

Ars Medica

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Anniversary Issue

As this is our fifth anniversary issue, it seems appropriate that we pause to review what we've accomplished in our first half decade. We began with the hope of being a forum for "the unique stories of those who are ill or recovering" as well those who are members of the healing professions or historians of the medical arts. Intending to give this subject the widest possible venue for expression, we invited contributors to send fiction, non-fiction, poetry, prose, memoir, history, image, and narratives of personal experiences of illness. Since the beginning we have regularly received all these types of submissions, and this issue includes examples of each.

Physicians and other health professionals have contributed to every issue of *Ars Medica*. In this issue, we include four physicians' narratives: "Hector and Edward," "A Diplomatic Doctor," "A Tale of a T-shirt," and "On Call." Each of these is told from the perspective of physicians facing complex clinical challenges. What makes them memorable is not only the suspense of the clinical dilemmas, but the powerful, palpable sense that these authors all feel that they should have done more, no matter how much they have achieved.

In the last five years we have presented pieces concerning over fifty different physical conditions, including such obscure ones as Cruzon's syndrome and Osgood Slaughter disease. Writers recounting their own experience of illness emphasize the felt experience of being not only unwell, but also, of being a patient, the passivity of being acted upon by others and the indignity of forsaking autonomy in order to regain it when the medical problem is solved. The experience is one of impotence, not only in the sense of erectile dysfunction, so vividly capture in George Stevenson's poem in this issue, but in an existential sense.

A large number of our contributors write about the precarious experience of being a caregiver, supporter, witness, partner, or survivor of someone who is ill. To write honestly of the double bind of caring deeply

for a person in need, but resenting the burden their dependency causes demands a courage that *Ars Medica* is privileged to honour. In this issue, the mother of a diabetic son gives us the detailed truth about what his condition has done to everyone in the family circle with such honesty that we understand why it could only be published anonymously. Perhaps *Ars Medica*'s most significant role is to provide a place for parents struggling against the odds and even losing the struggle to memorialize their valiant attempt to protect their children from forces beyond any human being's control

Medical historians have also been regular contributors to *Ars Medica*. Their work reminds us of how longstanding a pursuit the medical arts have been, and how subject to the variables of time, place, knowledge, and personality. In our first issue, we featured the tuberculosis sanatorium era, which ended with the development of streptomycin. And in this issue we offer a visual statement on the final days of a refuge for people with Hansen's disease, otherwise known as leprosy. We also have a different kind of medical history in this issue, a report on medical history in the making, by Elisabeth Young-Bruehl, about the relatively recent identification of child abuse and the need to intervene to prevent it. On a different note, an imaginative cardiologist, Ernest Fallen, presents a charming portrait of William Withering, as seen from a variety of interesting angles.

The birth and growth of a literary journal seems remarkably similar to the birth and growth of a human being. Getting launched requires much more than the necessities of life, but stimulation, emotional connection, response from the world around us, and financial security. We feel lucky to have received the necessary supplies to thrive from our readers and contributors, our medical and literary community and most notably the Department of Psychiatry, Mount Sinai Hospital, University of Toronto, the Munk Centre for International Studies at University of Toronto, the Faculty of Medicine at the University of Toronto, and the Canada Council for the Arts. With this foundation we feel poised for another growth spurt in the second half of this decade.

Special thanks to Denise Sum for assisting in the review of editorial contents for Ars Medica 2004 to 2009.

The Usual

Nancy Richler

It was in the middle of that winter. January, maybe, or early February. That's when he first saw her. Met her even, in a manner of speaking, though he wasn't speaking then. Not that winter.

Sam was her name. He saw it on the smiley face she had pinned to her uniform. "Hi, I'm Sam," it smiled at him. Strange name for a girl. Where's Brenda? he wondered. No one had said anything about Brenda leaving. He'd liked Brenda. She never bugged him, just brought him his donuts, two old fashioned and one honey-glazed, and made sure his cup was hot and full. Now she was gone and there was this new girl to get used to. Sam.

"Coffee?" she asked, poisoning the pot over his cup.

He nodded and held out the cup as she filled it. She left him with a menu while she went to pick up another order. Soon she'd be back, though, to ask him what he wanted. Brenda would have brought his donuts without having to ask. She knew what he wanted. They'd been through this already.

He emptied two creams and two sugars into his coffee, tasted it, then relaxed a little. It was just the way he liked it. He felt his shoulders start to unhunch some. Then he remembered. She'd be back here any second now. Asking. Putting him on the spot. As if that's why he came here. To be put on the spot. As if there weren't plenty of other places he could go to if he wanted to be put on the spot. Like the Greek place down the street. Tim Hortons. Starbucks even. But this was the place he had chosen; didn't they know that? And it wasn't just for the donuts, or the shape of the cups, or the way some of the regulars sort of nodded at him when he came in the door.

THE COFFEE SHOP filled an hour or two of his day. That left fifteen other hours that he had to take care of. He wasn't working that winter, and when he was home his parents were on his back every chance they got.

"Every other boy your age has a job, but not you," said his mother, as if she hadn't noticed he was no longer a boy.

"Leave the kid alone," his father would say. "I'm sure he's planning to get a job soon. But a man's got to think about these things. Isn't that right, Joey?"

He was thinking all the time. Trying to. He was trying to think things through so he could get a job and move out. He'd be thirty-four on his next birthday. It was time to move out. But it was important to think things through, no matter what they were. And as soon as he did, he'd get a job and be gone.

He'd had a job before. A few jobs. Once he'd been a busboy at a steak and lobster house. Another time he'd worked all summer as a caddy at a golf club. He'd even worked a whole year once at a courier service. Until that bitch at reception had started staring at him for no reason. "You got a problem?" he'd asked her. Which she didn't answer. The bitch. "*You got a problem?*" That's all he'd asked her. And they'd fired him. For no reason.

Since then, bad luck. Which led to bad nerves. Which made it hard to take his mother's voice. Lately, when he was lying in bed he felt her voice more than hearing it: a stream of ants crawling inside his head. And it wasn't just her voice. It seemed like she was always in his room, folding his clothes, running her hand along his sheets under the guise of making his bed. Sometimes when he got home he could tell right away that she'd been there. In his room. Doing what she did. All he had to do was breathe the air and he'd feel sick.

And his father was no better, asking him if he'd made it with any girls, winking, staring at his private parts like that and telling him any girl would be lucky to have him. Like he didn't already know. Like he needed his father to tell him. He was sick of it. Sick of them. He had to move out.

But first he had to get his head together. His head was not together. It had sprung a leak, but inside, all his thoughts bleeding into each other like a madras shirt that got washed in hot water. It made a mess of the inside of his head. It made it hard to think.

The gym helped. He spent mornings there. He was one of the stronger guys and everyone knew it. They kept their distance. Out of respect. He never rushed his workout, just took his time and concentrated on each muscle he was working. His brain relaxed then, stopped flowing, like it knew he was doing something important.

The coffee shop helped too. For two years he'd been going there in the mid-afternoon, that time of the day when lunch was over, when time slowed to a crawl and everyone got strange. If he stayed home he ended up watching those stupid shows with his mother, all those weirdos lined up onstage, and the audience shooting questions at them. But if he went out he could never be sure what would happen. So the coffee shop was where he sat out those hours. The stools had backs on them and were padded with vinyl. Purple vinyl. He liked it there.

"Can I get you something?"

It was her. It didn't matter. He'd done harder stuff before.

She wasn't smiling, which was a relief. He hated when they poured on the syrup just when they were trying to get something from you. He looked away from her before their eyes actually touched in mid-air.

"Still deciding?"

She was pushy like the rest of them, this Sam with the smiley button on her chest.

"He doesn't talk much," someone volunteered. One of the other regulars, three stools down.

She gave him a closer look then. He started sweating. He felt himself getting hot, getting mad. "Start counting," he told himself. It was important to count. It was important to count very slowly, thinking carefully about every number. Soon she'd start laughing. Shrill. Or maybe just loud.

"Can you point?" she asked. Of course he could point. Did she really think he couldn't point? He could talk too if he wanted. It just didn't suit him. Not right now.

She didn't seem to be in any rush. She wasn't looking at his face, but neither had she moved away. He glanced at her face. It was covered in freckles. Not huge splotchy ones. Very light and small and evenly sprinkled. Like angel dust, he thought, and then laughed out loud, catching the double meaning.

She turned to him sharply, pink surging in under all those freckles. Her eyes caught his. Worried and blue. Maybe she thought he'd been laughing at her. Which he hadn't been, but how could he explain?

"Two old fashioned and one honey glazed," he said, and she nodded.

"Anything else?"

He shook his head. She moved on to other customers.

She was easy to look at, he decided as he watched her. Nice to look at with all those freckles and red hair. She looked like she'd been one of those girls who played softball. He could just see her with her cap on, her face screwed up in concentration as she crouched over home plate waiting for her ball, that red hair of hers sticking up all over the place like it did now, even though she tried to keep it neatly tucked away under that stupid net they made her wear.

"Do you like the Blue Jays?" he asked her the next day. He hadn't known he was going to ask. He'd wondered stuff about her all night long. Mashing thoughts. Thoughts that mashed together in his brain. He had thought that they would stay there in his brain where they belonged. He felt himself get hot.

