





Down, NOT, Out

In the middle of his surgical residency 19 years ago, Dr. Peter Mee, '81, suffered a stroke that effectively erased being a doctor from his future. He has since been struggling to rebuild his life.

BY ELIZABETH GEHRMAN | PHOTOGRAPHS BY MARK MORELLI

AT SIX FOOT FOUR, DR. PETER MEE IS AN IMPOSING man, brawny and barrel-chested—the kind of guy who might intimidate. But when he enters a frail elderly woman's room on the hematology and oncology floor of St. Elizabeth's Medical Center in Brighton, Mass., she positively lights up.

"Top o' the mornin' to you, Mrs. Doyle," says he.

"Peter!" she cries. "I'm going home today!"

"Oh, sweetheart!" Mee says, bending down to meet her eyes. "That's just what I needed to hear. I'm so happy for you, I'm going to, you know what I'm going to do?" He gently takes her bony hand in his and kisses it. Mrs. Doyle beams. "Now, you and I together," he says, still holding her hand, "let's say a 'Hail Mary.'"

One day when Peter Mee was 8 or 9 years old, his mother brought home a box that held the same sort of promise as a new spiral notebook on

the first day of school. "It was one of those three-masted model ships," she says. "It had a million little teeny things you put together, and Peter put every last thread into it." He was just finishing up, proudly surveying his work as it waited in all its glorious perfection to sail the imaginary seas of the kitchen table, when his brother, Gerry, came tearing through the room and caught the corner of the plastic schooner with his jacket.

"Oh! It went down into every piece it was in the box," says Mary Mee almost four decades later, as she stands with her younger son in the narrow hallway of the suburban Boston home they share. "Peter started crying. Gerry was half crying. Remember that, Peter?"

"Yes," he says, "and I put it all back together."

"But it was never really the same again."

According to his family and friends, Peter Mee, '81, is not the kind of person who would let a little thing like total annihilation stand between him and something he wanted. It's a trait that came in very handy after he lost it all on the last night of October 1982.

