

Imelda sat in the brightly lit out-patient department of St. Jude's Medical Center, waiting, as she always does, to endure the process required to see a general physician. She was number 7 on the list. The morning devotion was over and she had submitted her patient card at the Records department. The Records Officer called out the first three people after what felt to Imelda like an unreasonable duration to retrieve a patient's folder. She waited to be called, as the number of patients grew. A geriatric man plopped himself beside her, wincing from a pain she suspected must be situated somewhere in his lower limbs. She moved instinctively, mostly to distance herself than to create a space for him on the 3-seater metal chair. A woman who looked like she hadn't slept in days rocked a child that occasionally let out weak groans, too exhausted to cry. The exchange between one of the Record Officers and a patient became public amusement. The patient, asked to provide the name for his next of kin, replied: "Our village king don die since, we never choose another one." This extracted a chorus of laughter from the patients who heard the conversation, including Imelda. She laughed a quiet laugh, a laugh that had the effect of unknotting the tension that had held her body taut since she discovered yet another health concern that needed urgent attention. She hoped to see Dr. Segun, her regular physician. The day was Wednesday; he was available every Wednesday.

The Records Officer yelled her name, handed her card to her, and she began a fresh wait to have her vitals checked. Her weight remained at 51kg, which she thought suited her height of 5'5" feet. The blood pressure monitor announced her blood pressure to be at 110/90. "Your blood pressure is normal," said the computerized voice. And this placated and pleased her, as it did every time she checked her blood pressure and learned that it was normal. She was apparently in no danger of suffering the woes that came with having a persistently high blood pressure, she thought. One time it had worried her to no end when a BP check on one of her hospital

visits showed a slight elevation of the systolic at 130. She had never had her systolic that high, and it bothered her.

“It’s not so bad, you probably had a stressful journey to this place.” The nurse who performed the check tried to reassure her. But she wouldn’t be mollified. She mentioned it to the doctor when she had her time with him. He, however, dismissed it as insignificant.

“Nothing you should worry about. A bit of stress may have caused that.” Dr. Segun told her.

On her way home from the hospital visit, as she and other passengers were jerked around in a *Keke* that plied the unpaved roads leading to their destination, she did a Google search. The result revealed having a systolic pressure level of 130-139 mmHg as being at risk for hypertension. A feeling of dread prompted her to type in the search bar again: *causes of sudden rise in systolic pressure*. She skimmed through a list of causes but couldn't settle on anything she suspected may have caused hers. On the evening of that day, determined to squelch the new fear that had lodged itself in her mind, she hotfooted it to the pharmacy on the street where she lives. She remembered there was always that sign in front of it: *Check ur BP and sugar level here*.

“Good evening, Ma, I’m here to check my BP,” she said as she walked in and discovered there was no other customer.

“Good evening o. Welcome. Please sit down, let me get the BP machine.” The attendant, a petite woman, who looked to be in her 50s gestured to the bench before leaving to fetch a digital blood pressure monitor from a shelf. Imelda watched as she opened the battery compartment of machine, slotted the batteries in place and pressed the buttons to confirm the machine’s

functionality. The attendant joined her on the bench, motioned for her to stretch out her left arm and began to wrap the cuff.

“*Anty*, are you okay? This one you are checking your BP. Young lady like you—what are you thinking about?” The attendant paused to ask her.

Imelda turned her lips in a quick smile and dismissed the woman’s inquiries with a white lie: “I just want to check. I’ve been having slight headaches.” She couldn’t bring herself to tell the woman the truth—that she had worked herself up over a slightly elevated blood pressure and all would not be well until she assured herself, with multiple checks, that it was just a blip on her health radar. Besides, she knew what the attendant would say: “It’s nothing.” But she knew that sometimes it wasn’t “nothing.”

