell you everything that happened." She said, "Okay", and hung up. That was that.

But it was not that. To my amazement - you know, I thought that my talk had assured her and so I had gone to sleep - she had decided to come to the hospital, even at that particular late hour. It was about one o'clock in the morning when she came.

The transports, the buses, were barely moving. But she came to the hospital anyway. She saw that I was asleep. So she went back. But she had calmed herself that I was well.

The next morning, however, I was still groggy.

Sidieg came. I said, "Look here, Sidieg, I am quite well, but I have a little rejection. Now you never know with rejection. It may continue and the kidney would have to be taken out - or it may be nothing. But whatever happens I have lived my life, you know, and I am proud that you have given me your kidney, and that you have done it and you are now well. I will not feel bad if we lose it. I just want you to be prepared for it, that is all."

He looked at me for a long moment, shaking his head. "You doctors, you always imagine the bad things. I am quite sure that you shall do well." And with that, and a wave of his hand he left.

As he was walking out, in my mind flashed what he had told Dr. Peart. "Don't worry," he had said, "another brother will come, and after that another brother. Just think of us brothers all lined up in a row." In my mind all I could see was a line of kidneys arranged in a row. Not brothers, just the kidneys. I laughed to myself.

However, the rejection was successfully treated, and on the 11th day, the 12th day, the 15th day, nothing went wrong. Everything was going smoothly.

The rejection was mild.

Yes. The drugs seemed to take care of it. That was it.

Now from the day I was discharged from the hospital - even the last week before, actually - I was allowed to go out on a pass. And during that time, I began to change. I would go to the shops, I would buy the best of dresses for Nagat, the best of clothes for myself. If you remember, before, when I was ill, I was the sort of man who wouldn't buy any new shirt, I wouldn't buy anything - now, however, I wanted to buy everything. I began to poke my nose into anything that was for sale. Buy this, this is good, don't buy that, that is bad.

And I really began to see London, the shops and the people and the park. I would buy shoes, I would buy clothes, I would buy everything: I remember I bought a **record player** and I bought a **camera**. A camera in fact was one of the first things that I bought. I took pictures of everything, each and every episode of each and every day. I would go to the shops and take a picture from there. I would take pictures of the streets, the buildings, all my friends and acquaintances. I have got a great collection of pictures now. I have probably taken more pictures since that time than I had taken previously in my whole life.

Why, do you think?

I don't know. It is probably to prove something, to document that I am well again, going around in London, to the parks and so on. Life is now something I must observe, record, grasp. Before I was ill, I never bothered to record anything. I never bothered really to document things. But now, what I am doing, it is a great thing. To record things. I have got a camera all the time, even now, wherever I go I take a picture. I record everything, I write it down, photograph it.

Permanence has a fascination.

A fascination. That is right. In fact, I remembered last night, I remembered I want to tell you this today: before we finish our conversations we must take a picture. We have not had a picture taken together yet.

You'll have this story.

Yes, but a picture too. To see as well as read. Remember us Beleils - we must see as well as read or talk . . . where were we? I have been sort of stepping about, haven't I, jumping from left to right.

It is good. What about Nagat? You really haven't discussed Nagat since the operation.

After the transplant, as I said, I was allowed out. And I made it a point of immediately going out together with her - alone. I was planning to tell her the things which I hadn't told her for a whole year: "Nagat, I don't want you to think during this year that I was a fool, that I did not know what was happening, that I didn't know I was going to die. I have never talked to you of this before but . . ." In other words, I was thinking of

telling her the whole story, why I did everything I did, every single step of what had happened. I had a rational explanation for it, even if I never made it clear for her.

I wanted to tell her about the time I got angry at her for hitting Sara, why I did that, other episodes as well which I have never explained. That was the plan, as I said.

However, as we walked together, side by side, I could see that she was so happy. No dialysis to come back to. I was well again. I was on my feet. So somehow, I withdrew from telling her everything. I thought to myself "Well, perhaps she will know sometime. But not now."

Why?

I just did not feel that this was the **right time** to tell her. Perhaps someday bit by bit, as the occasion arises I would tell her, as our life went along together. But not now, not at this time. I just didn't think that it would serve any purpose.

But the original purpose was to let her know that you had been always in control, that you had had a reason for everything.

Exactly. It was almost as if she had been through everything - she would know everything now instinctively. We had grown that close.

Finally I want to mention, on the 19th day after the transplant, we went out to have dinner together. This was a particularly special day to us because we really hadn't been husband and wife for six months now. You know, people on peritoneal dialysis, you have a catheter in your abdomen, you see, and you cannot . . . well, anyway, it had been six months and we were very excited. Just the mere fact of being together again as **husband and wife**. I mean it is something that hasn't happened for some time and well . . . **before** Nagat was doing the task of a **saint**, but now she began to function as a **woman**. And me, too. I mean, it made a difference in me too. I must say that it did. It was a very important day for us.

It was on a Friday morning, May 23rd - exactly one month from the day of my transplant - that Sara was scheduled to arrive from the Sudan with Osman's wife, Saphia, and his two daughters. Osman and Nagat's sister, Nimat, had arrived in London fourteen days before - just one week in fact before Sidieg himself had had to depart for home. We had gotten a rather brief letter from Father saying "How is everyone? Please send Sidieg," and Sidieg, after reading the letter, laughed and said, "Well, chaps, I guess I am going home now." And that was that. He left.

It was Sidieg actually who put Sara on the airplane in Khartoum to send her to me.

On that day I was discharged from the hospital and Osman and I went to the airport.

It is difficult for me to go back and describe really how I felt when I met Sara. I remember it was morning. We went there and, you know, you stand there waiting until they come out of the plane. Finally the plane stopped rolling down the runway and the passengers came out.

I thought probably that Sara had forgotten me. But it was not the case. She came running straight away toward me and jumped into my arms. That was one of my weak days, I just couldn't hold back my emotions. I was holding her and pressing her to me, just standing there and . . . well . . . it was just one of my weak days.

I was so overwhelmed I didn't even greet the others. Naturally, you know, you should first go and say hello to Osman's wife, their daughters, hello to everybody before you say hello to your own family. It is simply a custom we observe in hellos and goodbyes. However, that time I was so overwhelmed by Sara that I didn't even say hello to anybody else until a half hour later.

I'm sure this was because, as I said earlier, children, when you feel you are going away, they form a continuation of life. I felt always that Sara was the one thing I have left in this life. If I died.

And during the period of my illness, during the dialysis time especially when a day came when I would be particularly unwell, the one thing that would pass immediately through my mind was Sara: "What is going to happen to her- Is she going

to be an intelligent girl? Will she be a pretty girl? What will her marriage day be like? Would she have a good chance for an education?" Things like that. And now that she had arrived and she was with me again, I was just happier than I probably have ever been before in my life.