She smiled and said, "What'd you think, that I'm a traitor?" She wiped the counter. "Ever go to their games?"

He didn't answer. He knew that trick. The casual question. A can opener to the brain.

"I'll be going to a few games this summer," she said, as if they were having a conversation. She pushed a wisp of hair under her net. "Let's just hope that they do better than last summer. We could use some good news around here, don't you think?" When she pushed her hair like that he could see the scars on her wrists. They were red and stood out from her skin. He knew about scars. These were still mad. If she left them alone, though, they'd calm down. Eventually they'd fade into her arms.

"Yeah," he said, looking back at his coffee.

FOR THE NEXT few weeks he didn't talk to her. And she didn't try to start up with him like a lot of girls would have. A lot of girls would have taken their conversation about the Blue Jays as a sign that they could just chat away any time. But not Sam. She wasn't pushy. He'd been wrong about her that first day.

The winter dragged on. In March there was a thaw and it seemed like everything was going to burst open. Then at the beginning of April it snowed. Not the kind of snow that made everything seem new and white. One of those messy snows that turned to slush as soon as it hit the pavement and added twenty pounds to every step. He slogged into the coffee shop and took off his wet coat.

"Great weather," he said. Then he laughed. It was a weird laugh—he could hear that—but Sam didn't seem to notice.

She made a face. "That's Toronto for you."

He knew he should say something else, but what? "I need to get a job."

"What kind of job?"

"The kind that pays money."

She smiled. Her teeth were nice and straight. She had the kind of teeth that had probably set her parents back a few thousand. "They're looking for baggers at Safeway," she said. Like he was stupid. Like all he could do was bag groceries.

"Do you think I'm stupid?"

She looked at him. "I think you're strong."

FOR A FEW WEEKS he didn't see her. He'd found a job, and it wasn't bagging groceries. It was something good. Something sweet, you could say. He was sorting candy at a factory out in Mississauga, picking out the rejects while letting the good ones flow to packing. He was on mints. All varieties of mints. It was June before he went back to the coffee shop.

"Hey, stranger," Sam greeted him as she came with his coffee.

With the first weeks of summer sun, her freckles had gotten darker. Her eyes, which had been a dull kind of blue back in winter looked sparkly now, even fiery.

"I got a job," he said.

"I figured," she answered. "Or at least I hope you hadn't switched to Tim Hortons."

"What'd you think? That I'm a traitor?"

She liked that one. Or seemed to. She smiled.

"The usual?" she asked, and he nodded, then said no. It was evening, not afternoon, and he'd worked all day. "I'll have a burger instead."

He started going there more often. Most evenings. Every evening. To avoid his parents. To see Sam. Some nights he ordered a burger, but other times a chili dog or even a couple of grilled cheese sandwiches. And whatever he ordered, Sam brought.

They didn't talk much. They didn't have to. He brought her mints once a week: chocolates, and pale pinks, and the odd wintergreen that he'd lifted off the belt. She'd thank him and put them in the pocket of her apron. Then, she'd be serving another customer, talking, pouring coffee, and he'd see her free hand steal into her pocket and slip one of his candies into her mouth.

The summer got hotter and it was hard to know what to eat. In mid-August they had a day of rain and relief. Sam brought him his supper, the fish special with fries.

"I won't be working here after August," she said. "I'll be going back to school in the fall."

"Do you know Brenda?"

"Who's Brenda?"

"What are you going to do in school?"

"Graduate, hopefully. With a B.A. in philosophy. That's my major."

"Philosophy," he repeated. "We think, therefore we are. Or aren't, for that matter. Thinking can be overrated, don't you think?"

She was looking at him funny

"I just wanted to let you know," she said. "So you wouldn't come in here one day and find me gone. Without knowing." She was blushing now, and pushing wisps of hair.

He felt his brain contract, forcing more stupid thoughts to his mouth. Which he closed.

"So, anyway," she said, and then she was off topping up other customers' cups.

He looked at his uneaten fish. To eat it he'd have to open his mouth. Which he wasn't about to do. He started counting as slowly as he could. Then he counted out a few dollars for his supper, adding a dollar for Sam before getting up to leave. He turned around at the door and saw her taking a customer's order. She still looked like her usual self, quick and light, as she whirled around with her orders and coffee.

“Hey Sam,” he called from the doorway. His voice was too loud, like a bomb exploding as everything from his brain rushed out his open mouth. It filled the room until he breathed some of it back in. She looked up, surprised.

“See you around,” he said, then realized that was stupid. Around what? Or where? And could you really see someone around, or did you need to look straight at them like she was looking at him now? He wished he hadn’t said it. He felt himself getting hot.

“See you around,” she said, as if she knew exactly what it meant.

Nancy Richler’s most recent novel, Your Mouth Is Lovely, was published by Harper Collins in 2002. She lives in Vancouver, where she is nearing completion of her third novel.

Palliation

Pat Cason

My brother called me out of the blue. He'd always favoured the element of surprise. "Apparently I'm kicking the bucket," he said.

"Who is this?" I said. I was still a little mad. He'd blackmailed our parents, refused my phone calls, stamped *return to sender* on my letters. Not to mention the bicycle, the cat, the black paint. Now he was dying. You see my point.

I relented. "What was your first clue? You've been trying to kill yourself for years." That bucket he said he was kicking—I was curious to know if he really meant it, this time.

He did. "It's called palliative care. There's nothing else they can do. They just give me morphine for the pain"—this was back before the fancy anti-retroviral cocktails they give people now—"and even the morphine's not working so hot anymore. Although being under the influence is probably why I called you."

"I was wondering," I said, although I figured he just wanted to re-engage an audience he could then ignore, "I was wondering why you called, after refusing the letters I wrote."

"I steamed them open first, though," he said.

"You could've just written *fuck you* on the envelopes and sent them back."

"I considered it," he said, "but I didn't think the post office honoured requests like that."

WHICH IS ALL BY WAY of explaining why I flew to California to visit my nearly dead, only living relative.

"You must be the boyfriend *du jour*," I told the man with greying ponytail who answered the door. "I'm the sister from hell."

"Pleased to finally meet you," he enthused. "I'm Kip." He grabbed my hand and shook it with a fervour I found excessive.

"You don't fool me for a minute," I said. "Where's His Royal Highness?" Smile gone, he motioned to the back porch.

My brother was stretched out on a chaise longue, eyes closed. Life-like garden art: Gargoyle at Rest. I assumed he was rehearsing his death, or skipping out when things heated up, skills he'd perfected. Sunlit batik awnings splattered colour across him. It was an arboretum out there. I tried to ignore the begonias, reminded myself why I'd come. Reminded myself of the stop sign, the lawyer, the rotten peaches. Of the venom that kept us alive. Although now it felt like a toxin I had to flush out of my system, in order to live.

"Awful cheerful place to die," I said.

He opened one eye. "You have no idea."

"You're all sticks and bones." I sat on the chaise beside his.

"Men used to follow me home," he said, haughty. "They lined up at my door."

"You were buff," I agreed. "Look where it got you."

"And you," he said, "where did life get you?" He had a point.

"What's with the Cheerios?" A shelf held potted blossoms. Someone had scattered cereal O's across it, a surface printed as though by the random hands of tiny children.

He closed his eye. "Raccoons," he said, "maybe skunks. They come at night."

"Quite the nightlife you've got these days," I said, "feeding feral phantoms in the dark."

He ignored me, or didn't hear, because pretty soon I heard his quiet snoring.

A THUD, A CRASH, A MOAN. My brother didn't move. Inside the house I found Chip on the floor, clutching his chest, hyperventilating. He'd pulled down a bookcase. He was flailing a bit.

"You a drama queen too, or just a clumsy choreographer?" I helped him stand. "Your face is kind of grey, Skippy. Take a load off. I'll call 911."

He sank onto the bed and waggled a hand. "Heart condition," he said. "Ran out of nitro. May be fatal this time . . ."

"You ought to make an effort to speak in complete sentences," I told him, relying on the benefits of distracting the wounded from their pain.

He rolled his eyes. Drama queen, I decided. "If you're dying, just don't upstage him," I said. "He'd never forgive you."

WE WAITED for paramedics. Two strapping young men in good haircuts and pressed uniforms carried a collapsible gurney up the front steps. "If they're gay I'll slit my wrists," I told Pip. He smirked. Maybe he thought I was joking; I've carved myself for less. Must be zoning law, or a law of nature that every non-visitor within a mile of the Russian River at Monte Rio be gay. Too bad. I'll admit to lust as I watched from the window. Men in uniforms.

I let them in. "I gave him an aspirin," I said. "He thinks he's having a heart attack."

One of them took Mister Boyfriend's pulse and put a blood pressure cuff on his arm and clipped something to his finger. EMT Number Two fitted a plastic mask over his face, all business until he noticed a sheet of orange paper taped to the wall over the bed.

"Lookit this." He knuckle-thunked the paper.

They started unhooking things. "Hey," Boyfriend Guy muttered.

"Why'd you call us?" one of them asked me. "This says *Do Not Resuscitate*. It's legally binding. We can't take him anywhere."

"Check his ID," I said. "This isn't the nearly dead guy. Although he will be soon, if you don't do your job." Ninnies, they actually carded him before reattaching heart monitor gizmos to cart him off, siren pulsing, lights strobing.