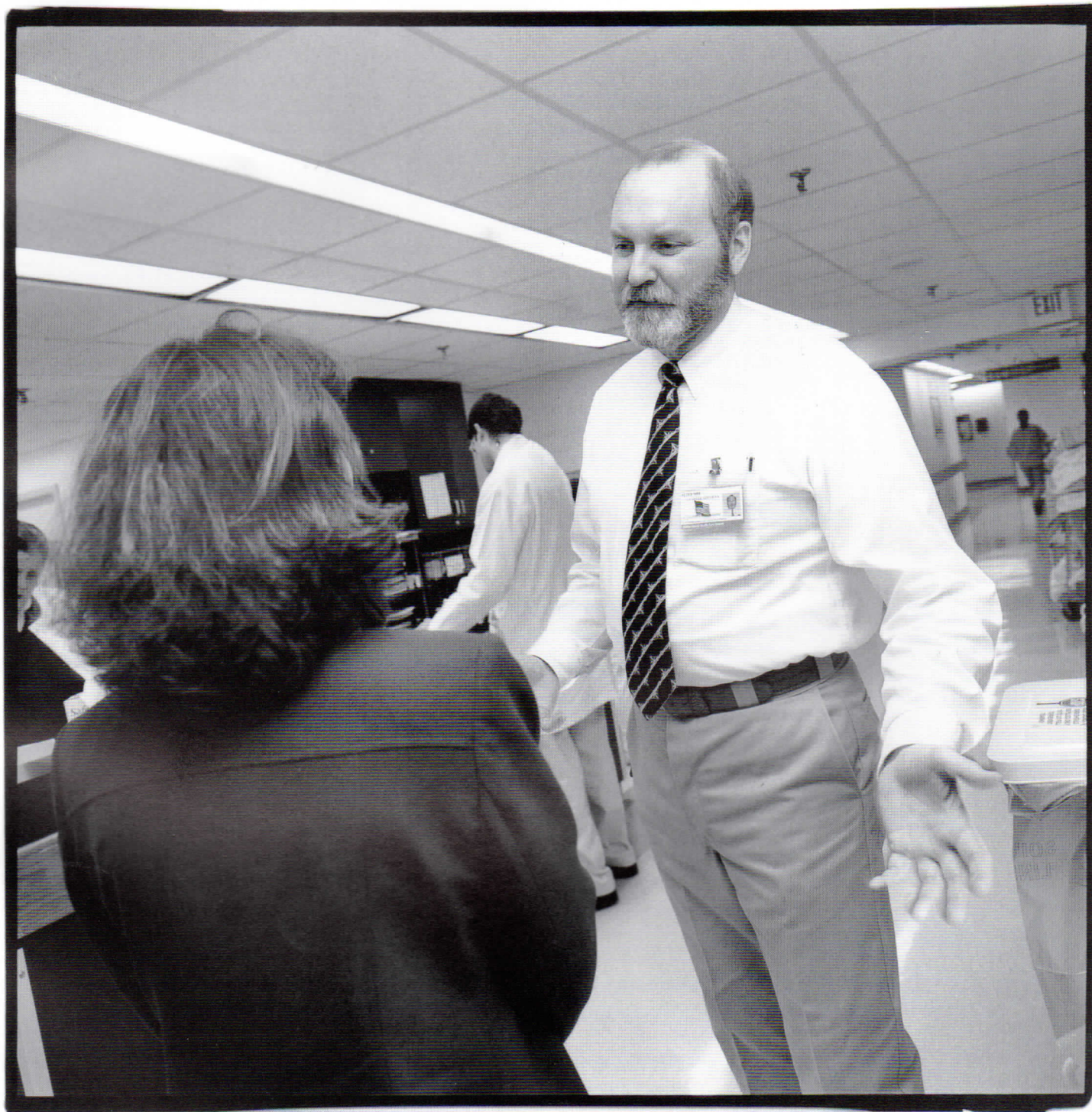
THE BODY BLOW

HE HAD NEARLY COMPLETED HIS RESIDENCY. After a long, exhausting shift on the final day of his ICU rotation at Beth Israel

Deaconess Hospital in Boston, he came home to the first-floor apartment he rented in his parents' house, saw his wife of two years off to the store, and gave his year-old baby, Pete, a bottle before putting him down for a nap. He was making himself a snack, he says, when he had his first inkling that something was wrong. As he stood to get a carton of milk from the fridge, the former Harvard defensive tackle almost toppled over. "I had a weird feeling in my whole right side," he recalls.

"Not hurting, just strange. I was thinking, 'Oh dear God. This just can't be. No, no, no, not me, no.'"

He made his way, with difficulty, to his parents' second-floor apartment, where his mother was chatting with his brother, Gerry. When Peter told them he didn't feel well, his mother, having raised eight children, was not alarmed. "He says, 'I have a funny feeling in my head.' I told him to go lie down for awhile, and I'd watch the baby. He says, 'Ma, I'm having a neurological problem.' I



said, 'Oh, Peter, you're crazy. If you had a hangnail you'd be losing your arm.'

"She told me later," Mee says, "that I screamed at her, 'God damn it! Get on the phone, call Mount Auburn!'" Though he couldn't remember the doctor's name—a lapse he recognized as symptomatic—the best neurosurgeon he knew was at the Cambridge hospital, where Mee was scheduled to start his orthopedics rotation the following week. "I said, 'Doctor, my right hand is getting very rubbery. I'm getting pins and needles in my head. My right side feels weird as hell, and I'm losing my peripheral vision.' He said, 'Get over here as quick as you can.' Within 25 minutes of hanging up that telephone, my head was being opened up."

Without warning, an undetected arteriovenous malformation in the left parietal occipital area of his brain had bled. According to the peer-reviewed *eMedicine Journal*, the prevalence of cerebral AVM in the United States is unknown, but the lifetime detection rate is one in 100,000, including those who present with seizures and progressive neurological deficits and are treated before a rupture occurs. "The most dreaded complication of the AVM's natural history," the journal reports, "is intracerebral hemorrhage." Such an event accounts for just 2 percent of strokes; it has a mortality rate of 10 to 15 percent and a morbidity rate of "upwards of 50 percent." Recovery, of course, depends largely on the size and location of the injury.

Mee's neurologist, Dr. Thomas Sabin, who is vice chairman and director of Tufts' neurology program, holds a 19-year-old scan of his patient's brain to the light. "See this area?" he says, his finger circling the air above a blotch covering about 70 percent of the left hemisphere. "It's all damaged."

The extent of the trauma was evident from the beginning. As Mee, floating in and out of consciousness, was being "dragged" into the emergency room by Gerry, two nurses he was acquainted with stood by in tears. "That was when I realized how bad it was," Mee says. "I was supposed to be a doctor there, not a patient."