She was dressed in a red sweater and red trousers. And her hair was back in pigtails, and whenever she moved they would bounce on her shoulders. And she moved a lot. Giggling, happy, talking faster almost than I could listen.

I remember her eyes. They are black, but that day they seemed the blackest of all, like deep pools, dark and yet alive with all kinds of ideas and thoughts and questions swimming in them like fish swimming for food. But really she did not ask any questions. She was unaware of her questions. We were together again. There was no need for them. Happy, that is really all I can say. Happy and beautiful.

You had been worried about her being spoiled.

Oh, I had been worried that people had been **too good** to her, you know. You could tell from the letters that they were. This was one of the things that urged me to bring her to London, this fact.

As I told you, she had been staying with Nagat's sister, and I'm sure they had been thinking like anyone else - a normal reaction: "Well, here is a girl whose mother and father are both away, her father is very ill, critically ill, we must be extraordinarily nice to her . . ." And I was afraid, you know, that they were too nice, they might spoil her with extra goodness, too much kindness.

I didn't want this. I wanted her to be brought up in the ordinary way, not to be extra nice or extra bad, extra kind or extra harsh. Just the normal way.

I think I mentioned this before - they were letting Sara sleep in their bed although they would not let their own child do it. So I wanted her with me immediately. You know, so I could have more control.

So now she shows up in her red sweater, red trousers and pigtails. Had she changed? Was she spoiled?

No. Oh, I suppose a little, yes. But really, I was just so overwhelmed with seeing her that day I just didn't care about

looking at her in that way. I was too busy holding her, talking to her, glad to have her up in my arms again.

Obviously you weren't very disappointed?

No . . . I was not disappointed.

Although, perhaps, I will say this: she is a bit spoiled now, don't you think? You haven't noticed?

No.

Well she is a very demanding girl - very intelligent, but very demanding. And I think this was partly due to the fact that I was not able to function as her father for that period of time.

Anyway, Sara also carried with her a letter from my father. It said: "Thank God, now for the first time I am sure that you are well. I was not sure with the telephone calls or the telegrams you sent. But when you wrote you wanted your daughter with you, and that you will soon be resuming your education, now for the first time I am quite sure you are well. There is no need therefore for you to rush yourself into coming home. If you feel you **want** to come to Sudan soon, of course it would only be pure happiness to us. However, if coming back would jeopardize your program in any way, do not come at all."

We left the airport, Sara and I went to the apartment we were renting. Nagat was waiting for us and for the first time in a long time, we are together. The three of us alone. We didn't realize how long it had been, how much we had missed one another, until we were actually there. The first night to be together, to sleep together.

For the last six months, I had never even slept in the same room with Nagat or Sara. Not since Egypt: Even when I was ill in the Sudan, Nagat was staying at her family's home and I was at my home. Sara, of course, was always with her mother. So this is the first time that the three of us are together again.

We were staying in Lilian Benson Hall, Room 27.

I can only compare that first night together with the first night of Nagat's and my marriage. As I told you marriage in the Sudan is quite different from here. On the first night there is usually the ceremony. In the bride's house. You put the ring on, there would be singing, a party, everyone happy. However you don't see the bride on that particular day. Not alone.

It isn't until the **third** day that you would see her alone. That you would speak alone. That day, the third day, therefore, is really the first day of introduction.

I remember that particular day between Nagat and me. We just sat there; she on a chair, me on the bed. I was sitting on the bed and . . . no, I was lying on the bed actually. No. Sitting, not lying. I was doing all the talking. She just wouldn't talk. I talked about so many things, different things, a jumble of words and ideas and thoughts. But I wanted her to talk also. I would ask her a question but she wouldn't answer.

This was the first day, of course. It is regarded as a bad thing if the girl talks on the first day. A sign of bad upbringing, a lack of demureness. So Nagat didn't talk. But we did stay up until morning.

I can only picture the first night in Benson Hall with Nagat and Sara the 23rd day of May, as similar to that.

So anyway, Sara slept while Nagat and I talked. I remember thinking how long I had waited for the day when I could wake up in the middle of the night and find Sara uncovered. And I used to imagine how I would cover her.

And that night, I was able to do just that. She tossed and threw off her covers several times actually, and each time I would go over and place the blanket over her. To me, this was the greatest thing. To simply go over and take the bed covers and pull them up to her skin, her body all curled in a kind of foetal position, keeping warm, knees tucked up to the chest.

Each time, as I covered her, I would stand above her for awhile, just looking at her face, her hair, her closed eyes. I was of course sad that we had been apart so long, but at the same time I was so very very happy that we were together again.

Did Sara know that you had been ill?

She knew that I had been ill, but only in a vague sort of way. This is one of the current discussions between Nagat and me, by the way. Nagat does not want Sara to know my situation. I don't know, I am not quite clear whether this is right or wrong. Sara knows that I was ill - and now I am well. But I would like to talk to her and tell her how I was ill - specifically - "I had such and such a disease, and your uncle Sidieg came and gave me a kidney . . ."

The other day in fact, I was on the phone with Sidieg. Sara was climbing on my neck. I said: Sara, come on and talk to your Uncle Sidieg" - and then suddenly I had the impulse to tell Sara what Sidieg had done. In fact, I started to do just that I was very emotional. Nagat was saying "I don't think that this is the right time, you shouldn't talk to her about this now." Yet I just felt compelled to tell Sara everything. To share my experiences with her. I wanted her early, in the beginnings of her life as it were, to know this. About me. About Sidieg. Especially what he did for me. I don't know whether this is right or wrong. Perhaps at Sara's age Nagat is right. We should wait. Yet I just don't think so. I mean, it isn't a question whether Nagat is right or whether I am wrong. Somehow it is just I would like Sara to know clearly, fully, what this experience was.

I suppose Nagat wants you to wait until Sara gets old enough where it wouldn't frighten her.

Yes. I suppose living with someone else's kidney, you are on the precipice in a sense.

Children's minds are delicate things. Perhaps it would frighten her.

So that is why up to now we have not told her. The desire to tell her is still as strong as ever in me, I'm sure it will not be long before I do let her know all that has happened.

So now we go back again to that night of the 23rd.

Nagat and I were just sitting there talking, I don't know, talking about different things. The question of my transplant never arose except in passing, I talked about Sidieg, I talked about Sidieg, it is now six or seven days since he had gone. And she said, "Oh," then after a short pause, "I will always remember him as a man who did his job."

And that is all. She went on talking of something else.

You know that night I had a feeling - I cannot pinpoint or describe actually, but that time - and ever since then - whenever the subject of Sidieg comes up, what he did for me, it is always with a strange sound in her voice - as if she were not finishing the sentence. As if there is more to her feelings than what she is expressing. I don't know, perhaps I am not expressing myself clearly.

She hesitates when she comments?