I went to the back porch. My brother pretended he'd slept through the whole extravaganza. I thought of the fountain pen, the locked diary, the smashed van, and everything else. I don't need this, I said to myself, I'm getting out of here. I fished the rental car keys out of my purse.

He opened his eyes. "Where you going?" Like he'd been the host with the most and couldn't feature why I'd leave his terrific party.

"Your boyfriend had a stroke or something," I said. "Paramedics took him away."

"Finally! I threw out his pills a week ago," he said, and then as if by explanation, "what kind of co-dependent sicko sticks around to take care of a goner like me?"

He was dead serious. I couldn't leave now. "You are pure evil." I sat down.

"Thenk yoo," he leered, baring canines. "Thenk yoo veddy much." He shifted onto his side, diapers shooshing across the vinyl chaise cover. He closed his eyes again.

I thought of the snake, the poison oak, the broken locket. Smoke drifted to us from a neighbour's barbecue. People think they know what they'd save from a fire. They think they'd save important documents, mementos, family photos. No, what you take away from flames swarming curtains and wallpaper is how hair smells, burning. Wails, sirens filling the distance.

I considered hellfire, the nature of forgiveness and its practical applications before deciding against it as a viable option in this case.

My brother roused. "You're still here," he said.

"Look who's talking."

He turned onto his back. "I called you because there's something I want to tell you before I buy the farm," he said. "You'll be happy to hear it."

History made me wary. "I doubt it."

"I'm not your brother," he said. "We're not even related."

I thought of the rotten peaches, the lawyer's black Caddie glinting in the sun as it idled at the stop sign. Of my brother's ripe flesh, now turning to soft fermentation. That cold hard pit at his core was the only thing anchoring him. My brother, the stone fruit.

I lip-farted a *ppffffft*. "That's it? That's your news flash? I'd be relieved, if it were actually true."

He was insulted. "I was old enough to remember my father bringing you home," he sputtered. "One of his teenage patients got knocked up and he wanted to help. He didn't believe in abortion. Plus, it was illegal then."

I knew I had him. "You think he made a fortune from sore throats and penicillin? Wrong, Sherlock. Dad made a fortune from his medical practice *because* abortion was illegal." Our father was the best abortionist

in town. All the college girls came to him. Once it was legalized, the price dropped into the basement, and he was out of business. “He brought me home because one of his teenage patients was knocked up,” I said, “and he was the one who knocked her up. So he was my father, too. Although it would be a comfort to know that you and I weren’t drowning in the same gene pool.”

People don’t want the truth. They would rather have interesting facts: If this were Jupiter, we’d be eighty times heavier; Chester Greenwood patented ear muffs on March 13, 1887; everyone alive has taken in Caesar’s last breath, because there are only so many molecules of air on earth for us all to inhale. You see? You can’t tell the difference between truth and the facts I made up. What I said about my father was actual fact, but also the truth.

Show me a few people who can’t tell the difference between truth and the facts—religious nut-cases, from ranting right-wing Armageddonists, to orange-robed woo-woos spouting, *If you are attached to anything, you will suffer*—and I’ll show you people who are happy only when they’re miserable.

My therapist, on the other hand, repeats the mantra that my lack of attachment causes my suffering. Who asked you anyway, I told him, did I mention the word *therapist* is a compilation of *the* and *rapist*? You see what I mean, he said, what lengths you’ll go, to push help away? Good thing I don’t need any help then, I told him, I just pay you every week so you can learn how the other half lives.

My brother pretended to doze, perhaps planning the next plot twist. I thought of the dog shit and the trash can fire and the secret tape recording.

But he said nothing more, even when I left. What is the purpose of pain—I slit open this vein of thought while window-shopping in the house—isn’t it all illusory?

I am not the kind of person who steals for fun. Injuries I sustained years ago caused pains that endure in my back, sometimes also the heart. And pain is how you know you’re alive, I decided. Although one might question the practical benefit of knowing you’re alive, if living is defined by the awareness of pain.

There it was, big as life: palliation. His morphine sulfate pills, right on the kitchen counter.

You see how it was a win-win? He had to feel pain, in order to know he was still alive. I, being clearly alive, a condition whose defining characteristic is suffering, needed relief. Was I not entitled? *Thank you for your generous albeit passive hospitality, my so-called brother*, I thought, as I emptied his morphine into the Vicodin bottle I carry in my purse.

I am not cruel. I left him the tiny white pills I'd found at the airport in a fanny pack, briefly untended. Sadly, these had no effect on me, but if sharing my bounty can help another, I am happy to do it.

I knew I'd done the right thing—Vicodin plus morphine, that castanet rattle of pills against plastic, drowned out the sound of my heart.

Pat Cason practises psychiatry in rural Oregon clinics. She believes that art, science, and faith are probes we send into the cosmos, to try to understand What Is. (That's her current theory, anyway.)

Turning Points

Suzanne Edison

Teeter-totter

No one wants to talk about the sick child,
corrugated sadness, apologies baited with fear,
the mouse-trap faces of those with healthy kids, shut.

Nobody wants to stand too close to disease,
the thieving rat reaches into pockets,
through the body's bars, swipes
skin-lush, flown-open dreams.

Stuck in binocular vision, I watch my child teeter
towards the ground. I should move, sit on her end
of the see-saw, leave the others
up in the air.

After I Hear My Daughter's Diagnosis

Walking.
Leaves
scuffle past.

Against raku sky,
clouds scudding, I see
—upside down, dangling

question mark—a nest
hangs, silhouetted.
My mind fills the empty sac

with names of birds.
Ruby-throated and
yellowing, a life list

of half-forgotten
warbled prayers erupt,
save her, SAVE HER—

Suzanne's work appeared in Pearl, Snow Vigate anthology; Drash: Northwest Mosaic; Crab Creek Review; and Face to Face: Women Writers on Faith, Mysticism and Awakening. She lives with her daughter and husband in Seattle, Washington.

Two Weeks after Open-Heart Surgery

Mark Thalman

Shoulder blade out of place
making my back ache
like *raspberries, mustard*, any word
my grandfather would say
not to swear in front of the children.

Someone has taken pliers
and is pinching a nerve
in my left shoulder, reducing me
to a helpless preschooler,
who cannot tie his own shoe.

I fumble with the heating pad
and take another Vicodin, good for six hours . . .

Try to relax, breathe normal,
and as in the game Doctor, Doctor,
begin to untie the twisted knots.

Mark Thalman's book Catching the Limit is published by Bedbug Press, Fairweather Books (2009). His poetry has been widely published over the last three decades. For more information, please visit markthalman.com.

Laser Correction of Posterior Capsular Opacification Subsequent to Cataract Implant Surgery

Anne Marie Todkill

He gave me the observation deck,
so to speak, the auxiliary lens
of his surgical machine,
as if duty somehow made
a willing student out of me.
*Watch now, he whispered—
do you see?*

But I saw nothing more distinct
in that dark galaxy than
lost planets, fading stars,
milky nebula,
fragments of asteroids—
and four red dots
squaring the beam
like beacons marking
a landing strip
on a rainy night.

See it now?

And so I did—
a chasm widening
with each pulse,
the clouded capsule
breaking:
thin ice,
black water.

Exactly, said the wizard
looking up from his glass,
but I knew he didn't see
the way I did
the looming infinity
in the deep starry vitreous
of my father's ancient eye.

Anne Marie Todkill is a writer and freelance editor who divides her time imperfectly between Ottawa and North Hastings. She is on the advisory board of Ars Medica and is a founding editor of Open Medicine.

Lichen: A Symbiotic Association

Lola Lemire Tostevin

I

Will the earth remember?

Will it have a memory of a land that once gleamed gold and nickel bloodlines? Layers of memory where there were once bushes and trees. Conifers higher than the eye could see, ridgepoles of heaven.

Except now the ridgepoles are ragged paltry things stripped of the full measure of their cosmic implications.

II

There was a time when writers looked out for primal interests, emblematic images of universal dimensions that could be reduced to their own lives: A walk on the Cup and Saucer Trail on Manitoulin where kettles of hawks and eagles drift overhead.

Or a swim in Lac des Pins in the Laurentians where the echolalia of loons brings back elements of a mother tongue.

Except now, Manitoulin is being overdeveloped with landing strips for the airplanes of rich tourists and the Laurentians accommodate too many amusement parks and designer boutiques.

III

From my study in Toronto, I hear a confused hum of traffic, jackhammers, leaf blowers, the ongoing reverberation of meaningless noise.

The intimate space of my study has lost its clarity and I am banished from the realm of possibility. Cells and nerves besieged by disturbance.

Hands poised over the keyboard, I try to recreate anatomies and landscapes while a sharp pain traces a trajectory from either side of my spine, a radial burst that spreads along the spinal canal.

IV

There is an impossibility inherent to writing poetically about bodies and landscapes. Poetry is phenomenology without the phenomena, an undoing of orders as it follows a different path from the Cup and Saucer trail. Or a swim in Lac des Pins.

When poetry dreams of landscape, it dreams in proportion to the body that inhabits it.

V

One doctor diagnoses the pain and the silver plaques spreading over my back as scleroderma, which means thick skin.
In this day and age, you need it, I reply.

A second doctor believes that the plaques could be related to sensibilities to the environment and diagnoses the condition as lichen planus, named because of its resemblance to the silver and flat-lace patterns that spread over rocks or hang from trees in thick filigree curtains.