"It only takes two seconds to make a person feel better," Mee says as he confidently strolls the halls at St. Elizabeth's, where he now volunteers on an informal basis three days a week. "See how she smiled?"

With a soft tap on the door, he enters the room of an obese middle-aged woman and

makes some small talk before asking her how she landed in the hospital.

"Monday night," she begins, "I'm going to an anniversary party—my aunt and uncle are married 60 years, can you imagine? I get in the car and—ever since I had the hysterectomy I get hot flashes all the time—so I get in the car, and I says 'Vito, turn the air conditioner off.' I actually got the chills..."

Mee waits patiently through the long minutes of the rest of the story, nodding occasionally here, murmuring a sympathetic exclamation

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there. After 20 minutes or so he gets ready to leave, looking her dead in the eye. "You know what I wanna see?" he asks in the folksy manner that is his trademark. "If you're tough, do not smile. Do not smile. Ready?" Before he finishes the sentence, she's laughing, and Mee is heading for the door, like an entertainer who knows when it's time to wrap up the show.

BACK FROM ZERO

AFTER SEVERAL DAYS IN A COMA, MEE woke in the ICU with his head swaddled in bandages and a skull flap removed to lessen the spread of an infection that had set in around the incision site. He describes the two months spent at Mount Auburn as frightening and surreal, with flashbacks that made him believe he was there to work, hallucinations that he had inadvertently harmed one of his patients and confusion over why his family was gathered in the hospital. "Had something happened to my wife?" he asks. "Did I do something wrong? What the hell was going on? There are all these feelings coming at you, and not a lot of rational thoughts." The first time an orderly took him into the shower room, he looked in the mirror and saw an emaciated figure with asymmetrically drooping facial features and a "big chunk" of his head carved away. "I thought at the time," he says, "'All my life, everything, everything, gone.'"

He had, in fact, lost more than he could know. His marriage and family life were

seriously affected by the demands this unexpected situation had caused, though Mee today maintains a good relationship with his son. His career as an orthopedic surgeon was a thing of the past before it ever got off the ground. His right arm and leg were all but useless, and, perhaps most disturbing, he had suffered extensive cognitive impairment.

"He was terminally aphasic," says Sabin. "He could comprehend or produce no meaningful language. He also had apraxia—

difficulty performing learned motor commands even though there was no elementary neurological deficit that would interfere with performing them. The cognitive problems were extremely severe." A helmet protected the soft spot for about a year, and he spent weeks in a wheelchair but regained his physical strength fairly rapidly—graduating to a brace and finally to a simple orthotic device tucked into his right shoe—at a succession of rehabilitation centers in the Boston area, where he marked the passage of time by watching the seasons change outside his windows.

The intellectual and emotional damage would prove more resistant to repair, but in many ways, it was a challenge Mee had been preparing for all his life.

"Some kids have an aptitude for a thing, and it just comes easy," says Mary Mee. "Peter worked for everything he got."

The Rev. Carney Gavin, a priest at St. Columbkille's Church in Brighton, has known the Mee family since Peter, a former altar boy, was in first grade. "Others in the family," says Gavin, "Peter's brothers and sisters, really were swift learners. He was always a plugger. It didn't come easy for him." The extra effort he needed to graduate *magna cum laude* from Harvard and receive an M.D. from Tufts may have been a whispering symptom of his unseen abnormality: *eMedicine* reports that up to two-thirds of AVM patients have learning disabilities so subtle that they are rarely

apparent in adult life. But if his condition did tip the scales against him, Mee's resolve more than made up for any imbalance. While others may have been out on the town, he spent most nights under the soft glow of a study lamp, hardly taking notice of girls, he claims, because "there were so many higher levels to go for."

He found diversion, instead, in sports, particularly football—first at St. Columbkille's, then at Harvard, where he is remembered as the man who sacked Yale's quarterback in the final play of 1975's big game, clinching his *alma mater's* first undisputed Ivy League title.

"If I had gotten all A's in school and then had an aneurysm," he says, "I'd be in a wheelchair the rest of my life. All my life, I had to work hard. Like in the game, for instance, it's

50 to nothing and it's the half. What are you going to do? You gonna walk home? People'll laugh atcha? No way. You go 'Oh *yeah?*' Well, I may lose this thing, but by God, I'll kick butt till the end of the game.'"

