BELLA’S MALADY

Recently, Carlisle and I have had some long conversations about Bella’s state of health when she was human. There were signs of trouble that Carlisle, with his millennia of experience in human physical dysfunction, couldn’t miss…and didn’t. He never mentioned them to me, or thought about them in my presence such that I noticed. He kept his suspicions to himself, though when Bella was pregnant and he finally got a chance to run some tests without being obvious about what he was looking for, he did investigate.

From all reports, my wife was an unusually awkward child. I remember when Bella got X-rays after Tyler almost hit her with his parents’ van. When Carlisle saw the films of her skull, he’d exclaimed, “Look at all the healed contusions! How many times did her mother drop her?”

Carlisle was only joking, but the evidence of Bella’s mishaps was written right there in her bones. I was just getting to know her at the time, but had replied, “I’m beginning to think the girl just has really bad luck. Always in the wrong place at the wrong time.”

She had a remarkable ability to find or attract individuals with the motivation and power to harm her. Of all the places she could have ended up, she moved to a tiny town with a high percentage of vampires in residence. And because of our presence there, the native population had developed a genetic mutation that turned them into vampire-hunting werewolves. Furthermore, she fell in love with both a vampire and a werewolf, both of us immensely dangerous to her health and welfare.

Supernatural beings aside, she attracted car accidents, roving killers, and rapists, random patches of ice, and magically moving doorframes. Bella was a walking calamity. It was difficult for her to navigate a flat surface without finding something to trip over—often her own feet.

Every time Bella played sports in physical education class, someone got hurt. Usually it was her, but often others suffered too. She once hit Mike Newton in the shoulder with a badminton racket hard enough to give
hima big, purple bruise (not that I minded that). All the kidsen her team
in volleyball games jostled for the positions farthest away from her to avoid
getting knocked down or whacked in the head by her arms, or the ball, or
both.

She would never say how many accidents she’d had as a kid, but she
had a large number of scars, both large and small, all over her body. She
commented once when Carlisle was sewing her up that he was the best
“stitcher” she’d ever had. How many humans do you know who have been
hurt enough times to compare and contrast the skill of the surgeons who
sewed them up? None, right?

If anyone ever asked Bella how she was doing after an accident or
injury, she always replied “Fine.” It was years before I discovered that she
wasn’t just answering in that way to deflect attention from herself, though
that was the main reason for it. To Bella, the word “fine” translated to “I’ve
had worse,” which she almost always had!

So what caused all of Bella’s accidents as a child? Social workers
might conclude that she had physically abusive parents, but I am certain
they were not to blame for Bella’s misadventures. One had to know Bella
only a short time to notice how clumsy she was.

As a doctor, Carlisle saw Bella a little differently than most people
did. When he found out that I was interested in her, he observed her even
more carefully than he might have otherwise. I saw most of what he
noticed, but he put this and that detail together and identified a pattern,
though he didn’t tell me at the time.

One thing that attracted me to Bella’s bedroom was her habit of
talking in her sleep. Because I couldn’t read her mind, it was one of the
few ways I could glimpse what was going on in her head. Those first weeks
that I visited her bedroom each night, it became obvious that she was a
rough sleeper, especially when it was raining. She often kicked the covers
up and away, and from time to time, she’d smack her foot into the wall. So
there was one puzzle piece.

Here’s another one... Bella’s hands shook, especially when she was
stressed. For example, the first time Bella invited me into her house,
Charlie came home unexpectedly and the milk in the glass she was holding started sloshing around so violently that it spilled over the edge. Another example…on Bella’s eighteenth birthday, her parents gave her a camera, but her unsteady hands could not manipulate the thing without dropping it. When I was there, I caught it for her, but when we reunited after six months apart, I never saw the camera again. I’d bet twenty dollars that her shaking hands caused her to drop and break it.

Everyone knew that the old walking-while-chewing-gum test was completely beyond Bella’s abilities, as was dancing, and all sports activities. (Inexplicably, the one physical activity Bella was good at was making love and she was exceptionally good at that! She was also a good driver, I must admit.) Her problem was a difficulty in coordinating her various movements to make them work together. For example, she could swing a badminton racket just fine, but her perception of where her hand was in relation to the racket and the birdie was so far off that she was just as likely to hit her own head as the ball. Another piece of the puzzle.

And another…she had trouble keeping her body weight centered above her feet. It was as if she didn’t know where her feet were. Even when standing still, she could lose her balance and fall.

Then there was the obvious issue of her getting nauseated when she rode on my back, and sometimes when I drove her in the car. Motion sickness is a common problem, but the inner ear dysfunction that causes it can be benign or not.