I settle for the second diagnosis.

Every type of lichen is the result of two or more separate organisms living permanently together. Like a person who lives in several languages and cultures.

Because of this symbiosis, lichens have developed successful strategies of survival for over 400 million years. They grow in the most barren and inhospitable parts of the world, as on Manitoulin Island or the Laurentians.

Once they have established themselves, they slowly begin the process of creating a foundation for habitation with other organisms. They eat stones, survive severe cold, and can remain dormant almost indefinitely.

Landscapes are immeasurable unless they flow inside our veins and breathe through our own breath. We are the inhabitants of the forests of ourselves.

We are the nests that fall under our own weight.
We are the fronds that unfurl into space.
Each and every one of us is its own universe,
a cosmos in every sense of the word.

Science tells us that when ferns are reduced to ashes and the ashes are dissolved in pure water, all that is left after the water evaporates are crystals in the form of a fern frond.

VI

When I am cremated and my ashes are dissolved in pure water and the water evaporates, all that will be left will be crystals in the form of lichens that once were found in the woods of northern Ontario and the Laurentians.

Lola Lemire Tostevin has published seven collections of poetry, one collection of essays, and three novels. Her latest novel, The Other Sister, appeared this year. She is working on a play and a collection of poems.

Beneath the Skin

Marcie McCauley

The other Ellen paused in her sweeping, leaving room for conversation between the swishes of bristles against concrete. Ellen hurried her replies and kept moving: very well very well, much the same much the same, that's true that's true. She jingled her keys harder than she needed, the noise lost in the cicadas' bleating. Simple repetition rather than untruths (not well, not the same, and who really cared anyway). It's what people do, she told herself: they just talk. All those words put out there to protect what's real.

How strange (or frustrating or interesting, depending on her mood) that she and Dave would buy a house next to another Ellen and another Dave. The neighbours on the other side, a young couple with two shiny Hondas, never spoke to her and she didn't even know their names: no pretence required. Tossing a have-a-good-day over her shoulder to the other Ellen, she pushed the heavy wooden door past the summer-stick on its frame and escaped inside.

Leaning for a moment against the wood, she heard the other Ellen resume sweeping outdoors. She listened to the energetic and efficient strokes of the broom until the telephone rang, startling her so that she jerked her arms free from the straps of the bags on her shoulders and lurched to the screen that displayed Cathy's phone number just as her voice came through the answering machine: "El, are you there?" Ellen reached for the receiver. "You're not standing there, listening to me, are you?" Ellen snatched her hand back at that.

Just a joke, she told herself. There was no reason for Cathy to think that Ellen would avoid her, would avoid anybody; there was no reason

for Cathy to believe that Ellen could have learned something in a single moment that shook everything she had believed to be true. “I’m getting a perm done at eleven, I can come by after that—have some tea—or whatever—call me on my cell.” Ellen’s arms were folded, the nail on her upper index finger picking at the cuticle of her thumb. Then the goodbye and the click.

She lifted the receiver, brought it slowly to her ear, listened to the dial tone briefly before replacing it in its plastic cradle. Funny how people could be there and then not be there. If Cathy called back, she would answer right away. She practised. “Hello.” Her voice echoed off the morning sun-glow that coated the edges of the blinds. Strange how connections were there and then they weren’t there. Moving to the front of the house, she paused at a side window, one finger tracing the pattern of light on the sill.

She reached to lift one slat of the blind, saw the other Ellen talking to the woman from across the road, on the curb at the end of her driveway with her broom. The other woman had a worn beach towel folded across one plump arm and faced the other Ellen. The woman’s body was half-turned towards her own front lawn across the street, where two children played with a set of plastic furniture, two chairs and a table, and an assortment of dolls and foam toys tossed on the grass. Beautiful children: just out of reach.

The women’s voices droned through the window, the words lost to Ellen in the house she had shut against the summer’s humidity. The young mother’s shorts crept up at the back of her legs in a creased triangle that betrayed she had been somewhat smaller when she’d bought them. What would they be talking about: motherly things? household hints? The other Ellen’s children were almost grown, graduating from high school and starting university, but her memories of their toddler years probably still seemed sticky and fresh. The latest on daytime television. Best-selling upright vacuums. Three hundred and sixty-five one-dish meals. How to get wax out of carpet, odours out of refrigerator crispers, and grape juice out of T-shirts—always about undoing things, looking for a step back in time.

The young mother shifted her weight from one foot to the other and Ellen let the blind slip closed. She sighed at the effort of bending down

for the bags by the door and carted them into the kitchen. A nylon short-bristled brush to clean out the coffee grinder after she'd used it for her flax seeds. A nine-volt battery for the fire alarm in the upstairs landing. A copy of the latest Booker Prize winner, someone she hadn't heard of before, from the library, with a book on spirituality by someone who had been on *Oprah*. A head of broccoli, a length of ginger root, a cake of herbed tofu, two grapefruit, four kiwi, and a pint of strawberries.

The visits to the market on alternate days shaped her weeks in the summertime. At first she had planned to take a notebook with her, sketch lesson plans for the grade ten media course she was scheduled to teach for the first time in September, nursing a latte in the courtyard before she did her shopping. For the first few days she had actually carried the notebook with her. Now she sat on a stool at the juice bar, ostensibly reading the *Free Press*, while she sipped carrot juice and stared straight ahead, trying to make sense of it all, the everyday slipping alongside.

Coming home from the market that day, she passed Mr. Sundaybest. Ellen had lived in downtown Marston for more than a dozen years, long enough to invent aliases for the people she thought intriguing. Despite the heat, Mr. Sundaybest's tall wiry frame was clothed in an old-style navy blazer and grey pants. His white-yellow hair was neatly combed and plastered to his scalp, his eyes bright and jaw steady when he nodded at Ellen in passing. Once he had actually smiled at her. He had a twin brother, who never made eye contact or combed his hair, who dressed in wrinkled and slightly soiled clothes. Mr. Downandout, Ellen called him.

Strange how people can be so much the same and yet so different. Multiple personalities, Dave said of the two men, and it was true that they had never seen them together, but she didn't believe it somehow. She passed him on Wellington Street, near the old frat house there, where the contractors had been working for days. Piles of shingles and wood were flying into a dumpster below, virtually exposing the third floor beneath the roof. It must have been rotten beneath, not just a question of re-shingling.

She spread her purchases across the narrow kitchen counter, its surface peppered with uneven blisters and semi-circled scorch marks. The other Ellen probably knew how to remove them, some trick involving

lemon juice or toothpaste. Ellen moved the spider plant to cover the largest burn mark. Smirking, she imagined herself in conversation at the end of the driveway: sliding a footstool across wax drippings on a carpet, using minced garlic to mask an unsavoury smell in the crispier, slipping on a cardigan sweater over grape juice spilled on a T-shirt. Surely problems could be solved by adding things as easily as by taking them away.

In the darkened room, cut off from the urban summer outside, the shadows brushed against her like whispers as she reached for one of the grapefruit. The pile of peel and pith grew steadily as she sliced off the skin with the paring knife that had been her grandmother's, pulled the sections apart and pried the seeds from the flesh. She let the cool water stream across her thin wrists when she washed her hands, closed her eyes for just a moment before she pressed one hand against the other inside a crumpled tea towel.

Still moist, she laid one hand against her abdomen while the other tucked the worn towel into the oven-door handle. Every crease in the twilled fabric of her shorts seemed separate and defined as her palm rested on it and all the layers beneath: the cotton underwear, the pale outer covering of skin, protecting tissues, organs, glands, blood vessels, nerve endings, fibres, plasma, fluids, and cells. Small sinewy pieces of fruit dotted the counter. Strange to imagine one's insides: glistening, moist, and ordered, if not pink. Funny to feel so disconnected from them.

Ellen sat at the dining-room table to eat the grapefruit. The Ellen who had nothing to be concerned about would have curled up on the couch and turned on the television, had the radio playing, or sat outside with her feet in the grass. Now all that seemed so pointless, a world filled with people who didn't have tumours, benign or otherwise. She didn't want to talk about it but didn't want to not talk about it. Didn't want to think about it but didn't want to not think about it. Didn't want to let it ruin her life but didn't want to let it end it either. And all that while not being sure what she really wanted and what she simply thought she should want. So she sat quietly, eating her grapefruit, mouthful after mouthful of pink-fleshed flavonoids, the juice bursting against the roof of her mouth in the cool, dark room.

Lately, when Dave burst in after work, he'd wonder how she could stand to keep the house closed up, exclaim at its stuffiness, and yank

open the windows at the slightest current of air. After all these years with him, Ellen never argued anymore; but sometimes, after he'd settled in front of the TV, she'd retrace his steps and slide the windows closed again. If the days passed slowly, evening minutes seemed hours long. She wished he'd go out more but he seemed to make a point of staying home. Ellen sat in her easy chair in the bedroom, her book in her lap unread, listening to the hum of *Antiques Roadshow* or *Studio Two* from the living room. The sound of childlessness coated the moments.

Only Dave knew. She'd tell Cathy too eventually. Most people would just never know, they would continue assuming that Ellen had made a choice. That would have been fine. In fact, it was fine. She liked children but there was just so much to do; it was never a good time. And so she had chosen not to, for now. But not for good, the possibility like a breeze behind a curtain. And now, as though the string of tumours wasn't enough, the future was decidedly solitary. Even if they were thought to be benign. Strange to think it would only ever be the two of them in this dark, still house. Funny to think that this imagined quiet made the rooms feel so cramped.

