

Chapter Twenty-Five

Fayette

I walk up a staircase, the banister beautifully turned dowels. On the bedroom on the right a woman is lying in a four-poster bed. She is groaning. I see blisters on her neck.

“We will need to shave her head,” Antoinette murmurs beside me, placing hot bricks on the woman’s legs and arms. I can’t imagine what she is doing. “Do you see that razor, Fayette? Hand it to me, s’il vous plait.”

I am shaking but I look around for a razor. A man, the sick woman’s husband I suppose, hands it to me...

Suddenly men are crying out from beyond the paned window. “Bring out your dead!” they shout from their wagons. Somehow I know these are the corpse drivers, the ones whose wagons are piled high with bodies. Antoinette has told me that when there are just one or two the bodies they get more respect: they are covered with a shroud.

“Here, dig into my cloth, take out the small packets,” Antoinette instructs.

I wonder if at any moment Dr Holcombe will re-appear, look in the window like the wizard in the Wizard of Oz had to Dorothy. I am hoping so because I have never been so scared in all my life.

Half an hour later I am standing by another woman who is lying very still. We are on the second floor of a beautiful home on Charles Avenue. The driver of the carriage has dropped us off; we had to walk a few blocks.

Everyone seems to know Antoinette, trust her medicines, her way, without what many others are getting: the blood letting, the calomel or mercury draws. But I have little time to think as Antoinette is saying to me, (she is always saying to me; I am plum exhausted but what can I do but listen and do as she asks.)

“According to her daughter, she has been complaining for days of fullness in the head, loss of appetite, and constipation. Here, place your hands on her abdomen and massage.”

I smile weakly and do as I am told, begging silently for Taylor to show up. Earlier Antoinette had told me I didn't need to be afraid, I was living in the 21st century and she knew she had survived and so we had nothing to be afraid of. “But what if I actually did die and the life I think I am living is in fact a reincarnation? You could lose your assistant at any point.”

But that conversation had been two days ago. (We have been at this that long, oh dear.) Now she is reminding me about the indicated homeopathic remedies. I want to yell at her, “Can't this wait? I am sure Taylor will get it together and be here looking for me any minute now. She will be mega helpful.” But I don't. Seems a mite ungrateful considering I think she is saving my life. Or was. Talk about confusion.

“Aconitum is the most direct remedial agent in the early stage of Yellow Fever as it is in any disease in the early stages of inflammation.” She is opening one of her packets. I want to tell her they are now dispensed in either plastic or glass vials but that seems too much information at this point as there is a woman writhing next to me.

“Usually I give three globules in a teaspoon of water but I am not trusting the water in this area of town at the present time so just dry on the tongue will do fine. You will stay with her and repeat after the lapse of one or two hours and then, at intervals of three or four hours, until the fever-symptoms abate. The breathing should become less laborious and the pulse more regular, or less quick and frequent. But if symptoms of severe exacerbation should threaten to succeed, notwithstanding the administration of Aconitum then proceed promptly to the following remedies.”

“Wait, wait. I’m what?”

“You’ll be fine. I’ll be back early evening. I have many patients to check on.”

And that’s how I become stranded for the second time.

I look around. The woman is less fitful, seems to be sleeping. That’s handy because truthfully I haven’t a clue what to do without Antoinette. All of a sudden three little girls are standing at the door. “Maman?” one of them calls.

“She’s going to be just fine.” I am probably lying but their eyes are so big and so sad and I, myself, am on the verge of tears. “Let’s go downstairs and see about a little drink.” Downstairs a man comes in, apologizing for leaving the girls. I have no choice but to go back upstairs and sit with his wife.

I had been making my notes in my head, being an auditory learner so I hear Antoinette’s voice when she told me, “Belladonna, as your sister knows, may be very effective if there is no change after one or two doses of Aconitum or in the second stage of the disease as is the case here.”

I am at a smaller house in the French Quarter. This time it a young woman lying before us. Her mother is cooling her head with a wet cloth. Her

skin and eyes are showing a yellow tinge. She seems confused almost as if delirium could settle in any minute. (How I know this I have no idea.)

The young woman looks up at me and I can see her eyes are glassy and unfocused. In the next second she vomits violently (thick vomit, I cringe). It is odd because after this she falls asleep. I am grateful, but only for five minutes because she wakes as if from a fright and then right back to sleep she goes. Several moments later she springs out of bed in a state of serious delirium and sinks to the ground. Her body seems totally exhausted and as she trembles and shakes I get the sense this will be her last gasp.