No. It is not a hesitation. She directly comments. But the tone of her voice. There is a kind of disappointment in it. As if in some way she was disappointed that Sidieg gave me his kidney. That all my love and devotion in this matter goes to him. It is as if, I don't know really, but it is as if she is sort of jealous in a way . . . no, not jealous actually, but . . . do you understand what I mean?

When we talk of Sidieg and the transplantation she says: "Well he is a man who did his job" - and sometimes: ". . . a job you have prevented me from doing."

Those are her words?

Yes.

Obviously she really wanted to do it herself.

Yes. It is almost as if, since there was a sharing of bodies, it should have been Nagat, the wife, who should have been involved.

"I'll always remember Sidieg as a man who did his job . . . a job you prevented me from doing." That is what she says.

Another thing happened that night - actually we did not discuss it - it was just something that was constantly on my mind: the problem of having more children. We were sitting there late at night alone, with Sara bundled up between us, her eyes fast asleep, and going through my mind was: "Should we have more children or not?"

Naturally I wanted to know two things before I decided: (a) that the drugs that I had taken to prevent rejection, were they mutagenic, are they likely to cause malformed children or not, and (b) although I am now well, what are my long-term chances of my staying well? The critical period for transplant patients is the first six months. After that, perhaps we could talk reasonably about this issue. But now, if I had another child immediately, would I not just be creating more problems - namely, leaving two children behind instead of one if I died?

However I knew that if you are going to practice being a husband, you must eventually discuss this with your wife. I mean, there is the matter of birth control or not.

"But", I thought, "is it fair to suddenly introduce Nagat to the black side of things again? Now. Tonight. When she is so

obviously happy. Our first night together, the three of us. Why not simply enjoy this moment. Remain silent for a while. It is the better thing."

So I decided for the first three months actually to remain silent. During that time I would play it by ear, play it by the days, by the calendar as it were. You need not ask her to use contraceptive pills or anything. Just use the knowledge you have of the cycle. Play it by the safe period, as it were.

Fortunately we were all living in a big apartment complex. Her sister was there, Sara. It was easy to evade the issue.

She never brought the matter up?

No.

Your evasion then, it was successful? She never felt you were negligent?

I was never negligent.

I would just be creating an evasion for only four or five days, during the most fertile period of the cycle.

She never discussed the matter of children with you?

No. But I could see in the first few days she really wants to get pregnant quickly. She said something about wanting to prove to the people back home that we are well, normal, that the renal transplantation would not affect our marriage.

As a matter of fact, as I told you, somebody at home had already pronounced me dead - and at another time the word had been passed that I had had a stroke. So Nagat would like, when we get to the Sudan, to get pregnant quickly and thereby answer all questions as to my health. To have a baby in Sudan is the best proof of health - a man is a man again, a woman, a woman - everything is okay.

However I was not sure. I am well, but still, if something were to happen to me, Nagat would be alone with two children, one a baby. I just would not like that. And as I told you, the critical period for transplant patients is the first six months. I just wanted to wait that period out before trying to have a child.

Obviously you must now believe that Nagat's offer to give you her kidney was a sincere offer - it was no fly-by-night emotional thing but a considered, well-thought-through offer.

Yes.

So: if you had a relapse today, tomorrow, and Sidieg's kidney would have to be removed, would you accept Nagat's kidney in its place?

No. No. I would not. I simply would not.

In spite of all that you and she went through?

In spite of all that we went through. Do not think this is an answer from the top of my head. I have thought about this quite a bit. For a long period of time. Quite specifically. And I have decided that if that were to happen, I would go on a machine until I die.

A machine?

Yes. You may say it is a stupid decision that I could wait for a cadaver kidney. Or that I have other brothers who are more than willing to give me their kidney. But I would not accept them.

Of course I would still feel pride if my brothers - or Nagat - came forward again with an offer. I would. But this time I would never accept it. That is all.

But why not? What is the price that suddenly you are unwilling to pay?

Price?

I mean, you accepted it the last time.

Yes. Because I felt that Sidieg wanted me to . . .

Never mind Sidieg. I mean, for your own sake. For the sake of your being alive. Didn't you accept it for that reason?

Yes. Of course. I was quite happy being alive. I wanted to live.

But that does not change what I just said: although I am glad I accepted it last time, I would not accept it this time.

But why not?

I have no real rationale for it, actually. I just would not accept it. I suppose I just feel I have had my chance. This is unscientific I suppose, but that is how I feel. I have had my chance.

I don't understand.

Perhaps you were right when you said there is a price.

What is it then - what is the price you are unwilling to pay?

Never mind what it is. The point is that I do not want others to have to pay it again. I think they have paid enough already.

Do you feel it is charity? Is that it? That they are giving you charity?

Perhaps.

And the price of charity . . . ?

The price of charity is very high. Very high indeed. I suppose that is the main point. I accepted it from Sidieg, the brother closest to me. And he could never offer again. So that is that.

You wouldn't accept it, not even from Nagat?

No. As much as I love her, I feel it would be wrong. I feel that what I might gain in living from taking one more person's kidney, I would lose in self-respect. I accepted it from Sidieg even that was difficult as you know - but that was all. Sidieg you must remember, was more than just my donor. He was also the man I chose to entrust my wife when I was about to die.

Perhaps this is the thing Nagat senses?

What do you mean?

That there is something special in your relationship with Sidieg - a brotherly, man-to-man relationship that has precedence over your man-to-woman, husband-to-wife relationship with her?

If it is so, it is only in this thing. Only in the matter of my taking a kidney, has anyone precedence over Nagat.

I'm sure she knows it. That this is the only thing in which she does not come first with me.

So anyway that night we talked and talked about many different things. Until the morning really. And then the darkness

left, and the sun rose and we found we still were not sleepy. We were just too happy and glad that things were back to normal again.

Early in the morning I told Nagat I wanted to send Sidieg a picture of us immediately - and to write on the back exactly how I felt about the three of us being together again. We took the picture that day in Hyde Park, Nagat, Sara and I - it was a lovely day, perfect for how I was feeling - and as soon as it was developed we sent it to him. On the back I wrote: "Sidieg: I just wanted you to see what you have done. That the three of us can be together again, Nagat, Sara and I. This is directly the result of your efforts. Words cannot express how I feel. We are happy together at last."

I simply wanted Sidieg to have a picture, so he can see, can know what he has done. To always remember. As I told you before, Sidieg is the sort of man who would forget he even had the operation.

Does he forget? Or is he the kind of man who just shuts up about it?

He shuts up.

Has he ever referred to it in a nostalgic or emotional way since then?

No. Not at all. Not even at the airport, the day he was leaving.

What happened then?

Well, we all took Sidieg to the airport. As I said, it was a week before Sara arrived. Osman, Nagat, Nimat and I went with him. You know, at first, while we were waiting for the plane, I was normal.

