

My Cousin Jim *By David Meeker*

My cousin Jim is a man of many interests, skills, and accomplishments. In addition to the myriad of talents required to keep an old house, far from any utilities, in livable condition, Jim also keeps a collection of farm equipment, a 1920's Ford Model A, and an extensive collection of antique tractors all in running condition. This story, however, concerns another one of Jim's skills – that as a trapper of skunks.

I learned of Jim's experience with skunks many years ago when I visited him at his home in Macdoel, California, some 12 miles south of the Oregon/California line. That day I mentioned that a skunk had been prowling around our house in New Hampshire and causing (smelly) problems with the dog. Jim immediately grabbed a sheet of paper and a pencil and began to sketch the plans for a skunk trap. The sketch showed the details of the trip mechanism and the trap dimensions. The dimensions are important because a skunk trap is not simply your common animal type trap with a door and a trigger to make it fall. That is, of course, because a skunk is not your common animal. The skunk trap's opening, of course, must be wide enough and tall enough to allow an adult skunk to enter, but it must not be so tall that the skunk can raise its tail. For, you see, if a skunk cannot raise its tail, it is deprived of its most important defensive weapon – and that makes all the difference in the use of a skunk trap. But then, if the skunk cannot raise its tail, the trap must be long enough to accommodate the skunk and its tail without interfering with the ability of the trigger mechanism to close the door to the trap. With these restrictions, a skunk trap is a pretty heavy and awkward piece of equipment. Nevertheless, Jim and his friends have been very successful using his skunk trap design.

When I think of Jim's latest skunk trapping experience, I am reminded of an insightful piece of knowledge, whose truth has been shown many times in my own life.

Good judgement comes from experience, but, unfortunately, most experience comes from bad judgement.

In this instance, I think Jim's store of good judgement received a substantial boost.

It began with Jim loading his pickup for the long trip up the middle of Oregon to Portland, on the northern edge of the state. He has had some exotic medical problems that, from time to time, have required time and attention at the hospital of the Oregon Health and Science University in Portland. His medical problems have been of such a nature that he has become well-known in some sections of the hospital population. The time he has needed to spend there has been made easier to bear because his daughter and son and their families live in Vancouver just across the Columbia River from Portland. As a result, Jim has a comfortable and welcoming place to live when his condition permits out-patient treatment.

That day, just as Jim finished loading the wood for his families' winter fires in Vancouver, he realized he had not checked the skunk trap set the previous day. Not wanting to leave a skunk to starve to death while he was gone, he went to check the trap and, indeed, found a skunk in it. Loading the trap with the skunk into the back of the pickup, on top of the wood, he drove to his favorite skunk "drop-off" location some miles away.

The usual "skunk dump" procedure is to throw a rope over a branch of a tree, tie it to the "head end" of the trap, raise the trap off the ground, unlock the trap's door at the opposite end, and let the skunk exit the trap with the assistance of gravity. That assumes, of course, that the rope is long enough that the newly relocated skunk has no chance to take revenge on its ex-landlord.

Well, when Jim arrived at his tree and looked for his rope, he remembered that it was under the pickup load of wood! Luckily, he found an old piece of rope, but, when he started hoisting the trap, the rope broke. Jim tried again with another part of the rope, but with the same result. By now the 350+ miles to Vancouver and the lateness of the morning were increasing Jim's frustration with the rope, the trap, and the skunk. In a "let's get the damn thing out" moment Jim made his move – and initiated a process that provided the raw material for an increase in his stock of "good judgement".

Unlatching its door and grabbing the other end of the trap Jim started shaking the skunk out the trap. Well, he succeeded in that, but the skunk was a little too close for comfort when it hit the ground and it was quite ready to express its dissatisfaction with the recent events of its life. Naturally, Jim headed off on a run – and then things went bad.

When Jim came to, his glasses were bent, his face was bleeding, and, worst of all, his little finger was dangling from his hand almost to fall off! Somehow, he had tripped while escaping from the disgruntled skunk and fell on his face very hard. That explains the damage to the glasses and his face, but Jim still has no idea what happened to the little finger. The skunk, not being of a vindictive type, had left the scene by that time. Jim got up, wrapped his hand and its lonesome finger in his, undoubtedly clean, handkerchief, straightened his glasses and drove home so that his wife, Patty, could take him the 40 miles north to the hospital in Klamath Falls, Oregon.

Jim has a lot of experience with that hospital – some of it very bad. Once he spent two terrible weeks there with a painful and undiagnosed problem. The situation, ultimately, led to emergency transport to the Medical School in Portland for, as happened, a rapid diagnosis and treatment. That event was sufficiently out of the ordinary that Jim began to develop a following up there. Nevertheless, it was the KF hospital that was needed that day. There they cleaned his hand up, stitched him back together, and sent him back home. The emergency doctor did not prescribe any special antibiotic treatment, no doubt assuming the dirt at Macdoel and Jim's handkerchief were sufficiently sterile as not to create a problem.

Jim and Patty went home that night and then headed north on their delayed trip to Vancouver the next day. The hand was still very sore and, at the end of the trip, was getting very hot and feverish. By morning it was clear that the hand was badly infected, so Jim took it to the medical school ER for treatment. Once there he was immediately placed in a bed with an IV antibiotic. There was great fear that he had been infected by a “flesh eating” bacteria and that his hand might need to be sacrificed to save his life. Fortunately, that was not the case and the hand soon began to respond to treatment.

However, the original fear and its notoriety created a stir in the hospital and, with Jim's previous history there, a great deal of interest arose in the details of the case. When those details began to emerge and the role of the black and white initiator became known, Jim became famous within the hospital as “the guy who traps skunks”. It seems that there are not a great

many skunk trappers in Portland, Oregon, at least not many who admit to it – or who've been sent to a hospital as a result of it.

To stir things up a little more, Jim decided that the basic details were not enough and that his story really needed a local connection. His original trip to Portland was for precisely targeted radiation treatments and, as part of the targeting process, Jim's doctor, say Dr. Doctor, had previously imbedded little gold spheres in a sensitive location in Jim's torso as "landmarks" for the radiation machine. The location of these little nuggets is not necessary for this story except to note that they were below his waist. So, Jim decided that the whole problem was due to Dr. Doctor. He explained that Dr. Doctor's gold balls had made his lower half so heavy that, when escape from the disgruntled skunk was imperative, it could not keep up with his upper half and this caused the fall that started everything! Not surprisingly, this explanation also went viral within the hospital.

Part of Jim's radiation treatment could be performed in the hospital in Vancouver, thus eliminating an almost daily trip through Portland traffic. But, to his surprise, his fame had spread across the Columbia River. When he registered for his first treatment, he was greeted by, "Oh, are you that man that traps skunks?". So, once again, Jim would be met with smiles and whispers in the halls and waiting rooms of yet another hospital. He realized it was serious when he was asked, "How are you at trapping two-legged skunks? I need one of those for my ex!"

Well, that is about the end of this chapter of my Cousin Jim's adventures. His medical treatments in Portland have ended and he and Patty have driven back to their home in Macdoel to await the results. I will just note, in attesting to the old adage above, Jim assures me that "GOOD judgement requires a GOOD rope when releasing a skunk from a skunk trap".