



Railway Timetable

"The passenger train for Zagreb is leaving from the first platform. All passengers please aboard!", barely comprehensible male voice distorted by the cheap loudspeaker echoed in my head, as I looked at the train timetable on a small, ruined railway station, somewhere on the route from Split to Zagreb, from the south to the north of my country.

Nobody knows the rhythm, the buzz, and the smell of the railway station better than a student traveling to the big city, on the road to adulthood. The bored voice from the loudspeaker would mix with mother's tears of happiness mingled with sorrow. The screeching of brakes, the slow thud of accelerating trains merging with the wrinkles of worry on the father's forehead, which were really the same as the mother's tears. And the smell, the smell of the early morning we carried along with our youth into the stuffy train compartments with old curtains and badly cleaned toilets.

All of this came back to me as I stood in front of the train timetable on a copper board nailed to an old almond tree. It was December of 1991. Trains had not stopped here for months. Two lonely wagons rusted at the end of the mine-filled rail, the conductor's hut was burned, and there was no loudspeaker. Everything had changed but the timetable. What was I doing here, I wondered, and why was I digging inside myself again? Where would I go from here? What train was I waiting for?

My reason for standing at the train station was to see off the medical vehicle taking Alen to the hospital. An accidental detonation of one of anti-armor tank mines scattered around this area like wheat seeds in spring propelled him backwards into a heap of demolished railroad-tracks. We found him lying face-down, his abdomen squashed by metal bars. At a first glance he seemed dead, but then I saw his face twisting with incredible pain, intensified by every move. Using the procedure for managing spine injuries, we lifted Alen off the rail tracks. He could move his extremities, but the abdominal pain was excruciating. When we took off his uniform, we saw that he had an external injury to the abdomen: a visible hematoma and edema of the periumbilical area, without a single scratch. I suspected an internal injury to the abdomen, thinking that perhaps the symptoms of abdominal wall contusion masked internal organ injury, but

to be able to differentiate between the two I needed more diagnostic tools than my hands and theoretical knowledge of war injuries and war surgery.

As in the case of lacerated injury, the first thing I had to exclude in the case of heavy contusion was internal bleeding followed by acute clinical picture of hemorrhagic shock. Alen's pulse was full and only slightly accelerated, and blood pressure somewhat lower but stable. Mild tachycardia, hypotension, and pallor of the skin and mucosa at the first checkup indicated posttraumatic shock and intense pain. Then I had to decide if this was a case of abdomen commotion injury, caused by internal injury in the upper epigastrium, just below the costal arch and xiphoid process. This anatomical region corresponds to the site of the solar autonomic plexus on the posterior abdominal wall. In cases of plexus injury, there are no symptoms of internal organ injury but the dominating symptoms are those related to the pathological reflexes of the autonomic system, mostly the vagal nerve. The clinical presentation in this case would also be weakness, nausea, pallor, sweating, and tachycardia, eventually followed by vasovagal syncope, with the loss of consciousness and bradycardia. My estimate was that Alen did not have abdominal commotion injury.

Palpation of the swollen and bruised part of his abdomen caused great pain, and he shortly developed muscular tension of the whole anterior abdominal wall, which indicated the possibility of more serious hemorrhage and tearing of the muscles and aponeuroses. I knew that such hematoma and swelling of the abdominal muscles could be very extensive, especially if there was injury to the epigastric arteries in the sheath of the rectus muscle. To avoid covering up the possible development of signs of the acute shock, I did not dare to administer analgesics and spasmolytics for some time, but gave Alen only 5% glucose infusion and mild sedative.

Thinking about possible ways of action, I looked up and saw the platform roof, damaged and charred, covered with dirty snow and icicles hanging down from it. Ice! For a moment I wondered how much one was supposed to improvise in this war – then I asked my medics to get a few icicles, which I wrapped in bandages and put on Alan's abdomen. The ice pack somewhat relieved his pain and he felt a bit better. I

debated with myself whether I would have courage to keep him in our medical office and observe the development of the clinical picture. If the hematoma remained stable, local sensitivity and pain regressed, and his general condition improved, then perhaps new complications will not develop. I finally decided against this, assessing that such a big hematoma could not be resorbed spontaneously, and that surgical evacuation of the blood as well as ligation of ruptured muscles and blood vessels would be necessary. Even worse, the hematoma could get infected, with subsequent flegmona and peritonitis. Also, I had to think about the possibility of new casualties, which may need the use of our medical office and vehicles, so I finally decided to transport Alen to the Šibenik hospital. Proper surgical assessment in the hospital showed that there were no internal organ injuries. The hematoma did not enlarge and the edema slowly regressed. Alan recovered over the next few days.

This story had a happy ending. Alen is still a member of an elite unit of the Croatian army, his physical capabilities undiminished.

Four years after this incident, the trains started running from Split to Zagreb again. However, the trains did not stop at our station for a while. It took some time to clear off the mines. When the first local

train was to stop at our small train station, I was on it to check if the old train timetable was still nailed on the almond tree. It was, as if still waiting for big and important trains, and for the past to come back. It was on the same place as on the day when I had feared for Alen's life. The conductor's hut had been repaired, but it was still empty, and the loudspeaker was still silent. There was only a new ramp and the new timetable, written on a piece paper on the hut's door. No important news. It would take a while for the trains to start stopping here, packed with young students full of hope for better life in the big city, carrying them on their way to adulthood. But we had grown over the past few years, only in a different way – through pain and suffering.

Now we fight with each waning day to erase and forget the past, to resist the torments of memory and regret. As Alen has told me recently, it is easier that way than to endure the long hours of the day. Otherwise, he says, wraiths of the past mix with real life, and the border between the two disappears, leaving no memories but also no real life.

I told him, "It will pass, just as any illness passes. It is just the question which train timetable we'll use for travel."

Mirna Šitum

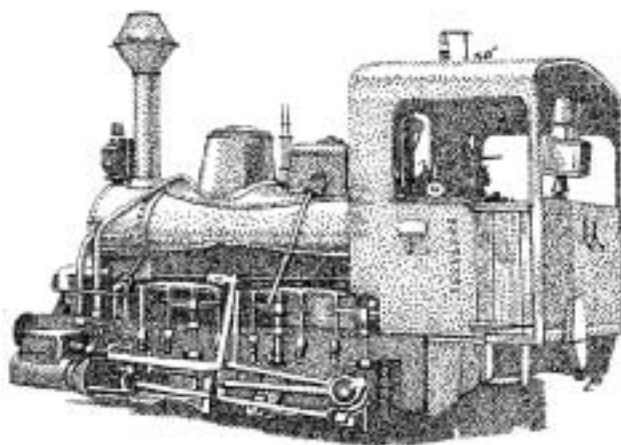


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