I was normal, he was normal - until the flight was announced to get on board. He said: "Okay. Bye-bye." and I said "Okay. Say hello to Father and hello to Mom and to all our brothers and sisters there. Tell them I shall be coming back." He said, "When?" I said, "I cannot tell you exactly, but I hope soon. I think probably in July or August."

And he said, "Okay." He went toward the plane, then up the stairs and then suddenly, subconsciously I don't know why - when the others said: "Shall we go by the window to watch him off?" - I suddenly, without telling anybody what I am going to do, I went to the passageway.

I said to the airline man there - it was KLM Royal Dutch Airlines - I said, "Look, I think I have to go see my brother. He just went on ahead of me." The man said, "Okay", until he realized that I had no ticket. He said, "Wait. You are not a passenger. Only passengers can go past here."

I said, "I'm sorry, but I must do what you say I cannot do." And then I went straight on by him.

I caught up with Sidieg just before he entered the plane. I said to him: "You know Sidieg, I did not want to say this in front of the others. Because I did not know how I was going to react, whether I would weep right in front of them or not. But I am proud of you and I am proud of my family. I am quite sure that I am well. I am up and about for good. So I promise I am going to put all my energy, all the knowledge in my power to make my life worthwhile to live. I will work harder than ever to attain important goals. "The second thing is: rest assured if anything happens to me, I will have been happy with the life I have lived. I think I am the happiest person in the world to have had this chance."

The final thing was I asked him if he were serious about getting married. He said: "I don't know. I don't know what I will do."

Had he been planning on getting married?

Yes.

I thought he had just told Peart that he was never going to get married.

He had changed his mind, obviously. In fact, it was on the seventh or eighth day after the transplant - when we called home that I got my first inkling that he might be thinking of getting married.

There was a girl at our house. Her name is Mardia. She is a school teacher. I remember that Sidieg was a bit excited with her on the phone, but at the time I thought he was just excited about the operation, that we were both well and so. But obviously it was more.

It seems she had donated to Sidieg's trip and . . .

How do you mean?

Well, in the Sudan, people from an area, or school, or institution often get together every month and perhaps everyone will

put \$10 or \$20, or even \$100 into a pot - and then the pot goes to one of the people in the group. The next month everybody puts into the pot again - and that month that total goes to somebody else in the group. It is sort of a loan from different persons. Generally the people say in advance which month they would like their turn at the money, so they can plan ahead as it were. To help them over an especially expensive time - such as for Sidieg the cost of his flight and living arrangements.

Anyway she was involved in this. She was one of the contributors who gave him money to come over.

After the phone call I asked him about her but he said it was nothing. But I had the opposite feeling, that there was definitely something - and that perhaps he was going to marry her soon in the future.

But he said, "No, I don't think so. I don't know what I will do." Actually, however, - and this I discovered later on - he had already decided on marrying her. He was just delaying the marriage ceremony until I was well enough to come home to the Sudan. So he did not tell me.

He knew that if I knew he was getting married I would probably walk across the ocean to get there.

What was his final reaction to your outflow of emotion and gratitude at the airport?

He said, "Be well and come to us. That is what we want.

Be well and come to us."

The plane started up and he said, "Okay. Bye-bye" and he ran to the plane. And that is the last we have spoken about the kidney transplant. He has never written to me either. Never again. Not since that first letter saying he is coming to London. Not that he is impolite, it is just that he is a lazy fellow about writing.

After another week Osman and his family moved to the United States to study at San Luis Obispo, and we moved from Lillian Benson Hall to another location where we lived for the rest of the time, a place called William Goodenough House.

For a week, Nimat and Amin El Karib stayed with us. Then they moved to the Sudan also.

I was leading a normal family life again with Nagat and Sara. We bought a new car. We visited many places. I should say that life at this time began to acquire a new meaning. I began to enjoy everything more. I began to spend more and more time with Nagat and Sara. We would go to leisure places, the cinema, the theatres, the parks. To see more television. Things like that.

But after a short time this enjoyment began to dwindle. I found myself edging more and more toward work, less and less toward leisure time as it were. In fact, soon after my transplant Professor Peart saw me walking past his office reading a book on nephrology. He said, "Ah-ha! Now your reading is getting heavy again." He said it in a very amusing way, but I think he knew all along my reading would get heavy once I started getting well. As soon as I had life, I would be thinking again how to function in that life.

When you are beginning to get seduced by work again, did you feel guilty?

How do you mean?

That you should be spending more of your time with the family instead of work?

No. To me, work was a normal consequence of getting well again. I felt since I am well, I should divide my life in two. As I told Sidieg at the airport, I wanted to do something worthwhile. And I wanted Nagat and Sara to have the best life possible. Two things. But I wanted a balance.

However, it was not easy. The work side of things. I mean Sara, in the first few days after I started to work, she would run after me from the apartment toward the elevator crying, "Daddy, Daddy, you must stay with us. You must not go to work. Please stay with us. I don't want you to go." And in the first few days I would go back and stay with her and Nagat in the apartment.

Then after that, I would try to put Sara in the back room with something to play when I wanted to slip out, but gradually I had to enforce the fact that I must go to work now - head on - and she must accept it. She did finally, but in the beginning during that particular time, it was a very difficult thing to enforce.

So anyway I began to move out again more and more toward work.

In the period between June and late August when I was scheduled to go to the Sudan, I started work with Professor Peart and with John Moorehead of the Royal Free Hospital in the area of renal transplantation and treating medical patients with terminal renal disease. I had decided finally that I would go into the field of kidney disease and transplantation. My goal was to start the first renal transplantation center in the Sudan.

The work with Professor Peart was full-time, but there was also time for working in two clinics - treating patients - and putting in some hours with Dr. Moorhead. All the work was essentially in the field of renal disease and hypertension.

Your rehabilitation was complete?

Yes. There was no weakness, no ill-effects. But of course the six month period was not over yet. Still anything could happen. Therefore my condition never quite left my mind fully during that time.

I was going for a weekly check-up. And every time I went back I would meet my old friends in Fleming Ward, some of whom were still waiting for their transplant. I would visit them and enjoy their company as I had before. And although I was working as a doctor, still on those particular days I would be a patient again. An old friend. Having his routine check-up like everyone else.

Was Terry still there?

Yes, he was.

How was he doing?

Quite well. He was discharged from the hospital very soon after that and he is now working - although in the first few days he had some difficulty finding a job with his long hair; but with the help of Professor Peart he managed to do so and he is doing quite well now. In fact he has published a book of poems. Some relate to his time in St. Mary's.

"PROFESSOR OF KINDNESS"

A great man,
To write a verse,
of him,
Professor Peart,
the great—
to save humanity,
or fate.

also:

"A POEM TO JANE, A NURSE"

Jane, so you want a poem
a verse, maybe ten.
I will write one rhyme
God given the one time.
So strong, so pure,
You walk,
You talk,
So sure.
No anger, no tears
God kills all your fears.
So smart.
so near,
Heaven girl so sweet.
Your hair so smooth
Beauty it proves
Your skin so mild
Gentleness of a child.
Jane, I have written of you
My verse, my thoughts quite true.
To end this rhyme,
Would take the world and time,
Jane and nurse, good-bye.
Worship you I try.

