

The Duck Noodle Man By Dr Tan Poh Kiang

It's not everyday that one gets a gourmet meal at a HDB hawker centre. So there I was sweating it out in the 34-degree afternoon heat to savour the best duck 'kway-teow' I have ever had. The 'kway teow' was tender and lightly coated in sesame seed oil, light soy sauce and a unique blend of chilli. This was accompanied by a steaming hot bowl of peppered soup and a plate of boneless, skinless and fatless duck meat. Unbelievable? I could not believe it myself as I examined the plate of fifteen equally thick slices of lean and tender duck meat displayed like salmon sashimi. No wonder the other hawker patrons were staring enviously; they must have wondered why their orders had arrived differently. My lunch was a work of art. Indeed it was a work of the heart.

Mr Toh sells duck noodle at the hawker centre a stone's throw from my clinic. Shortly after I had set up my practice in the HDB estate, he and his family started consulting me for their health needs. He is the proverbial 'man of few words'; even his wife attests to that attribute. Our rapport improved markedly after one medical crisis. One day he came to tell me of his unbearable headache. The sudden onset of debilitating pain and some degree of neck stiffness suggested intra-cranial bleed. Fortunately he and I agreed on immediate admission, which saved his life. He was immediately operated on to remove the blood clot that was formed by a ruptured brain aneurysm. After a long convalescence, he returned to the clinic a more affable man and I observed that our conversations progressed to include more sharing of his emotions and opinions.

Six months ago, I began noticing a pattern of vague symptoms in my duck noodle man. He complained of tiredness, poor sleep, diminished appetite and mood swings. We explored together the possibility of various organic causes, discussed the contribution of his frustration with the HDB main upgrading programme (the hawker centre became even less ventilated after six agonizing months of renovation!) and finally settled on the diagnosis of depression.

"I beat up the 'kueh' woman next to my stall," Mr Toh said with a sheepish

smile on one of his consultation visits.

"Why did you do that?" I asked while trying to suppress an inappropriate glee. I have always disliked this rude and obnoxious woman and was not entirely surprised by the incident.

It started innocently enough with his customer blocking her path, which resulted in a ferocious diatribe. "Relax. Leave that man alone!" Mr Reticent had to intervene.

The frightened man collected his duck noodle and hurried off with Hokkien expletives trailing him. The verbal exchange continued between the 'kueh' and the duck noodle sellers and before anyone could recall the details, Mr Toh landed his soup ladle on the woman's scalp, opening up a huge laceration. Stunned by the deluge of blood, she did not retaliate physically but compensated adequately with screams for help amidst more unmentionable Hokkien words. A crowd enveloped the scene as a cacophony developed and soon the policemen from the nearby post led Mr Toh away in handcuffs.

"What's going to happen next?" I enquired with concern.

He related that the fury of a woman lacerated had no limits. Apart from the police report, she had engaged a lawyer to pursue a civil suit, made official complaints to the hawker association, grassroots leaders and had made an appointment with the MP to give him an earful of her misery. "Even if I have to sit in the prison for a few weeks, I think it was worth teaching that vicious woman a lesson." Mr Toh smiled genuinely.

We continued to talk about this incident and the subsequent events each time he came for his check-up. His blood pressure was not easy to control; his insomnia was only partially relieved with Dormicum and I started him on anti-depressants. His hawker friends had begun to shun him even though they did not like the 'kueh' woman much themselves. I guess most folks just want to stay away from trouble. He felt betrayed. He started going to the hawker centre less; on days when he felt depressed, he just slept through the morning. Even on off-days, he was afraid to wander around the estate

because he had heard a rumour that the 'kueh' woman's brother has asked his gangster friends to 'teach him a lesson'. I was getting concerned when Mr Toh requested for an increase in the dose of his anti-depressants and sleep tablets. He had become a pale shadow of his old self.

"Dr Tan, Mrs Toh has requested to see you." She was calm but the tears flowed as she reported that after many postponements of the court hearing, her husband had been sentenced to two weeks in Queenstown Remand Prison. "They need a doctor's letter to prove that he is taking Atenolol before I can bring tablets in to him," she requested.

The two weeks went quickly. I met Mr Toh along the covered walkway when I went to the neighbourhood fish shop to replenish the goldfish in my clinic. He did not want to talk about his time in prison. I could tell from his countenance he was relieved that the matter was history. The 'kueh' woman was still seeking to get back at him and he knew some of the bitterness would stay for a long time. But life goes on, he stated philosophically.

That gourmet lunch was his way of expressing his heartfelt appreciation for the time I had spent listening to him. Although my medications never relieved his earlier symptoms, our friendship comforted him sufficiently. Mrs Toh had announced when she brought the specially prepared duck 'kway-teow', "Dr Tan, *Jin Tian Lao Ban Yao Qing Ke*." (Dr Tan, today's meal is my husband's treat.)

I thanked her and reminded her that I would only accept it this time. The treat was satisfying both to the stomach and the soul. ■

Editor's Note:

According to the diagnostic criteria of DSM4 (Diagnostic & Statistical Manual), major depression is depressed mood on a daily basis for a minimum of two weeks, not due to drugs, medical condition or recent bereavement, that causes significant impairment in functioning. Five or more of the following should be present viz. Mood depressed, Interest diminished, Guilt inappropriate, Suicidal thoughts, Concentration diminished, Appetite change, Psychomotor retardation, Energy diminished and Sleep disorder. This can be remembered by the acronym, MIGS CAPES where one or both of MI must be present.

About the author:

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