The morning's minutes bled together while she worked, washing the broccoli, trimming it into consistent bite-sized pieces, tops and stems. Her knife cut deliberately, not quickly but steadily through the vegetable, meeting then severing, while the kettle heated water for her tea. She heard it near-bubbling, then pulled the plug from the wall, breaking the connection before excess steam could escape. While she waited for the tea to steep, she finished the broccoli and debated over whether to make the sesame or mustard marinade for the tofu. This she could choose, order, and deliver, flawlessly executed.

It's past noon when she settles into her easy chair with her mug, one of a set she bought in Niagara-on-the-Lake with Dave several summers ago, each with a different delicately painted rose, its Latin name in fancy coiled green letters beneath. She traces it gently with the pad of her index finger, feeling the slight rise of the outline against her skin, repeatedly pressing the end of the single stem, where it would have been cut from the whole, complete bush. There is a small burst of paint there like blood clotted at a wound; she can't believe she hasn't spotted this flaw before. The doorbell rings and she reaches for a smile as she rises to let Cathy in.

It's all just so unbelievable: that's what she will say. If the subject comes up.

Marcie McCauley's work has been published in literary magazines in the United States, the United Kingdom, and Canada, and has been anthologized in Portfolio by milieu press (Canada) and by City Works Press (United States).

BSE

Alison Hauch

Jillian liked the shower hot. It was best when it fogged up the mirrors and made the towels damp. Since the bathroom fan had been broken before they moved into the house seven years earlier, it never took long before she could see the walls start to sweat. It made the paint crack and peel and her husband was forever asking her to open the window and let the heat out. And while she understood the need to save the walls from collapsing like candy floss, usually she forgot. It wasn't on purpose; it was just the last thing on her mind when she turned the handle and walked out the door.

On the rare occasion she remembered to open the window, she always wondered how it looked from the outside with billows of steam puffing out. It was as if her house had held its breath and finally decided to exhale in relief. That thought amused her and she sometimes watched the steam curl away, but to be perfectly truthful, most of the time she forgot to open the window at all. It was sort of the same way her husband forgot about his plans to fix the fan every summer. It was amazing, she thought, as she popped the clear plastic lid off her new, disposable pink-as-bubblegum razor—like shaving was somehow a treat to be savoured—that someone could forget to do something for seven years. After all, it only takes nine months to make an entire baby. It only takes a year to get a divorce. It only takes six weeks to die after the doctors finally figure out that it's cancer. Seven years to fix a fan seemed a bit disproportionate and trivial at the same time, sort of like taking a limousine out to buy garbage bags or sewing sequins on a dishcloth. It wasn't as though there were never any reminders, but it somehow

escaped both of them every time they left their tiny turquoise bathroom with the claw-foot tub.

And seven years was a long time to live with just one bathroom anyway, she decided as she shrugged out of her old, white bathrobe, especially now that her twin daughters wanted to bathe separately, the joy of communal cleaning waning as the parameters of the tub became too small to share. Seven years was a long time to put up with the shower curtain sticking to her legs as she tried to shave, balanced on one slippery foot, right hand carving out tracks of hairless skin as the left hand swatted away wet vinyl that seemed to be attracted to her skin the way mustard was attracted to white shorts. And seven years was a long time to repeat the monthly five-step ritual in this tiny, airless, steamy space. Seven years times twelve months made eighty-four rituals. Eighty-four rituals times five steps made four hundred and twenty steps. She had done the ritual eighty-four times. She had taken four hundred and twenty steps. And each time she held her breath, made sure her hands were warm enough and slippery enough and wished that she were seven minutes away into the future and not stuck here with seven minutes left to go.

Step One: Strip to the waist. Stand in front of the mirror with your hands on your hips. Take a good, hard look at yourself. Remember to breathe. Are your breasts their usual size, shape, and colour? Are both your nipples “outies,” not “innies”? No sinister dimples? No icky rashes? No odd pimples? No sneaky puckers? No unsightly bulges?

Proceed.

Jillian had loved being a girl. She loved being a woman even more. Not for one moment in her life did she ever wish to be anything other than what she was, which was female from her inside out. But sometimes—once a month, her time of the month, when she got her monthly bill—she was afraid of herself. She didn’t like how strange it felt to be afraid of the skin she wore every day. It seemed wrong to fear the body that had so far proven smart enough to grow up and out in all the right directions, organized enough to oversee the production of two tiny humans, nurturing enough to handle all her bad decisions and forgiving enough to deal with her regular need for chocolate and French bread.

Step Two: Now raise your arms and look for the same things. See if a youthful lift changes the landscape. Try not to yearn for the days

when the girls sat up this high all on their own. Confused? Forgotten your clues? Refer back to Step One. And keep breathing.

Proceed.

Because much as she loved being female, two of the most tangible symbols of womanhood—her tits, her ta-tas, her hooters, her jugs, her knockers, her rack, her boobs, her bazooms, her breasts—went from being her best friends, the kind of friends she could count on to fill her up and fill her out just right, to being her biggest foes, the kind that filled her with anxiety. And all the silly, fluffy, bunny names in the world could not disguise the fact that while they seemed soft and gentle, they could easily turn on her, like a stinky cheese left a few days too long.

It was the only love-hate relationship she had ever really had.

She loved the way they looked in her white tank top, but she hated the way her hormones made them hot and heavy. She loved how they balanced out the curve of her hips and matched the number of her legs, but she hated how they stole the attention she sometimes needed to give the other sum of her parts. She loved the way they fed two lives well enough to navigate them through their first few years, but she hated the way they collected cells and scrunched them into cysts and bumps and lumps—scary, undefined bubbles under translucent skin—like swamp gas beneath the bog of her bra.

Step Three: Gently squeeze each nipple between your pointer finger and your thumb. Ignore any vaguely porn star-ish sensations. Remember to breathe. Check for any discharge. Is it milky? Is it bloody? Is it yellowy or stinky or any of the other seven dwarves?

Proceed.

As the time got closer each month, the time when she had to pick her way through the maze of her own flesh seeking out any tiny anomaly (trying to remember last month's trek and wishing she had drawn a map) she worried and wondered. Jillian stewed in a juice full of memories of dead mothers and staggering statistics, of pink ribbons and health advisories, and she watched her girls and hoped she would find her way out successfully again this month so that the word *mama* didn't become part of a dead language to them, the way the word *grandma* had.

Step Four: This is the biggie. Pay attention. Don't get lost. Lie down and cop a feel. Pretend it is a prelude to sex, not cysts. Feel your breasts

with your opposite hands. Use the pads of your first few fingers. Make sure you feel from stem to stern, port to starboard, cleavage to shoulder blade. Start at your nipple and move your hands in larger and larger circles until you've spiralled out to the edge. Then give the vertical plane a whirl. Go in rows, as if you are painting a wall. Start pressing softly and then repeat, pressing harder. Sorry to those of you who are sensitive. But press on you must. Stop holding your breath. What should your breasts feel like? Excellent question. They could feel like lumpy oatmeal or a rubbery ball. Parts of your breast might feel like a sea sponge or the white of a slightly cooked egg. Know your breasts. Learn your breasts. Love your breasts. Take stock of your breasts. Any lumps? Any thick bits? Any spots that don't move when stuck between a rib and a hard place?

Proceed.

Jillian loved the elation she felt when she discovered her mammary intelligence had managed to keep the status quo for another twenty-eight days. But she hated it that the elation came not from any gain, but from merely staying the same. There was never any chance for improvement in this game. It was maintain or decline. Just once she would like some way to gauge whether the result was actually healthier, happier, safer. Wouldn't it be great to know that she had done some magical thing to actually come out even better than the time before? She had always liked going forward. Staying still made her anxious, and moving backwards was terrifying. But in this situation there was no way to move ahead. And so she had to accept that no news is good news.

Step Five: It's time to mix the wet and dry ingredients together. You need to feel your breasts while standing or sitting. Now the shower comes in handy. It's easiest to do your pushing and prodding when you are wet and slippery—as is true of so many things.

Remember what you did in Step Four. Lube up your hands and get to it. Any surprises? Any shocking change of events? Come on now; you're not breathing.

Proceed.

But what she hated the most, what she struggled with more than anything else was the time she wasted beforehand—a week of mental preparation the way a sprinter visualizes a race. She resented the way the

impending ritual weighed on all her joys and lightness, deflating them like dropping stones on soap bubbles. It didn't matter how many voices told her to put it out of her mind, to ignore it until the time came, to put it in a box to take out once each moon; she could never escape that presence in the back of her mind, squatting like a turnip, growing and growing until its monthly harvest. Like a woman's cycle, she lathered, rinsed, and repeated, elation to fear, fear to elation, always hoping that she wouldn't find the thing that makes elation impossible, but secretly worrying that she would. And she hoped for the moments after the ritual to be happy ones, though she thought some might say shaving and washing her hair and cleaning between her toes was anti-climatic by comparison. She disagreed. Those tasks were like the victory lap after pushing her chest through the tape at the finish line; she could see it coming closer and closer as she explored further and further with her fingertips. Those mundane chores were her cool down, her chance to work out the lactic acid that had built up in her brain from the tension of anticipation. She cherished and hoped for that pause at the top of the five long steps and sometimes just let the hot spray hit her face as she cupped her breasts and celebrated another month.