It's a philosophy that has served him well, in even the darkest times. His initial prognosis was quite bleak, with doctors advising his family to give up hope for any but the most rudimentary recovery. Sabin recalls that the colleague who referred Mee to him said that other neurologists on the case "had gotten so depressed they wouldn't follow him. It was very, very tough to see in this young physician who had so much promise." It was thought he would never read or write again, would never regain his memory, would never be able to follow a conversation or form words coherently. But, as he had throughout

his life, Mee concentrated hard and tackled the problem step by step.

"This is the kind of grind he was after the stroke," his mother relates. "He taught himself to print first. Then he taught himself to do the written letters, and he'd do them over and over again, by himself up in his room, just like you did in grammar school, pages and pages of them."

For many years he attended the reading clinic at Massachusetts General Hospital, where he learned again to sound out words syllable by syllable, as he had in second grade. He followed the words in *Time* and *Newsweek* while listening to verbatim recordings of the magazines for the blind. He spent lots of time using a Franklin Word Speller to ascertain the meaning and hear the pronunciation of words that confounded him. But the work was not without reward. Today, though the vision in both eyes remains impaired, he reads and writes with little effort, and to the casual observer, only small deficits are discernible in his speech and reflexes.

Sabin points out that Mee did have some advantages at the time of the rupture. His relative youth meant his brain retained some plasticity, and because the malformation was present from birth, other areas of the cortex had no doubt taken up double duty. "So, given these two things," says Sabin, "maybe we should have expected some recovery. But I don't think it would have occurred if Peter hadn't had this extraordinary determination. His approach to life and control over things and hard work definitely factored in."

He says nothing and everything to the patients he visits at St. E's. Like the 22-year-old with hepatitis who sits alone on the edge of his bed in a darkened room.

"What college you go to?" Mee asks.

"I didn't go to college," the young man replies warily. "Watertown High."

Wrong turn. Try again. "Any sports? You're a big guy." Ah, there's the key to the smile. "Were you a tackle?"

"Tackle and block."

"We're two brothers here," Mee says, slapping the patient's shoulder as though they were out on a playing field. They talk sports for a while, and Mee eventually opens the curtain to reveal the beautiful summer weather. Soon he is asking if he can return another day.

"Yeab, definitely, man," says the young man, visibly cheered. "I need all the support I can get."

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ON THE WARDS

TO ANXIOUS PATIENTS WHO SPEND THEIR days lying in bed with only the television for company, helpless before an army of kind but overworked nurses bearing IVs and often perfunctory doctors who come and go so quickly they can seem a blur, even a short visit from a compassionate counselor, as Mee calls himself, can brighten the mood for hours.

His volunteer work at St. Elizabeth's—which started about four years ago as the final phase of his outpatient therapy at Mass General—has been a double boon from the beginning. “I help them get better,” Mee says of the patients, “and they help me get better.”

“In terms of his work here,” says Susan Kelly, the hospital's director of volunteer services, “he developed routine, consistency, memory stimulation. A lot of the stuff I saw really polished up.”

