He was coming in dead, the man who fell off the ladder. Pulseless for ten minutes, travelling in from somewhere near Yarmouth. They told me what an opportunity this was, as we waited to put a tube in a dead man’s throat (even if he were dead, or more so perhaps if he were, because intubations are not easy, and chances to practise are rare). Here is the device to lift the jaw — you must not break any teeth: even people whose lives have been saved will sue over broken teeth,

although the ladder-man, when he came, was beyond saving.
I pulled at his jaw, shining the light into his throat, looking for the opening to the trachea. Don’t intubate his esophagus, I thought. But there was nothing to see except fluid in his stiffening throat. There was no point in trying further, and I said so to the ERP, who nodded.

I think there were other things we did, too, minor procedures that I have forgotten, just as I have forgotten how he looked, lying on the stretcher, or his name,
or what was said when we decided to stop.
The point was, we were trying to save his life, in a way.

I didn’t feel too bad that I didn’t get the tube in. I was only an intern. They say to breathe life into the dead takes practice.

**Jacob’s ladder**

Lara Hazelton
Psychiatrist
Halifax, NS