And finally:

"TERRY'S TORTURE"

My head in pain
Stomach so sore,
Feel I am going insane,
Blood pressure so poor.
Gave me some blood
Two pints at least
and more if they could.
My tube now leaking,
Doctors we are seeking,
Stitched all right,
'Terry good night.'

You decided to go into kidney work?

Yes.

Did you feel that perhaps you owed a debt to renal studies for saving your life?

This may have been a factor, but more important was the fact that I had actually seen the benefits that could come out of this area of medicine. My thinking was: I have lived with diseased kidneys, I have experienced peritoneal dialysis, I have lived with patients who have lived on a dialysis machine, I know the whole process of waiting for a transplant, and I know exactly how a patient feels - and finally I have a transplant myself. These are aspects of renal disease I am sure few other doctors have had the good fortune of experiencing first hand. I mean, of course, as relating to the treatment of future patients.

What about emotional reasons?

The emotional side, this was Professor Peart's concern also. A few days after I decided, I said to him: "What do you think, Professor?" Although I made up my mind already, I still wanted his opinion. His immediate feeling was: I should stay away from kidney work.

Oh? Why?

Because I would be constantly made aware of the complications that could occur in the life of a post transplant patient.

You know, he was thinking of me as a patient. That was his main concern. As a man who must live with a transplant. And

he felt that I would be constantly made aware of the tenuousness of my situation. Suppose I came across a patient who was doing quite well, then after one year or so his kidney function suddenly deteriorates. I am managing that patient. He was thinking that I would necessarily be wondering at those moments: "What are the chances of having the same thing happen to me? And if it does happen, what am I going to do?"

But he said to me: "Well, Omer, I have known you for about four and one half months now, and I must admit I do not think that you are the kind of man who would ever think like that - and even if you did, you would never let it interfere in your work. So, if you have decided on kidney work, I would be more than happy to give you a position in my department if you would like to join me."

And you did?

Yes.

Did you ever feel that moving into renal work would be less fulfilling intellectually than neurosurgery? You remember earlier you said neurosurgery was at the top of medical knowledge.

Gee, I don't know how to answer that.

Perhaps I didn't phrase it properly.

No.

I do remember the first discussion Peart and I had on the specifics of my going into nephrology. He had asked me what area of renal work fascinated me the most. And I said: "Professor Peart, we know how to join the artery to the artery and the vein to the vein and the ureter to the bladder. But what we don't know yet is why the nerves do not grow satisfactorily in a transplanted kidney - or why they do not grow at all sometimes. And if this is the case, does the transplanted kidney make itself aware of its own existence in the body. For example, what happens if there is a kidney stone, would the transplanted kidney feel the pain?"

So in a sense you were trying to mix neurology with renal disease?

Yes. Trying to dress the new interest with the old studies, it were.

Even now my research interest in transplantation lies mainly in (a) neuropathy, the neurological changes that occur with a renal transplantation, and (b) the phenomenon of rejection: how does the body come to know there is something new in it, how does it call forth its antibodies, and so forth.

There are so many things actually. How do the messages get from the kidney to the other parts of the body - and what part does the brain and nervous system play in transmitting that knowledge.

Let us face it, the brain is the governor of the whole body, so we will have to come to grips with the brain at the end. Eventually I believe in fact that we will begin recording death as the moment the brain stops functioning and not the heart or any other vital organ. We can put pacemakers on the heart, give a patient a new kidney, but the brain remains as the true vessel of our individuality, the center of our existence as human beings. When it stops functioning, then I believe we will have to decide a man is dead - dead in the human being sense of the word - not the anatomical or physiological sense alone.

But you still wanted something to do with patients?

Yes. Because I felt that is where my knowledge is perhaps the most unique. Where I can perhaps offer something that patients can benefit from directly.

For example, today I was in conference, discussing with the other doctors a problem case I handled this last weekend. It was with one of my patients called Bessy Loyia. She is a twenty-seven year old lady who is on hemodialysis. A bad patient. You will tell her to drink 500 cc. of water a day and she will turn around and drink a quart a day. Which of course leads her to being a constant problem of fluid overload.

And that is how she came to the hospital Sunday, overloaded, her lungs full of water. She was dying. She phoned me about 11 in the morning. I told her I would be right over to see her. I phoned the hospital and said: "There is a patient coming. She is terminally ill. Don't let her come through the ordinary admittance procedures. She might have to wait for hours. Let her enter immediately through the emergency door."

But somehow this did not happen. By the time I got there, and found out he was not only **not** in the ward room being taken care of but also still waiting in the reception room, I had to admit her myself.

It was already half past two. I immediately ordered blood guides on her. This was not completed until half past seven in the evening. I decided to dialyze her, so I phoned the girl on duty. I told her to go get someone to the dialysis room quickly work the machine. This was done and we started dialyzing Bessy at about 10 in the evening. It lasted until 3 the following morning.

Now this meant there was extra money for the man who cleans the room and the machine. And the next day the girl on duty will have to take the day off because she worked late the night before, and the other girls will be doing more work the next day to compensate for her, and on and on - in brief, it will cost a lot of time, trouble and money.

I realized this, of course. I could have used a quicker and less expensive method. Just stick a needle in her arm and bleed Bessy - and by losing blood she would have lost water. But it seemed to me not the best way to do it - to lose such a precious thing, blood, to get the water out of her system. Especially when there was another way.

I mean, if the patient has no other way, if there is no chance for machine dialysis - I might do it. But as long as the possibility for machine dialysis exists, I prefer doing it by machine.

However, everybody was jumping around that day, complaining why should they do this, the whole program is being mugged up - screwed up I think is the way they put it - because of this one patient. And she is such an uncooperative patient at that.

So today at the weekly doctor's conference, the question arose over what to do with Bessy Loyia.

One of the doctors was saying that from now on he would only dialyze her the usual three times a week - no matter what happens. His point was that it was up to her to keep her fluid intake at proper levels.

He seemed to me to be signing her death certificate in advance punishing her excessively - finally - in case she ever strayed from the mark again. I felt perhaps - in a sense - he was playing God.

I said to the group: "Look here, if I am on duty and Bessy Loyia comes in overloaded I will dialyze her. I agree she is a bad patient. However, I am sorry, but this is just not a democratic majority rule sort of thing. If you decide to be rigid

about her treatment, I must tell you now I will go against the majority wishes if I am on duty - unless you would all like to admit that what we are contemplating here is deciding to sign a subtle euthenasia or death ticket for her - majority rule or no majority rule.