Conclusion: Now that the exam is completed, take note of anything troublesome you saw or felt during Steps One through Five. No trouble spots? Go to Subsection A: get on with your life for the next month. However, if anything is out of place, or you have found something new in place, go immediately to Subsection B: your doctor. They have all manner of devices with which to take a clearer picture of your little gatherings. Try the impossible task of not dwelling on it until you get your results. It might take awhile, so don't hold your breath. Afraid? Understandable, but don't be such a fibroid. It might be nothing.

Proceed.

She pressed the shower button down with her right foot and turned off the water. She wrung out her hair and wrapped it in a pink towel, turban style. She stepped out, dried herself off, and put her old white robe back on. She ran a hand across the foggy mirror—she would have scolded her kids for doing that—looked at herself a moment, and opened the bathroom door. She took two steps out, then turned, came back in, leaned across the tub, pulled the shower curtain out of her way and

pushed the window open. No more reason to hold her breath, she and her house exhaled softly together.

Alison is a secondary school dance teacher and mother of two girls. She enjoys spending her free time dancing, reading, and writing. She lost both her mother and her mother-in-law to cancer.

Breathe Normally

Rita Ciresi

Opening scene from a novel about love and cancer

I wish I could claim I met my husband in some loud and joyous place, like a raucous bar-mitzvah party or a smoky Democratic fundraiser. But my initial encounter with my husband-to-be came to pass in a hospital waiting room marked with fallout shelter symbols. Posted everywhere around us were warning signs (DANGER! RADIATION IN USE!) that seemed to imply that love was a risky business best undertaken not by those whose days were numbered, but by AUTHORIZED PERSONNEL ONLY!

Joel Goldman was sitting around the corner from the nurse's station, in an alcove next to a fake braided ficus tree. I'd like to say I sat down opposite him because I thought he was heart-stoppingly handsome, or because he glanced up from his *Wall Street Journal* and gave me a mischievous, *ain't-this-just-a-bitch* smile. Yet the truth was I retreated to the alcove because I wanted to get away from the blare of the television. Every waiting room at Yale Cancer Center, it seemed, was equipped with a TV tuned to *Headline News*. Since my diagnosis, I had become far more au courant than I wanted to be on the meteorological hobgoblin of 1997 known as El Nino. And I had heard countless theories on who really murdered child model Jon Benet Ramsay.

When I entered the alcove, I was clutching a thick Kafka omnibus and my patient intake forms in my left hand, and holding the back of my inadequately tied hospital robe in my right. Joel immediately drew in his long legs. As I sat in one of the peach-coloured padded chairs, he

lowered the *Marketplace* section and peered at me through his gold-rimmed glasses, clearly not pleased to have his private space invaded. He bestowed a dubious glance upon the dark, haunting cover of the Kafka, which showed a silhouette of a man standing under a streetlight in the pouring rain.

Maybe Joel thought, as I did, that the photo had been shot some place far removed from Prague, like Disneyworld's Main Street USA. In any case, he knew better than to ask, "Good book?" He nodded at me, then returned to the fine print of the *Journal*.

I gazed away at the walls, papered in a nauseating combination of mauve and green. I knew it was extremely bad form to check out other patients. But after I lowered my intake forms to the coffee table, I took a surreptitious glance at him. From the waist up we were dressed like twins, in those white wrinkled robes printed with delicate blue snowflakes that the nurses called "johnnies." Yet the resemblance stopped there. From the waist down, beneath my johnny, I wore a straight grey wool skirt, black cabled tights, and black flats encrusted with street salt. He wore well-pressed chinos, brown socks, and soft leather loafers that probably had to be special-ordered from Bass or Bean or some other rural Maine company that catered to men who had snow-shovel-sized feet.

Like most every other patient in the waiting room, Joel had a lot of *skull*. And a seemingly bony nose. And seemingly big ears. Whatever colour his hair had been before (I suspected blond) now obviously was lost forever; the fuzz on his head had grown back in a shocking Andy Warhol-ish white. The wire frames of his eyeglasses might have reminded me of the dipping tools that came in Easter egg kits if they hadn't looked exactly like the spectacles worn by yeshiva *buchers*. Although Joel did not have the pronounced Ashkenazic facial features of my mother's ancestors (none of whom ever had "married out"), I still sensed that if I told him I was "only half," he would not ask, "Half what?" And if I quizzed him with "Manishevitz: A Tradition since ——?," surely he could supply the correct answer: 1888.

I sighed. When he peered at me again over the newspaper, I said, "I wouldn't wish this on my worst enemy."

"I would." Joel turned the last page of the *Marketplace* section, then tossed it on the chair next to him. "First time here?"

"Do I look that scared?" I asked.

"You want an honest answer?"

"Maybe." I looked down at the goose bumps on my arms. "Or maybe not."

"It really doesn't hurt," he said.

"Now *that's* a line I've heard before."

"And here I thought the nurses were giving me that story on an exclusive basis."

When he smiled with his skeletal teeth, I saw he was that rare patient who might draw the oncology nurses into the flirting mode. He looked reasonably happy—as if he would still find delight in nibbling his way through a bucketful of buttery popcorn at a Friday night movie—even if he didn't look reasonably healthy. Plus I noticed as he folded up the newspaper that he wore no wedding ring (but then he could have lost so much weight that his band no longer fit him).

No nurse ever joked with me. Some wouldn't even look me in the eye—as if it were communicable, this disease of mine that every woman dreaded getting. But I couldn't blame the nurses for holding themselves back from me, when I was still holding back from myself. I had looked only once at the sickle-shaped scar on the left side of my chest—and then only because the surgical nurse, when she took off the bandages, insisted that I stand up from the examining table and meet the new me in the mirror, saying, "This will be easier for you to deal with, I promise, if I'm standing right behind you as moral support."

I was only twenty-seven years old. And so when I saw Joel looking too intently at my eyes—as if he knew enough to avoid looking at where my left breast used to be—I thanked God that I had disobeyed instructions and kept on my prosthetic bra beneath my gown. No one in the waiting room could tell just from looking at me that I'd had a mastectomy.

I wondered what kind of cancer Joel had: something hidden, like leukemia, that ran through his blood the way blood was said to run through rivers—quickly and silently and finally washing away without a trace? Then I noticed, at the base of his neck, that he bore some kind of battle wound to rival mine: a whitish tab on a reddish patch of skin that reminded me of the pull of a zipper. Give just a gentle tug on that scar, I thought, and his beating heart might spill out. Along with his life story.

"You want to know how I really knew it was your first time?" Joel asked.

When I nodded, he pointed to the thick wad of papers I had placed on the coffee table. If he had thumbed through the numerous pages of the patient intake form, he could have found out if I'd ever had *seizures? muscle or joint pain? involuntary loss of gas or stool? urination while coughing, laughing, or lifting?*

"Who do you suppose reads these forms?" I asked.

Joel shrugged. "I'll bet they go straight into File 13."

"Some of the questions they ask are so absurd."

"My personal favourite is 'Do you wear a seat belt?' Like you're going to puke your way through months of chemotherapy, and then run the risk of flying through the windshield?"

I laughed. I was left-handed, but my shoulder on that side still felt frozen, and so I reached forward and plucked the forms off the table with my right. "I like this one: 'Health hazards at home or work?' I wonder how many people answer, 'My immediate supervisor.'"

"Or, 'My parents.'"

"Or, 'My husband,'" I said, then quickly added, "Not that I have one to speak of."

Joel raised his curled-up fist to his mouth and gave off a dry cough, like a smoker's hack.

To any healthy person, I might have said, "That cough doesn't sound too swift." But then I remembered where we both were sitting.

"Sorry," Joel said, when he finished coughing. "It's not contagious."

"I know cancer's not contagious," I said, "although I'm not sure some others understand that."

"People are avoiding you at work?" he asked.

"Did they avoid you?"

"Let's put it this way: You find out—fast—who your friends are. Which leaves your family to step in and deal with the whole mess."

I looked down at the first page of the form, where my great-uncle was listed as my next of kin. "I don't have much family," I said. "But I've heard that something like this can really bring a family together."

Joel smiled with his big rabbit-y teeth. "You must have been talking to my mother."

Overhead, the heat kicked in. But the first blast of air wafting down from the vents felt cold, and so when the leaves on the fake ficus trembled, I also shivered. I yanked what little sleeve there was on my johnny back onto my left shoulder and prayed that Joel hadn't gotten an eyeful of my dreary flesh-coloured bra strap.

"You should double-robe," he said.

"Double what?"

"Double-robe." He pointed to his own chest, and only then did I realize that he wore an open johnny over a closed johnny. "If you don't want half your body hanging out for everybody to see—"

"I certainly don't," I said.

"—then put one robe facing forward and the other facing back."

I blushed. I hadn't expected to talk about clothing—or potential nudity—with any man again, at least until after I had undergone reconstruction. So why was I idly eyeing Joel Goldman in his double robe and trying to guess what size shirt he had worn before his illness? Why was I wondering what his big, hairless knuckles would look like wrapped around the lid of a stubborn peanut butter jar, and why was I looking down at his loafers trying not to note that they held feet big enough to quickly crush a glass and bring on years of good luck?