Antoinette is back, thank goodness, gesturing me to position myself at the young woman's head and to take her pulse. (This is something I know how to do because of my training at la Pharmacie. The owner had us all take a First Aid class.)

I pick up a limp, yellow-tinged and clammy wrist. I can't feel a pulse, and start to panic but thankfully I notice the bedcovers moving up and down. Then I feel something as she begins to hiccup. The pulse is faint and I can't get a good reading. I am instructed then to apply wet cloths to as much as the woman's body as I can. I am wringing the cloth out praying to who knows who to save me from being infected while Antoinette administers as usual, it seems, homeopathic *Aconitum napellus*. I can hear Monsieur DuFilho, my pharmacist boss, saying, "You would never give the mother tincture or botanical of Aconite, common name Monkshood. Could kill someone." Odd, so deadly especially since the flowers look like little monk's hoods, for faeries. He went on, "But homeopathically, Aconitum is good for rapidly developing

inflammations of almost any organ system that come quickly after exposure to wind, fright or shock, and is usually given in high potency.”

Meanwhile Antoinette has opened the patient’s mouth and is dropping a few pellets, or as she calls them globules, of Aconite under her tongue.

We wait for an hour and it seems her symptoms are lessening. But then she holds her stomach and begins moaning. I put my hand on her. Her belly is hot, distended. Just as I remove my hand Antoinette sits her up, shoving a basin into her face. The woman is vomiting, retching, filling the room with a wretched sound. (Ah now I see where that word came from.) And then she is belching and immediately throwing up something that looks like coffee grounds. (I feel like vomiting myself at this point.)

“Did you feel a weak abdominal pulse?” Antoinette asks.

I was looking for a pulse on her abdomen. Is that possible? “I felt something hot there,” I say truthfully, ignoring the need to ask how I would do that.

Antoinette nods and turns away to another packet. “I will try *Veratrum album*.” But after a few minutes the woman continues to vomit coffee grounds—

“Black vomit,” Antoinette manages to say as she pokes around the woman’s mouth between discharges.

Leaning down I see the woman’s tongue—black like a cloudy night. The smell is revolting. The woman is beginning to have difficulty breathing and I see her eyes are sunken; they are beginning to roll back in her head. It is awful. But this is not the worst of it. All of a sudden blood oozes from her nose and mouth.

She is so weak she looks to be glued to the bed. All I want to do is run away; somehow I stay present and watch Antoinette do her thing.

My rescuer is trying a third remedy—I swear, this woman never gives up—*Crotalus horridus*. All that happens is the patient mutters deliriously as blood oozes from her mouth and ears. I watch stunned as the vital force drains quickly away and the woman is gone.

I am dejected and leave the house in a funk. It's not that I haven't seen a dead person, it's just that I had every hope Antoinette could do something.

“Sometimes there is nothing to be done,” she says beside me, kissing the top of my head. Wow, she hasn't done that before.

Soon we are winding along alleys and streets to fight anew for someone else from a terrible disease that in time will be known to come from filthy conditions that enable the mosquito to carry a deadly virus. By now I have been at many bedsides where Antoinette has shown me her skillful administrations with many recovering. This has been the first death. I am told this is a good average overall. Of course I had been told that in the carriage but now I have witnessed recovery. Still, it is not enough and I have no choice but to sit down on a stoop and bawl my eyes out. What if this had been Merbella?

Antoinette is patient yet insistent. She guides me to a bright yellow and pale blue two-story house in the French Quarter. Three little boys and a girl are downstairs, sitting down quietly. The girl is reading them a book while in the hallway the father is pacing. I go upstairs, and sit vigil by their mother's bedside after giving a dose of *Aconitum* as Antoinette tells me to. I suppose this woman is in the early stages. In any case I figure it won't hurt to think hard, willing this

poor mother to live while singing a song softly from my childhood. She is soon sleeping peacefully; I let myself be drawn into the rhythm of the bedcovers over her chest. They are steady, that I can see. This time the *Aconitum* seems to be having an effect. I sit down on the straightback wood chair and wonder about the paper packets lying on the table. I can read the ones on top: *Belladonna*, *Crotalus Horridus*, *Eupatorium Perfolatum*, *Baptisia*, *Pyrogenium*.

The instruction from Antoinette is coming in loud and clear: I am to watch for depression of spirits when she wakes up which oddly enough is often a good sign, she says. Apparently when the person is feeling hopeful, sure of recovery, when she wakes, everything can change to the worst. I wish I had some paper to write notes. I am trying hard to retain it in my head, hoping to impress Taylor. We always seem to need to up the other. It really is annoying and in this moment I vow to stop the foolishness. So what that she had a life of perks, I had the countryside. Hmm I think, hadn't thought of that before. The countryside, the bayou, nature...