“Oh, okay. This your headache could be anything. But anyway let’s check.” The attendant latched the velcro on the cuff and pushed the start button on the monitor. Imelda felt the cuff squeeze her arms as the BP machine vibrated. They both watched the figures dance on the screen until it came to a stop at 111/80. Imelda let out a sigh of relief as the cuff loosened its grip and deflated.

“One one one over eighty,” the attendant announced. “That’s very normal. You see, your BP is okay. Maybe you have malaria. Try to do a test.” Imelda assured her she would get tested, even though she had no plans of doing so. She handed a hundred naira note to the woman, the fee for the blood pressure check, thanked her and headed home. Fears allayed, she walked back to her apartment, wearing the relief of assurance, and it was only then she allowed herself to agree with what the health workers at the hospital had told her.

But, now, something new ailed her and she was in the hospital again.

“Imelda, you are here again today.” Dr. Segun, a dark-skinned, middle aged man, spoke to her as he leafed through her folder for a space to record the day’s complaint. She sunk herself in the familiar seat in front of him. When she caught sight of her folder, she noticed how bulky it had begun to look—stuffed with lab forms that chronicled dozens of tests, and reams of continuation sheets that held records of history taking and prescriptions.

“Good morning, Doctor.” She said, and waited to get what she hoped would be his full attention. In recent visits, she had begun to notice a terseness about Dr. Segun. He no longer indulged her. He seemed to no longer take her complaints seriously and, on different occasions, had declined her request for some blood tests. “I’m the doctor,” he had said. “I determine for what and when you should get tested.”

“Good morning, Imelda. How are you today—what brings you here?”

She decided, rather quickly, that it was a bad idea to tell Dr. Segun what her problem is, naming it by its medical term, because after poring through the results of her internet search, she had come up with a diagnosis she was cocksure of. But she was the patient; he, the doctor. She had his attention; she wanted to keep it. “I found a funny looking rash on some parts of my body,” she said.

“And when did this start?”

“I noticed it last night when I got back from work.”

She had felt a bit of discomfort on her way home from work—an itch on her thighs. She thought nothing of it until she felt a sting as she undressed to have her bath. She took a look and found raised, skin-colored welts on her thighs and on her groin. She tentatively ran her fingers on the

swelling—not quite believing what strange thing she had found on her own body. By morning of the next day, her concern had morphed into a mild panic when she noticed that the welts had appeared on her arm and just below her breast.

“Where is this rash?” Dr. Segun asked

“I first found it on my lap and groin. By this morning it had spread to my arm.” She pulled her sleeve to show the swelling to Dr. Segun, who had a look at it and proceeded to write something on her card.

“Do you remember eating or drinking anything you might be allergic to?” Dr. Segun asked.

She considered the question. “No, Doctor. I had bread and tea for breakfast, and a late lunch I prepared myself. Jollof rice. I’ve not had a reaction from eating rice”

“Taken any medications recently?”

She sensed a hint of suspicion in his tone, but she answered simply, “No, I haven’t”

Dr. Segun continued writing in her folder as she waited impatiently for a verdict. She had scoured the internet seeking explanations for this sudden rash and had fixated on the dire ones. *Could this be lupus?* She brooded. *Or an auto-immune condition that would become chronic and eventually kill her?* She began to lament her reality as she sat in the air-conditioned office of Dr. Segun, a reality that seemed determined to obliterate her and everything she held dear. Her mother—a quiet but firm woman, at a young age of 42—had retired to bed at night and never woke up. She had no memories of a sickly mother. Her mother was a constant presence in her life until she exited it in a manner typical of her temperament—quietly. This sad event left her, an only child of 8, with just her father, who never remarried. He was mother and father to her. There were aunts who sometimes shared the obligation of raising her, until she grew to adulthood.