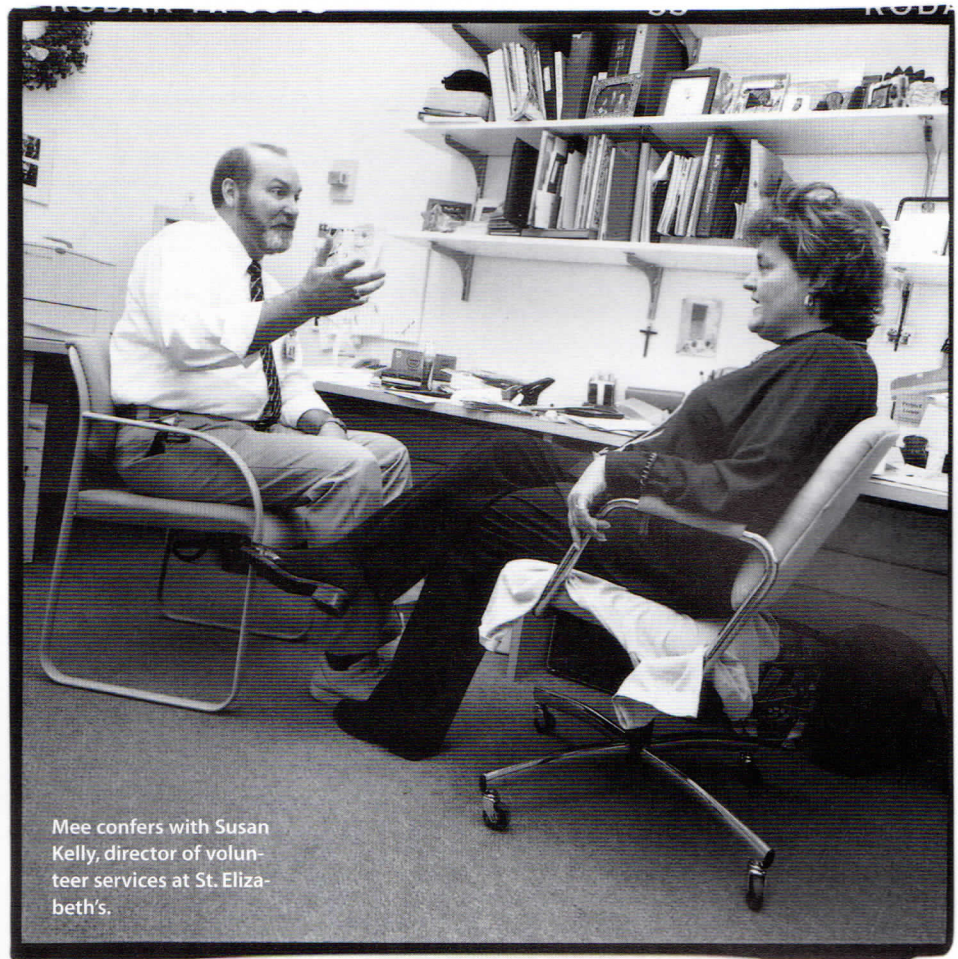
His mother is more definitive. “St. E's has been a godsend,” she says. “Since he's been there, he's improved a lot. And if you ever could see him some nights when he comes home from there. Every night he comes in and talks about it—he's a great talker—and he gets so enthused about the people he has been with and how they made him better.” In addition to the quantifiable improvements in his cognitive abilities, she notes, being at the hospital has improved his confidence, self-esteem and social skills.

But of course, it is not only Mee who benefits.

“I've seen him move mountains since he came here,” says Susan Kelly. “It wasn't long before all the patients wanted Pete. There was a man named Felix who was a difficult patient, but he could just sit for hours with Pete. And another patient, a young man who died of a brain tumor, and all he wanted was for Pete to say a prayer with him. He even called Peter at home a couple of times.”

As his brother, Gerry, points out, Mee has had plenty of time to ruminate on how best to connect with the sick and dying. “He has a very true sense of what happened to him and his recovery,” he says, “and how that could apply to whomever he might be chatting with. I think it gives him compassion, it gives him insight. Hey, if there's anybody on the face of this earth who understands frustration due to physical handicap, it's that guy.”

“If you're going to be here for awhile,



Mee confers with Susan Kelly, director of volunteer services at St. Elizabeth's.

you gotta feel good,” Mee comments as he passes a group of fresh-faced medical students doing their rounds. “I didn't know this as a doctor. When I was in medical school, doctors would be talking about these things, but there was no practical application. Just listening to the patients and touching them, that didn't happen in medical school.

“I want the patients to forget about the hospital,” he continues. “I want them to think about the good times they've had, about the kids, or their husband or wife, or their school days.”

He chats up the families, giving the men a sort of “Jeesh, what can you do?” when their convalescing wives lay down the law and commiserating with the women when their husbands fall ill. He is avuncular with the young men, charming with the ladies and father confessor to those who need a sounding board, like the red-haired construction worker who began telling the story of his admittance and quickly switched topics with, “I know I need to lay off the drink.” His amiable, you've-got-a-friend manner—rare for a stranger wearing

a tie who enters your hospital room unbidden—overcomes even language barriers, as it did with the Portuguese man whose daughter translated a few words, but who mostly connected with the unspoken, such as the sign of the cross made while holding hands for that parting “Hail Mary.” As Mary Mee has remarked, these little gestures often seem like “better medicine than a lot of the stuff that comes in pills.” And it's this medicine that has put the doctor back where he was meant to be.

“At one time his wanting to get into healing again seemed utterly foolish,” admits Fr. Gavin. “Well, by golly, what's he doing now? Dr. Mee has had this long upward struggle that involved terrible bitterness and disappointments, embarrassments and loneliness and scary, scary things. And he has not only conquered so many of the bad effects of this tragedy, but he's using them in such a gentle, humorous, reinforcing way. That's why I think his is a success story.” **TM**

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