I cannot do this. I don't care if she is a bad patient. If she needs dialysis to live, I will give it to her. It may seem to you that she is merely indulging herself in extra fluids all the time, but I can tell time after time when I would fight unreasonably with my wife over an extra apple - a little salt. And you think of me now as a reasonable man. I was a doctor and should have known better. But I still did it. And Bessy Loyia is not a doctor.

I must tell you that there come moments when you are ill, and you think: "Well, what else can happen. So long as I am in the water, I might as well swim all the way." It is a foolish, indulgent attitude — but it is there.

I told the doctors I don't think it is fair. You should either not take a patient in the program in the first place - or, if you do take them give them the best treatment that you have - human as well as machine. Understand that a patient has a mental as well as a physical side to their illness.

Anyway I don't want to go on into a detailed analysis of it - but in a nutshell, people - my colleagues and patients - will bend now to listen to me with greater interest because I have been through the process myself. It is just that they know I will be telling the truth, exactly how I feel. I have faced death. I am in a position now to face anything. There is nothing in the politics of medicine that interests me any longer. Certainly not to the disregard of the patient. And when it comes to a patient, I try very hard to achieve what I believe is the key element in being a doctor: honesty. The ability - and desire - to be honest and above board with everyone: doctors and patients and most of all with myself.

So anyway, because perhaps I can relate to kidney patients a little better - I have been through it, they tend to listen to me a little more - I decided I should go into renal work.

The medical studies I was sure that I could pick up if I applied myself diligently - so once again I began rushing for time. To learn all there was to learn about kidney work in as short a time as possible.

The original plan of a neurosurgical career was scrapped?
Yes.

Now there is nothing specifically that occurred in the time from June when I started my renal studies to August when we were planning to go to the Sudan except that Nagat was really opposed to our going back home. She was getting scared of the whole idea. She thought that if anything happens to my kidney there, people will not know how to manage it. We should remain in London where I would be in safe hands.

We discussed it and I admitted to her the difficulty that could occur if something happened, but still I felt the risk was one I must take. I had to go home. I asked her to please understand how badly I wanted to see my mother, my father, Sidieg. It was almost a feeling of obligation. To let them know first hand once and for all, that I am all right.

In the end Nagat said, "Well if you have made up your mind to do this, I know there is no use discussing it. You will do it no matter what I say." So we planned specifically to go back to the Sudan in a few short weeks.

And the days that preceded our leaving were days of great eagerness for me and Nagat too. Great happiness. We wrote the Sudan - and Sidieg wrote back that now that I am coming home anyway, he can feel free to tell me: he is getting married as soon as I arrive.

I used to get up in the morning and sing to myself. Nagat was still scared of course that something might happen, but she was happy too.

We reached Sudan about half past five in the morning. As soon as we arrived I realized truly tangibly as it were, why I had been so excited, so eager to come home. The moment the plane touched down at the Khartoum airport, I looked out the window, and I knew this was to be the last step in my odyssey of death. Home again, to Sudan, with my family.

Everyone was outside the airport gate waiting. My family. Nagat's family. Colleagues, friends. The women were all sort of making a singing noise with their voices - Zagrooda, we call it - really a high pitched cry of happiness. A specific sound. very rhythmic, very beautiful.

As I descended from the airplane, you could see the look on their faces, my father, my sisters, my mother, Nagat's mother and father. All of them. They were just not believing their eyes. They had heard I had my kidneys out, and that I had Sidieg's kidney - but to them this was just fiction. They would come and say hello - all the time holding on as if you were about to fall down if they ever let go.

The first one to greet me was Sidieg. He of course had seen me after the transplant so he was not very excited. But my mother, she was weeping. And my father also. So was Nagat's mother and father. They would stare at me, then suddenly reach out and try to correct me as if I were a fragile thing. I embraced them, held them tight, to let them know that everything is all right. But still they were unsure.

I spent that whole day and night, in fact, without resting or sleeping, moving things and lifting everything myself . . .

Knowing what their reaction would be.

Of course. Hoping I could finally convince them that I am all right.

That evening, at Amin El Karib's house in Khartoum where we were staying overnight until the next day when we planned to go home to Wad Medani, I sat down with the men of the family to tell them something about it. So they would not get too excited. I told them I am a normal man again. I can live a normal life. But you could see in their faces, they still wanted to ask "How is the kidney lying? If you move, will it probably drop out? Do you actually pass water?" So I anticipated their questions, answered them for them. To put their minds at ease. Meanwhile Nagat was explaining to the women, trying to put

their questions to rest also. Later on she told me, "The main question they wanted to know was, 'Are you pregnant?'" "What did you say?", I asked. She said "I would just smile and say, 'No. But I am very happy though.' And this would only make them ask further - all around the subject - 'Are you planning to have more children soon?' 'Maybe you are pregnant already', but I would just continue to say, 'No. But I am happy' to all of their hinting questions. I don't think it satisfied them."

And that night, after we had gone to sleep I woke up suddenly to find my mother standing over me, peering down at my face. I said, "What is the matter, Mother, do you think that perhaps I sleep differently now?" And she laughed, we both laughed. But I think her laughter contained more than just a little bit of wonder in it.

And finally my father - he had not asked a question all day, neither at the airport, nor in the car, nor when he slaughtered a lamb at Karib's house and had a feast, he did not say a word. Until that night, about two in the morning, when all the people were leaving, then he pulled me aside and said, "Now you can tell me everything that has happened in your own words!"

This is what he had been waiting for all day - to get the story first hand, from me alone, with no one else around.

However, it did not work out that way. People kept coming and going - and it was not until the next evening, at our home in Wad Medani, actually, that we had our chance to be alone.

As I told you once before, my father always gets up at 3 to 3:30 in the morning to pray, every morning of his life, and that morning he was no different. About a half hour or so later he came to my room and woke me up. He said: "I'm sorry, my son, I didn't want to wake you up. I wanted you to sleep and have rest. But I just couldn't wait. Talk. Just talk. I want to hear everything."

So I got out of bed and we went outside. As we walked together, side by side, out into the early morning air, I remember thinking how it had been at almost the exact same hour, eight months before, that I had told my father I was dying and he had reacted by going to get medicinal herbs and praying at the mosque.

It was now September in the Sudan, a very beautiful time. The weather, it was not cold. Just very good weather in the Sudan at that particular time.

We took two chairs outside. My mother prepared tea for us, she joined us. And we sat and talked. We were touching, I was very emotional. The sun was just beginning to rise, to color the sky a lighter blue, with traces of pale orange on the horizon. I was so very happy to be home again, with the family in Sudan. Being there, seeing them, this was kind of a rounding off my experience. A finale, an ending to the past, preparing me to go on with the future.

I began to tell them the whole story, just as I have told you. But whenever I came to points such as "I had a good chance for a cadaver kidney and then it failed," my father would begin to weep and say, "We just didn't know. If we had known, we would have done something." And then when I came to particulars such as "... and when they cut out my bad kidneys" my mother would raise her hands and shake her head not wanting the story to continue - and so to tell you the truth, between my father's tears and my mother's shaking of her head, I have never been able to finish the story with them. Even up to now.

