The loud knock at the door woke me from a deep sleep. It wasn’t easy for me to get out of my warm sleeping bag that cold night to answer. It was December 1991, and I was living in a town called Diyana in northern Iraq, working with a medical aid organization following the Persian Gulf War. I shared a room with my driver and translator. He told me that the people shouting and gesturing frantically at the door had a very sick relative who had just been treated at the local hospital, but urgently needed transfer to a larger centre. They had no fuel to get her there, and they begged me to come and see her. Though I doubted I could do much with my stethoscope, I agreed to go.

The crowd silently led me down narrow, pitch-black alleyways. We arrived at a small house and entered. The first room was jammed with many people, all agitated to varying degrees. Some were crying, most were silent; a terrible anxiety seemed to fill the air. A man appeared, who was the patient’s son, and he told me he was afraid that his mother was dying. Now, I became anxious as well.

The hallways were illuminated by small oil lanterns hanging off the walls, and their dim yellow light did little to push back the shadows. I was led into a small bedroom and found an old woman slumped over on a couch, apparently unconscious, the room filled with several more relatives. They first stared at her intently, and then shifted their gaze to me. The room was stiflingly hot, with several kerosene heaters warming it, and was illuminated by 2 more small lamps. Hardly able to move, I asked most of the people to leave the room, keeping only my translator and the patient’s son with me; then I closed the door. I shook the woman’s arms to try to wake her, without response. Her son told us she had received an injection at the hospital, and had fallen asleep soon after. I examined her pulse, which was strong and regular, and her breath sounds were normal.

I asked what had happened. According to her son she had yawned widely, and suddenly felt a pain in her face and had been unable to close her mouth. “That’s it?” I asked. “No pain elsewhere, no other symptoms?” But the history was as simple as that: a dislocated jaw. In the hospital she must have been given a sedative injection, which by now had taken full effect.

We sat her up on the couch, and I held her while I opened her lips and saw that her teeth couldn’t close. I slid my thumbs onto her lower teeth and, with a gentle push, reduced her jaw into the joint. Her teeth were now well aligned, her mouth opened and closed easily. I let go and she slumped over again. I turned to the son and announced that his mother was cured!

The whole operation since entering the house had taken about 4 minutes. The son beamed, his smile lighting up the room. He ran into the hallway and triumphantly announced that I had cured the old woman, then the mob burst in to see for themselves. Though she remained slumped over and looked identical to the way she had before, they were convinced I had saved her life. I attempted to explain that the problem had been very simple, but to no avail. As I struggled to get out of the house, I had to accept the thanks of every person there, and as each one shook my hand they stared at me in awe; to them I seemed more medicine man than doctor.

The next day I went back to see the old woman, and, except for a headache, she was back to normal. She thanked me profusely, and offered me a simple gift in return: she would pray for me. The late-night knocks at my door continued, and I was often asked to see “sick” patients. Usually they had simple problems, and I would send most to the hospital rather than treating them myself, for fear of undermining the local doctors. But I didn’t try too hard to dismiss their unearned trust, since, in Iraq in 1991, there wasn’t much else to believe in.

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