“Fayette,” Antoinette says to me softly. “Pay attention.”

I nod. I have never noticed before what a tendency I have to drift. Even with a dying (I hope not) woman lying in front of me.

Over the last few days Antoinette has taught me so much. I have observed that in Yellow Fever pain in the head, back and extremities are often followed by rigors as she calls them or chills as I call them. They last only a short time before being superseded by fever which will gradually reach its climax in six to ten hours, at which time the pain in the above parts—the head, back and extremities—will become very great.

“There will be a strong determination of blood to the head,” she had said, “and often with delirium, the sclerotic coats of the eye present an injected appearance and the countenance becomes much suffused and flushed. The fever has a great heat at the surface and the patient most often has great thirst, as well as restlessness and anxiety, the bowels constipated, urine scanty and high colored, and in many instances about the third or fourth day, entirely suppressed. The tongue will be much thickened and covered with a slimy coating—its edges and apex—presenting a shining, smooth, red appearance. In many cases there is a great deal of nausea and vomiting with much distress in the epigastric region, especially if the stomach is loaded at the time of the attack. The pain in the head is mostly confined to the supra-orbital and temporal regions and often is attended by photophobia.” I confess, I am cheating; reading from Dr Holcombe’s book that Antoinette left behind.

“ ‘When the fever reaches its acme in six to ten hours a free perspiration will break out, partial at first but in favorable cases it soon will become general. In the more malignant forms of the disease, the perspiration soon disappears and this is followed by an increase of restlessness and thirst at which stage the delirium makes its appearance. If the perspiration is continuous for twelve or fourteen hours there is usually an amelioration of all symptoms—the fever gradually subsiding— until the third or fourth day, when it completely disappears, giving place to the stage of collapse with cessation of all pain. In the more violent cases, the fever does not subside until the fifth or sixth day, the surface of the patient remaining dry, and the mind and body restless. The disappearance of these symptoms is followed by the fatal collapse—the black

vomit and death following close in its rear. In the stage of collapse, in addition to the prostration of the vital energies, there is total relaxation of the surface, over which a yellow hue diffuses itself and the features become sharp, the eyes sunken, with a dark areola under them. The termination of the collapse depends in a great measure upon the violence of the preceding paroxysm of fever, its duration, and the character of treatment received by the patient while passing through it.’ ”

The professor and Ty might get this but I haven't a clue what all this means. But I am trying because smallpox is a virus too, and the Mi'kmaq were almost wiped out by this scourge thanks to evil British who inoculated blankets, hoping for genocide, and we want to somehow include this in the performance.

But back to Yellow Fever; what I get is that if the person keeps perspiring with the fever, the Yellow Fever virus that comes from a mosquito, since we know that now, is killed and discharged along with any morbid toxins produced and that can mean a rash presents as it is clearing from the blood.

“Exactly.” Antoinette is back. “In the advanced period of the disease the most remarkable changes are those affecting the blood and the digestive organs. The blood changes from a florid to a dark color and loses its property of firmly coagulating. Again there will be dryness of tongue, along the center, edges and apex becoming extremely red. Lips will be parched, there will be great thirst and nausea and vomiting. The skin will be a yellowish hue intermingled with a dingy appearance. The intellect will begin to wander and delirium will set in. During this general sinking of the vital force which is most often aggravated in evening and ameliorated in the morning there is often total suppression of secretions

especially urine. However hemorrhages tend to present throughout this collapse with passive discharges of blood from the nose, gums and bowels and lungs. These last two, bowels and lungs, auger unfavorably while if the two former it is still possible to exert a favorable influence. Rash on the third or fourth day or decline of the fever, spread to the entire body is what we want. If the rash is complete and not repelled by cold air the recovery is considered certain. If the vital tone of the capillary system and mucus tissues are compromised, the blood being more fluid and dissolved then we will witness restlessness, nausea and watery dejections with great prostration and the vestiges of dark purple eruptions and death will soon follow.”

I must have looked pale.

“Don’t despair, chatonne,” Antoinette comforts me. “Under favorable circumstances, reaction can be fully established in a few hours and bilious matter, either spontaneously taking place or procured by the syringe, will allow for life to be preserved.”

Which I am happy to report is the conclusion for the mama of the three little boys and the older girl and their very anxious father.

We should have left him some *Arsenicum*.