Finally my father asked me, "How long are you going to stay?" He said, "I wish you would stay for a long time of course, but I have seen you now, we have talked, if you want to go back tomorrow, it is okay. I am content that you are well."

"But", I said, "I have planned that you and I will go on a pilgrimage together. To Mecca." And my father just looked at me. I thought perhaps he did not want to go. But he explained: "I have said, to myself so many times during the last eight months, I have promised God, that if Omer comes back to me, we will go on a pilgrimage to Mecca. And here we are."

So while we were straightening out the arrangements for our pilgrimage, Sidieg's marriage occurred. And really it was as if I myself were going to get married again. I think I was as happy as I had ever been in my life before. I joked. I sang. I danced. I stayed up until three o'clock in the morning, then got up two hours later, at five o'clock to start the next dancing day. The ceremony lasts for four days and nights, and we went on and on and on. Sidieg was so happy. It was really a great ceremony.

And after it was over, Sidieg and his wife Mardia went for two or three days to Khartoum, to honeymoon as it were, and I joined them there. I was going to give a lecture at the university on new dimensions in the treatment of terminal renal

failure - to inform my colleagues of what I was planning to do once I got home after my studies ended.

And then my father and I went to Mecca - the end of my odyssey - the final note in my transplantation experience and return to life.

You take a flight from Khartoum to Jedda, which is a port in Saudi Arabia, the nearest airport to Mecca. It is only a two-hour flight. From Jedda you take a car to Mecca - and when you reach there, the holy city for all Muslims, you are already wearing a special sort of dress. It is what we call a **hagi** dress. Actually only two large white towels, one wrapped around your waist, the other around the rest of your body, leaving one of your arms free.

Every pilgrim in Mecca is wearing the same thing, even the people who live there, to indicate equality, that there is no difference between people, neither rich nor poor, East or West, high priest or lower caste. Before God - before **Allah** - all are equal.

We arrived in Mecca in our **hagi** dress and registered at a very luxurious hotel near the **Kaaba**, the center of Mecca. The hotel was comparable with the best in Khartoum, London or even the United States. The **Kaaba**, itself, it is the place toward which all Muslims pray from around the world. **Kaaba** means literally God's House, and it is just that, the great central Mosque of the faith, where the holy black stone of Mohammed's followers is kept.

Now my father is a very devout Muslim, and to him the concept of pilgrimage to Mecca had always meant hardship. Great sacrifice. So the fact of the ease of our trip - and now the luxuriousness of the hotel - this set him aback somewhat. It was almost as if he could not believe we could be in Mecca since we had endured no hardship in coming here. So he decided that we must compensate for the ease of our trip and accommodations by our staying awake as long as we can.

We would sleep very little and then we would be once again in the proper hardship condition of the pilgrimage, like our Muslim ancestors, for whom pilgrimage meant weeks and maybe months of traveling across the desert by caravan. Pilgrimage means sacrifice, sacrifice means thanksgiving. "After all", he explained, "One does not come here for sleep, correct? We came here for prayer. So we will pray. Sleep only when we

absolutely must." That was his final statement. He had made his peace with his sense of tradition. We would be offering our sleep up to God.

That was truly a time of great excitement for my father. He had been to Mecca before, but in the Sudan, if your son takes you, this is the greatest repayment a father can receive. It is only a good son who would spend his money to take his father to Mecca. All the expenditures were on me, the plane tickets, the hotel bill. He just felt great. He was really on the top of the world.

Then we went to the **Kaaba**. I was really dazed, you know. Not necessarily by the physical side of things - although that too - but more by the spiritual presence of all that is there, of all that it means. As you walk in prayer, there is a special book which you read from. You recite the prayers of Islam, thanking God for all he has done, for all he has given us, life, family, wife, children, work. And then you review the history of Mohammed and his friends who suffered much hardship to establish their faith, how they were killed in order to establish their goal. This teaches you how to suffer, how to carry difficulties, burdens - and to still be able to go on.

Really I was just overwhelmed. A huge place, high ceilinged, vast, with people dressed in their **hagis** just walking around praying, or else seated on the side, talking. There are places for that too. Inside. Right within the Mosque. It is a very huge Mosque and it is regarded that sitting and talking in the presence of the **Kaaba** is as holy as if you were formally reading the prayers. You are in God's house. Whatever you do there can only be holy.

And during all of this, time seemed to have stood still - during the whole pilgrimage actually. The intensity of the experience, the focus of spiritual things, it gives you a sense of eternity, an existence that is not bounded by time. It gives a man time to think, to contemplate, to review an experience, what it means to him, what the truth of his life has been.

And of course what everyone is talking about - whether in prayer or conversation - is death. The inevitable fact of death. How everyone is destined to die. And what happens after: When a man dies, how he will get up again one day and be reviewed for all he had done in his life - the good and the bad - and those that did good, will go to Paradise, and those who did bad, will go to hell.

And it brought back to me the vividness of my own struggle with life and death, the early talks with John Dickinson when we first discovered my kidney condition, my decision to die, the sad times shopping in London with Nagat and Sara, the Horis Hotel in Cairo - and especially that night when I first told my father I was dying. How he looked at me, how his faith had tottered for a bit, how then, after he had gone to our small village mosque to pray, how he had returned with a new strength, a new courage. His words of that night still echoed in my ears as if they were coming to me from the formal shanting and praying of the old men right there in the **Kaaba**, - "My son, I do not know science," he had said to me, putting his hand on my chest. "But I know God. And I think I have been a good man to people all my life. And I do not think that God will let you die like this. He will not punish me, through you, in this way."

And as I sat there in the **Kaaba**, I thought of how I have lived two lives really: my life since I was a boy, and my second life since that night my father prayed to God to let me live. And how those two lives were now somehow converging, fittingly coming together, here with my father, in God's house. Father and son sharing a pilgrimage to Mecca together.

As I watched him praying with such intensity, such belief, my mind kept going back to that night - over and over again - then to the memory of all the years of his getting up before the sun to pray. I had never really understood this as a boy. A boy has no sense of death, and therefore can have no deep sense of faith. It is not until you get older, until you are forced to think of eternity, when death becomes a pressing reality, that you begin to understand - and can begin to believe.

I saw my father walking around the **Kaaba** - tall, erect, old and proud - and as I was seated, thinking, remembering, he came next to me. I said, "Sit down, please Father." He did so. I said, "I just want you to know something always. That I am a believer and I shall remain a believer."

His eyes fixed on me, they looked through me almost, as if he were trying to get into my mind, my soul.

I continued: "I know when I was a young man, you had your doubts of me, Father. That perhaps you felt that I believed that science and God were not compatible. And you were also troubled how I would argue and reject some of the things you said."