She had long become accustomed to the absence of a mother when her father, in a rather similar fashion as her mother, made her a double orphan. Her uncle had called her while she was at work, and asked her to come home because her dad had suddenly become ill. The moments in which she had to leave work and reach home were blurred by the anxious and confused state that clouded her thinking. The world around her suddenly grew distant and unreal. *He was well this morning when I left him for work*, she thought. *He didn't complain about anything*. In fact, he never complained of anything. Her father, a recent retiree, had a robust constitution. He suffered nothing that a good rest and good sleep couldn't fix.

Finding a group of relatives, gathered in the living room of the flat where she and her father lived, felt strange, but she squelched the eerie thought that had passed her mind. She saw Uncle Benjamin, who had rung her. But when she asked him where her dad was, Uncle Benjamin started to say things that painfully ripped her world apart into tiny shreds. A neighbor who had descended from her flat to hang her laundry on the clothesline found her father unusually slouched on his cane chair. Several times she called out a greeting to him, and when he didn't respond, she moved to have a proper look at him, and further probing revealed that he was likely unconscious. She called the attention of the neighbors who took him to hospital. The doctor declared him dead on arrival, stating that her father very likely died from a cardiac arrest.

Imelda felt a grief that sank and stunned her, but she had no tears to shed. She only had the shocking realization that death, with no fanfare, had taken her parents and she feared she might be next, that she had inherited this tendency to slip out of the world. Life after her father's death became a frantic, persistent effort to keep her body from betraying her. So every sign and symptom was gone over with a fine-tooth comb and dealt with until it disappeared.

“Yes, Imelda ... I think you may have had a reaction to something” Dr. Segun began to address her, while he continued scribbling.

“To what, Doctor?”

“Anything. Usually swellings like this—they’re called hives—could result from a number of things.”

“Number of things like what?” she asked.

“Err... in your case, it’s difficult to determine, since you say you haven’t consumed anything new or unusual. Something must have triggered it. Stress can cause this. Hope you’re resting well?”

“I am, Doctor.” She said with a defeated tone. She hated the inexactness of his response and usually appreciated when the definite cause of an ailment was named. All this talk of stress and an unknown “something” displeased her.

“I’ll give you some antihistamines and a cream to apply on the swelling,” Dr. Segun told her as he continued to write what Imelda presumed was her prescription.

“I hope it will clear it up,” she said, seeking more assurance from the doctor.

“It should. I’ll see you next Wednesday for a follow up.”

She thanked the Doctor and headed to the Accounts to pay for her medication.

Imelda, never one to default on her medications, took her drugs and applied the cream as prescribed. The cream reduced the swelling, as well as the itch. In 48 hours most of the welts had disappeared and she felt a relief both physical and emotional. *I’ll be fine, I’m fine*, she thought.

She imagined seeing the doctor at her next appointment and getting a clean bill of health. But now she needed to eat and retire to bed. It was Friday, and she looked forward to resting all weekend. In the kitchen, she boiled a kettle and made *Eba*, heated up some of the *Egusi* soup she had left out to thaw. In no time and on the couch in her living room, she polished off her plate of food and grew immobile from a post-meal fatigue. She remained so for a while until the thought of taking her medication roused her to motion. She packed her plates into the kitchen sink, ran the tap over her hands in an attempt to soften the *Eba* that had caked on her palms. She wiped her hands with a napkin and went back to the living room for her drug. She peeled open the drug envelope containing the medication and, with a small sip of water, swallowed a pill. She set about to clean up the space where she had eaten and suddenly realized the pill was stuck in her throat, not the kind of stuck where something goes down the wrong way resulting in coughing and spluttering. It was lodged in her windpipe and she felt as though she was being strangled. Nothing like this had happened to her before. She clutched her throat—and with a rising panic realized what was happening: not a wisp of air was getting in or out of her windpipe. She needed someone to lift her from behind and squeeze her diaphragm to expel air and so dislodge the pill. She needed a Heimlich maneuver. At this realization, she shot out of her apartment, running as fast as she could, willing her legs to go faster and hoping that, between the two neighbors she was charging towards and who are now staring in confusion, there was someone who would figure out her predicament and save her.