"Is there a clock in here?" I asked.

Joel pointed to the therapists' station. "They always run behind. Except on the day *you* run late, and then they run early."

"What time are you scheduled for?" I asked.

"10:50."

"I'm 11:05," I said.

"That means you're 11:15," Joel said. "But that also means you'd better be seated out here by 10:45, because they won't hold your appointment."

"I thought radiation was the one place in this whole hospital that was supposed to run like clockwork."

"Something always goes wrong back there," he said. I must have blanched, because he added, "It's probably the kids that throw them off. I'll bet they can't get them to stay still."

On my way out of the women's locker room—past the door marked FAMILY DRESSING ROOM—I had peeked into the alcove on the other side of the TV room, which was wallpapered with clowns holding big

bunches of multi-coloured balloons. A little boy dressed in a miniature johnny and navy watch cap knelt on the carpet building a Legos fort while his mother sat behind him, clutching between her fingers a plastic turquoise rosary.

"I really feel sorry for those kids," I said.

"They get toys in *their* waiting room." He nodded at the coffee table, where the recently dethroned Princess Di, dressed in a low-cut cobalt-blue gown, almost seemed to burst in 3-D off the cover of *People*. "We just get trashy magazines."

"That's why I always bring a book."

He gazed at the thick omnibus in my lap. "You might want to choose more upbeat reading material. Kafka's hardly a yuck a minute."

"Neither is the *Wall Street Journal*," I answered.

Joel raised a non-existent eyebrow. "How many weeks of radiation did they give you?"

"Six."

"Remind me to lend you *War and Peace*. Which I suffered through. On my second round."

"Second round," I said. "How many rounds can they give you before they—"

"What? Kill you?" He shrugged. "I got two weeks before my surgery and six weeks after my chemo."

"I'm not getting chemo."

"Lucky." He looked across the length of the waiting room. "If anyone in here can be called that."

Now it was my turn to shrug. "I wouldn't use the word myself."

Luck to me had become one thing only—good health—and none of us had that. Yet I still had my hair—unlike Joel and most of the male patients in the waiting room, who wore an assortment of Yankees, Mets, and Red Sox caps (as if to prove that to talk baseball in Connecticut was to beg for a fierce argument). Most of the female patients wore terrycloth turbans or felt cloches or wigs that looked like—well, *wigs*. Only one woman was brave enough to sit there with her fuzzy skull uncovered. I wondered if she got called "sir" in the grocery store. I wondered if she gazed in the mirror in the morning and thought, *I look like one of those French women branded after the war for sleeping with a Nazi soldier*.

"So are you at the end of your treatment?" I asked Joel.

"I'm back for a booster."

"What's that?" I asked.

"It's when they blast the living shit out of you. To make sure they destroy every last rogue cell."

"How many weeks does that take?"

"One only," he said. "Which means I'm outta here on Friday."

Just then, the door off the glass station opened to reveal a glossy-haired therapist clutching a clipboard against her hip. She was a little too broad on the beam to catch most guys' eyes, I thought—until I noticed she sported beneath her pocketed smock a pair of double-Ds that seemed to announce: GENTLEMEN! START YOUR ENGINES!

This big-bosomed beauty gazed at all the patients before her sparkling eyes lit on Joel. "Well, if it isn't Mr. Cheerful," she said. "Welcome back."

"Pleasure to be here," he said.

"We just can't get rid of you, can we?" she asked.

"You could if you turned up the dial."

"Aren't you the joker!" She tucked a strand of her shiny brown hair behind her perky little ear. "Let's hustle."

Joel grabbed his *Wall Street Journal* and rose from the chair. "See you tomorrow," he told me in the sort of gruff voice guys always used to conceal their emotions.

The therapist looked back and gave me a catty glare. I was glad *she* wasn't the one scheduled to blast me with 4,500 rads. Because suddenly—for the first time since my diagnosis—I felt like I had rejoined the land of the living.

Rita Ciresi is the author of five works of fiction, including Pink Slip and Sometimes I Dream in Italian. She is professor of English and director of creative writing at the University of South Florida.

Pills

Rebecca Givens Rolland

*Take a sip, let three or four slip down your marble throats—
we swallow, murmur, but there's nothing much
to cradle, to keep us here*

instead of wishing we'd be cast off, washed away like just
another bald spot on the map. Back then, explorers
had focused, kept

their eyes open for any spot that looked like a man.
Their ocean ached, voice boxes bellowed as they found
no citizens, only

anchors that flickered into whales. Elephant-necked,
bald-bearded, they whisked their doubts away
with fish and salt cubes,

tried to make worry disappear. Still, its smell hung
on them rancidly, then shouted—*a stronger wind
is needed under sail.*

Hard to say: if negative space is hell, is the rest paradise,
or is it the other way around? Speckled lands, promises
bulge visibly in our

gullets; our stomachs harden and fill. Hopeful machines,
we take in and flesh out air, ruffle high seas like
the first men vetting

Columbus, no one to point out the end: only *down*, as
island fires drift, we float in our bodies, untethered
to any ship of state.

Rebecca Givens Rolland's recent work is published or upcoming in American Letters & Commentary, Witness, Versal, Many Mountains Moving, and Greatcoat. She lives in Boston.

“Let’s Cherish the Children”

Elisabeth Young-Bruehl

In 2002, I went to Bulgaria and Croatia to conduct interviews about a five-year program (1995–2000) sponsored by George Soros’s New York–based philanthropy, the Open Society Institute (OSI). With OSI funding, a group of American child psychiatrists and psychoanalysts had gone to Eastern Europe to teach child therapists and advocates there about the field of child abuse and neglect. My report will be part of a book on prejudice against children and on the discovery of child abuse, forthcoming next year.

“Children who have been abused can present in so many different ways,” Owen Lewis, MD, had told his new students: fifty clinicians from sixteen countries in Eastern Europe and the former Soviet Union who had gathered in the bowling alley of an old Budapest hotel. It was November 1995, only four years into the post-Soviet era, and Budapest was still a struggling city, without conference centres. Owen had brought his own slide projector to illustrate his talk. “One child will be depressed,” he said, showing a little girl huddled in her bed. “Another will have post-traumatic stress disorder. Others will have learning disabilities, or attention deficit. You will see physically abused children whose injuries are hard to distinguish from injuries caused by accidents or”—he nodded to the contingent from the Balkans—“by acts of war. You have to learn to look behind the presentation.”

An energetic, enthusiastic New Yorker, bearded and tweed-jacketed but not at all the stereotypic remote Freudian in manner, Owen spoke

slowly, allowing time for the buzz of translation that set in whenever he paused. A simultaneous translator put his words into Russian while the English-speakers in the audience checked their comprehension by conferring with their neighbours in French or German, or going directly into their native tongues—Polish, Czech, Estonian, Serbo-Croatian. Lexical problems popped up everywhere and had to be put out like little fires. Russian psychiatric vocabulary had, like Russian psychiatry generally, become isolated and politicized during the Soviet era. There was no phrase equivalent to *child abuse*, because child abuse was not supposed to exist where Communist governments took ultimate responsibility for child welfare.

Finding language was just a facet of something much larger that Owen was trying to address. How to talk about child abuse with people for whom it had been unnamed and unknown as such for all the generations of Communist rule? Even in America and most of Western Europe, child abuse was a hidden story until the 1970s, when the phrase came into common usage. Who wanted to believe the statistical research from diverse locales and conditions in America and Western Europe that kept yielding the horrifying news that “about 20 per cent of the children in this study have been abused”? But a growing cadre of pediatricians and therapists had insisted on bringing the topic into the public arena, eventually winning passage in America of the Child Abuse Prevention and Treatment Act (1974). Where it was not forbidden to face the facts, as it was in the Communist states, a broad-based—and eventually international—Children’s Rights Movement had been launched in the 1970s.

WHILE STAFF from the Open Society Institute (OSI) were signing up their students—most of them child psychiatrists and psychologists—in Albania, Bulgaria, Croatia, Czech Republic, Estonia, Kyrgystan, Latvia, Lithuania, Macedonia, Moldova, Poland, Roumania, Russia, Slovakia, Slovenia, Ukraine, and Yugoslavia, Owen and his colleague Pamela Cantor co-founded an organization, the Children’s Mental Health Alliance (CMHA), which assembled a team of American teachers. “We brought with us to the meetings some of the most important people in the field of child abuse in America. OSI gave them some compensa-

tion, but basically they did the work because they thought it was critical for the region, for the children, and they endured the conditions. The air was so bad in Budapest that first year that everyone got asthmatic! John Sargent came from the Menninger Clinic; Mark Chaffin, who edits the journal *Child Abuse and Neglect*, came from Oklahoma; William Friedrich from the Mayo Clinic; and eventually a dozen others. Each took on a particular country to mentor the people there between meetings, too. By telephone and email, they answered questions, even conducted supervision of cases by email."

"The meetings were so intense! We talked constantly, over lunch, over dinner. And really the teachers learned as much as the students. We were challenged by their situations to rethink how we do things, how things ought to be done. You get knocked out of what you do by rote. And, as we got more and more involved, we all became so close. And uncanny things began to happen."