"But today, at this moment, with you in the **Kaaba** and for all my life, I want you to know that I am a believer in **Allah**. I know that life is more than 'you are born, you live, you die' - irrational. I fully believe that there is a Superhuman power behind it all. And I believe in Him."

He listened to me, his eyes glistened, his face filled with happiness.

He sighed many times, as if a great weight had been lifted off his chest, his shoulders, his heart. You know, Cliff, in Sudan, if you have children who have become non-believers in God, it is your sin as a father. So I am sure that my father was feeling that through my transplant experience God had not only repaid me by giving me life, but him also. His son was now a good sincere believer in God again.

The whole trial that I have gone through was really God's way to bring me back into the fold, to eradicate the blame from my father's shoulders, That is what I am sure he was thinking at that time. And I remember him saying, specifically, through all of this, while I talked and while he listened, while behind us and around us, the men in the **Kaaba** were praying and chanting to God and Mohammed, reading their books, saying their prayers, reviewing and thinking on the life of our prophet, my father said: "Humdu Li Alla. Humdu Li Alla." Thanks be to God. Thanks be to God.

And what did you say?

What?

What did you say? I mean, in a sense, your story is over now, isn't it? You said it yourself, in Wad Medani; you are reviewing your past, putting it in its place, ending your experience with death in your mind so you can go on into the future - what did you feel in the **Kaaba**? Like your father, that God had created this whole trial to make you a deep believer in Him again?

No. Well, yes . . . but also something else. I thought two things actually: (1) that I had found again a deep belief in God - God as my father saw him, in the formal sense - God of the **Kaaba** of Mecca, in the planned and ritualized prayers of our religion, but also (2) I had found God in the people who had lived my two lives with me. In Nagat, Sara, Sidieg, my family, Nagat's family, Osman, Tijani, John Dickinson, Professor Peart . . .

God was in everyone, the family, the friends, the nurses, the colleagues. Terry, Bryn, Ken, Jane, Philip, Joan, Mr. Hill.

He was in the dead, and in those still alive. They were God, too, somehow. I found the meaning of God in them. Do you understand what I mean?

I think so.

No matter how long I live, my life will be lightened by the memory of what they did and what they meant to me. In that sense they became for me a manifestation of God.

Like that time in Fleming Ward, when for three months, eight very ill people did not compete but joined together to conquer death and fear - I discovered in thinking of that time that God was not just a super power, and that is all - but he was also the force which had helped so many hands to reach right down into my grave, without fear of selfishness, and save my life, to give me a second chance as it were.

"Father", I said, "I believe science and God are compatible. That science teaches us about God, it enables us to better do his work. We know God through science - as well as faith. And Father, I have found that God is even more for me, people. The people that joined with me in challenging and defeating death. They gave me such a clear light to God. They may not all have been great men and women, but they were men and women who found it in their hearts to act greatly."

As my father walked away from me, still repeating "Humdu Li Alla, Humdu Li Alla", thanking God for my life, the late day sun was casting its shadows on the massive pillars and ceilings of the Kaaba, I ran through my mind all the people who had been with me in both my lives; from my Grandmother in Dungala to my mother and father, my sisters and brothers, to Nagat, to all the patients, doctors and friends, to everyone - even that strange man, that killer of five people who had faced his death by hanging, so strangely quiet and accepting, so many years before I thought of him - and them - and I said, as they went before my mind's eye, I said over and over again, to each of them, for all they had done, "Humdu Li Alla, Shukrun Li Elnass." Thanks be to God. Thanks be to people. Do you understand?

Yes.

Good.

Omer and I met a couple more times subsequent to his relating of the Mecca experience. We recorded a few more conversations. But really the story was over.

Omer agreed. We both agreed. Old things were repeated, nothing new was brought to the fore. Whatever the original force was that made him have to tell his story, it had been satisfied. Played out. Rendered silent by the telling.

We spent the following months editing the tapes and preparing the manuscript into its present form.

Somewhere about the middle of our conversations, we had decided it was best to leave things just as they were, to present the story in its present conversational form, undiluted by narrative moulding and length re-write, fresh as it poured out of Omer's memory, vivid and personal, into our talks.

On June 23, 1971, Omer and Nagat gave birth to their second child, a girl, whom they named Selma. This came exactly one year, one month and twelve days after Sidieg and Mardia Beleil gave birth to their first child, a son, Mohammed, born May 11, 1970.

Everyone is well, fathers, mothers, children. Healthy, alive and well. Two kidneys seem to be more than enough for both families.

Sara Beleil is presently in school in Los Angeles, getting prettier, brighter - and becoming more and more like her father, much to Omer's great delight - and occasionally, even he would have to admit, to his bemused chagrin.

A year of residency at Harbor General Hospital has been completed and Omer has now moved on to UCLA Medical Center where, under a fellowship grant, he continues his work in renal transplantation. He has published numerous articles during the year, conducted experiments, and has performed several kidney transplants, both live and cadaver. His belief

TWO LIVES

that his own experience as a kidney patient would contribute to his understanding and work with other renal patients has been successfully borne out by the remarks of many of these patients.

Finally, he has been offered a grant by the United States Government to continue working at UCLA, but he will return home on December 3rd of this year, to his people, to Sudan, to open a renal transplantation center there, to fulfill the promise he made to himself and Sidieg that day at the airport.

Omer and I have had the good fortune of becoming close friends during the time spent together. He has remained the same man in friendship as he was in the story. The tapes, the book, the man, are the same. No change from storyteller to friend has occurred. No alteration of personality. No surprises, no disappointments.

As he told me the other day, the longest a man with a transplanted kidney has lived up to now is 16 years. Also this fact does not faze him; all it does is make him rush a little more for time, so he can accomplish what he calls "something truly worthwhile" before he must die one last time.

I know that whatever his role - and however long he is allowed to play it out - doctor, father, husband, understanding friend, brusque colleague or arrogant village man - and whether for six months, six years, sixteen months or sixteen years - he will always be and say exactly what he is and feels. For that, I join with his father in saying: "Humdu Li Alla." Thank God.

November 25, 1971



Dr. Omer Beleil - graduate of the University of Khartoum, Fellow of the Royal College of Surgeons of England, post doctoral Fellow of the University of California at Los Angeles and author of numerous articles in his field of kidney transplantation - was serving a fellowship in renal disease and transplantation at the Veterans Administration, Wardswoth, Los Angeles and the University of California during the period when this book was written.

He is now a lecturer in the Department of Surgery, University of Khartoum and is also engaged in establishing a renal transplantation unit in Khartoum Civil Hospital. Dr Beleil is married and the father of two children.

Cliff Osmond is a professional actor and writer living in Pacific Palisades, California.

It was while preparing for his doctoral exams in Theatre History at UCLA that he first met Dr. Beleil.

Mr. Osmond is married and the father of two children.

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