And a final puzzle piece…where most humans pull away instantly if they happen to touch our skin, Bella had done that only once. The very first time our hands touched in Biology class, she’d jerked her hand away quickly. I thought she was responding to my chilly skin, but she told me later that she was reacting to the snap of electricity that jumped between us. She never pulled away again, even when I surprised her with a touch. She also could spend all night touching me and never seem to be bothered by it. I inferred that she was not particularly sensitive to cold surfaces.

Carlisle noticed something else…each time he stitched her up, it always surprised him how little reaction she had to the procedure. Needles
frightened her, and the smell of blood made her ill, but the actual needle pricks, the stitching, the bruises and bumps she always had didn’t bother her as much as he expected them to. To put it another way, her pain threshold was quite high, especially when she hurt her limbs.

Now each of these things seems like nothing to be concerned about, but when you put them all together with special knowledge, they look quite different. Carlisle saw the connections long before I did...the stumbling, the shaking, the restless legs at night, the balance problems, the high pain threshold, the hands that couldn’t sense cold surfaces.

There are medical words for all these things: ataxia, proprioception deficit, intention tremor, vestibular ataxia, vertigo, dystonia, and dysdiadochokinesia. These are just some of the names for the variety of symptoms that Bella had both as a child and (even more so) during her teens. Put them all together and what do you get? Multiple sclerosis, commonly called MS.

MS is an auto-immune disorder that attacks the central nervous system, causing scars to form on the white matter of the brain...the part that delivers messages throughout the brain and spinal cord. MS is a serious, often progressive, illness that gradually cripples the victim. Some people live a normal life for many years, while others end up on crutches or in a wheelchair, or bed-ridden. Some victims die from the degeneration of the muscles that control swallowing and breathing.

In Bella’s case, Carlisle believes that her disease likely would have progressed and crippled her at a relatively young human age because of her early onset of symptoms—from childhood—and because of her frequency of symptoms. Also, MS usually occurs in a relapse/remission cycle where symptoms worsen and then get better. Bella’s symptoms never really got better once she started having them, but remained constant or worsened over time. That is a bad sign.

How can Carlisle justify his prognosis? MS is not straightforward to diagnose, but one way to nail it down is by eliminating all other reasons for the symptoms, and that can be done through blood tests. Until Bella became pregnant with Renesmee, Carlisle’s speculation was just
that...speculation. However, he eventually confided to me that during Bella’s pregnancy, when Rosalie let him take a sample of Bella’s blood for testing, he excluded the other diseases most likely to cause Bella’s symptoms. He tested for Lyme disease, collagen-vascular diseases, hereditary disorders, and AIDS, none of which Bella had.

By process of elimination, Carlisle determined the likelihood of Bella’s having multiple sclerosis to be very high. In order to confirm the diagnosis, he needed to do additional tests that he could not do casually, including an MRI, a spinal tap, and an evoked-potential test (which measures brain waves to track how fast different nerves respond to stimulation).

By the time Carlisle started testing Bella’s blood, whether or not she had the disease was a moot point, since none of us believed that Bella would survive Renesmee’s birth as a human. Since changing her would heal the disease and mend any of its effects, Carlisle didn’t tell me his suspicions.

When Bella asked Carlisle to change her after we returned from Italy, he had several reasons for agreeing to it, even though changing a healthy human violated his principles. First, Carlisle knew that I would kill myself if Bella were to die, and he didn’t want to lose me. Second, Bella and I were in love and the only way he thought she could survive over the long term with me was by making her one of us. Third, he suspected Bella had a crippling and potentially fatal disease. He hid the last reason from both of us because he didn’t want to influence our decisions unnecessarily.

I can write about this now with relative equanimity because Carlisle protected me from the knowledge until it was no longer relevant to Bella’s future. He’s told me that if she had survived Renesmee’s birth as a human, the disease probably would have escalated due to the stress pregnancy—and especially her pregnancy—puts on a woman’s body. If I hadn’t changed her when I did, I might have had to face doing so shortly afterwards because of her disease.

When I think of Bella’s change in this light, I realize that insisting she stay human as I did when we first met was disingenuous. Leaving Bella human meant that she would have died during Renesmee’s birth.
While I had any hope of saving her, I never would have let her die that day. And if she’d survived and her MS progressed suddenly afterwards, I would not have let her die a month later, or three months later, or even a year later. And what if her MS never progressed? If she developed heart disease at age fifty-five, would I have let her die of a heart attack right in front of my eyes? I’d be lying if I answered “yes.” So when it comes right down to it, would I ever have been able to let her go, even if she lived to be eighty-nine? I doubt it.

I sometimes wonder how it would have affected me to know that Bella had multiple sclerosis back then. Would I have been willing to change her as she wished me to? How does the presence of such a disease and the knowledge of the suffering it will cause weigh against the possibility of destroying someone’s soul? If one lives forever, does it matter whether he or she has a soul?

Edward