There was the day in the spring of 1997 when Owen and Pamela were in Prague. While they were eating breakfast at their hotel, the old city had looked inviting, red brick under a brilliant sky. Leaving their coats behind, they walked to their site visit at the central hospital. But as they approached, darkness descended. A blizzard swept in, covering the dilapidated hospital's roofs and sills with snowflakes the size of maple leaves. The New Yorkers felt as if they were on a movie set, or in a Kundera novel, being shown what life had been like ten years earlier, before the Prague Spring.

Their workday began in a child psychiatric ward that was bone-chillingly cold. With everyone shivering and the Czech hospital administrators scurrying to find jackets for their guests, Owen met with the clinical staff, negotiating the language shoals. Then he was to hear a child case presented and interview the child, demonstrating proper interviewing technique. But he was reluctant to speak with the child through a translator. "I had learned that the girl spoke French," he remembered, "so I just started up with her in French. I really did not know what it would be like, whether my college French would be good enough, whether I could build any trust. But our whole encounter with the Czechs that spring was just carried along by our enthusiasm, our will, their will, to learn, to teach. There was a rare openness on that ward. The child felt

it, and she responded with her own openness—as though she knew we were *all* there for her. It amazed me.”

The Americans went on to an in-patient ward, where they were relieved to find the children looking well cared for and the unit cold but clean and well run. Among the staff, one psychologist in particular stood out. “Zophia Touzimska asked all the right questions, and she had a brilliant, synthesizing mind, immediately obvious,” Owen said. “I wanted her to come to our next big conference in Budapest, where people from all the sixteen countries were going to gather. She was just the kind of person we needed. So I invited her, on the spot. And I took our operating cash out of my pocket and gave her money for a plane ticket.”

Owen, who, like all good psychoanalysts working with children, loves spontaneous, playful gestures, was delighted with the scene. But Zophia began to stammer and broke into a profuse sweat. She cautiously took the money and said she would make the trip, but something was clearly disturbing her. “It was only much later that we found out that she was agoraphobic and never left home except to go to work at the hospital. To me,” Owen mused, “that story, too, captures the power of this project. Her desire for knowledge, her desire to be a good therapist for those children, pulled her right through her neurosis. A transference cure!”

Owen speaks the language of modern research-grounded psychoanalysis, which is rare enough among child psychiatrists in New York, and unknown in most of the countries he visited. “In Budapest, where the war did not destroy the psychoanalytic tradition, and they kept practising secretly under the Nazis and then under the Soviets, you could talk about Freud. Anna Freud’s Viennese friend August Aichhorn—the author of *Wayward Youth*—had taught the younger Hungarians about child abuse and its role in delinquency. They knew the basics—that a juvenile delinquent who beats people up is so often a kid who has been beaten up.”

BUT MOST of Owen’s clinician students had only heard psychoanalysis derided and dismissed. “In the 1970s, when I was doing my PhD,” said Jelena Srna of Belgrade, “we learned only simple methods for helping children—cognitive methods, welfare methods. I was curious about Freud, but for my professors the unconscious mind was a kind of delusion of the West. An idea for people ruined by luxury!”

Like all of the therapists—most of them women—who work in the child welfare system in Belgrade, Jelena has a lot of jobs and little luxury. She patches together a living from her private practice with children and families, some teaching work, positions on various boards, consulting in child custody cases. Salaries are low in Serbia and unemployment a constant threat, so few can afford to be less than busy to exhaustion. But Jelena is joyful nonetheless—like a child singled out for a special present—about the CMHA training and about the NGO she helped create in Belgrade with Soros money, “Let’s Cherish the Children.”

“When I started practising, back in 1977, in the days of Tito’s Communism, no one ever mentioned child abuse. It was not until I went to London in 1986 to do some post-graduate study at the Tavistock Institute that I began to see things differently. I took a course on child sexual abuse, getting totally shocked to hear that perhaps 20 per cent of British children had been sexually abused. I had never seen a case of sexual abuse at home, so I thought, What kind of monster people are these British? But I learned how to recognize a sexual abuse victim, and when I returned home within the first two months I saw two cases of children who had been sexually abused.”

But without a context of concern for child abuse, the possibilities for treatment were strictly limited. “I remember a girl of eighteen who had terrible headaches. While we were assessing her, she met up with a Gypsy girl who told about being raped. Then the first girl told us that she had been raped, and no one believed her—everyone said she had gotten the story from the Gypsy girl, by contagion. They said she could not have been raped, she came from a very good family—and she was accusing her father. When we finally got the police involved, the officer said angrily, “Tell her to sue her father!”

“Of course, we could not educate the police until we had been educated ourselves, and this is what the CMHA did for us.” The first CMHA course that Jelena and four colleagues attended was in 1997, two weeks in Budapest and then two in Warsaw, with groups who had started the program in the preceding year. “Some of these people were way ahead of us. Like the Poles, who already had organizations for dealing with child abuse even before CMHA came. But everyone had in common the problem that whatever services we had for children were not in any way

coordinated. We could not take a multidisciplinary approach, because we had no knowledge about building multidisciplinary teams.”

The knowledge they needed was of two sorts. The first was in print. “When we came to the CMHA training, we got literature from them. Books, and Xeroxes of articles. You have to understand, for ten years, we had not any new literature from abroad in the university library. So this was like a miracle. We did not suffer from censorship, because the Milosevic regime did not take the activities of the intellectuals seriously enough to try to prevent publishing. But there was no money and no means to import literature. When any of us went abroad, we spent our time in bookshops and libraries getting things that we carried home like donkeys.”

Being able to read, the Yugoslavs could find out how multidisciplinary teams had been created in America. But the experiential knowledge they gained was key. The CMHA trainers modelled team-building by starting out as listeners, asking for descriptions of clinical working conditions in the various countries. “Then they organized their training to meet our needs. And they kept adapting the training over the years as our needs changed, as we developed our teams. So we got the example of building a working group by listening and responding. We could do this later interacting with, say, a police unit.” Multidisciplinary teams working without resort to hierarchies and chains of command have been key everywhere to effective child abuse prevention and treatment, but they have also been the means for learning democracy in very pragmatic terms among the Eastern Europeans.

“At first, it was not easy to work with the Americans, because we all thought that these privileged people would never stick with such a project. We expected to be neglected children! But three years later it was Dr. Lewis whom I telephoned for advice, when Belgrade was being bombed by NATO and I had to draw up a plan for evacuating school children without increasing the terror they felt about the bombs. He helped me keep steady, for I was terrorized, too, by the bombs. Also, it was not easy to work together with people who had been—you know, this is a crazy world!—our ‘enemies.’ I met two Slovenian women at the CMHA workshops who spoke to me in English, but then when we came to trust each other, one started to speak to me in Serbian. You know, there is not

much difference in the languages of the people who were enemies in our horrible wars. And we all have the same problems to deal with now."

"WHAT WE ARE TRYING TO DO in Belgrade at present is to make the next step," said Nevenka Zegarac, another CMHA trainee and a docent at the University of Belgrade who does research on children and violence, coordinating her projects with "Let's Cherish the Children." "We are way beyond the days when the Ministry of Social Affairs said, 'Oh, we have children who are poor and children who have health problems and children affected by war, but we do not have child abuse.' We did a research project with 600 ordinary school children, asking them questions about their family life—do your parents quarrel? do they drink? do they use violence?—and we did another with professionals working in the child welfare services, asking them questions about some 700 children in their care, who were not identified as child abuse cases. In both groups, about 20 per cent have been physically abused, about 6 per cent sexually abused—although if you investigate more deeply, it is more like 15 or even 20 per cent sexually abused. Half the children have suffered some degree of neglect."

Pointing with great pride to three thick books published in Serbian over the last two years by her group, Nevenka continued, "We have made our country's officials at all levels aware of the problem. And there is a chance for progress now because the present government recognizes that Milosevic destroyed our child welfare system. The number of juvenile delinquents has grown shockingly since the NATO bombing. Do you know we now have young school children, neglected, who exchange their lunches on the street for glue and sniff it—right on the street! We have to seize the chance and do much, much more educating among parents, teachers, police, lawyers, social workers."

"Let's Cherish the Children" is also taking the step that all the new NGOs are trying to take: They are forming alliances with NGOs from within the Children's Rights Movement, the movement that—around the world—represents the basic conviction that people who have discovered child abuse come to, that the rights of children are the most crucial human rights to protect, because children are the powerless humans, not yet able to speak for or protect themselves, and because a society that

does not protect its children eventually becomes non-renewable, incapable of new beginnings.

In Belgrade, the connection between child abuse work and children's rights work is personal. Nevenka is a former student of Mirjana Obretkovic, the foremost professor of family law in Belgrade, who heads the Yugoslav Child Rights Centre. "She is like the wise mother of my work," as Nevenka puts it. "And I give my mother back with the training I got." Together, the psychologist and the lawyer have drawn up protocols for prosecuting child abuse cases. And currently they are drafting laws to protect children involved in divorce and custody cases. "Now that we can talk openly in Yugoslavia about child abuse, there are people who allege abuse in order to win custody cases—just like they see it happen on American TV shows!" Mirjana said, her tone at once wry and gentle. "But most of what we import from America is a blessing. Because we have American legal models, we can do in a few years what it took Americans almost thirty years to do. There are no bad laws to clear away—for we had no concept of children's rights, and no laws at all for children. That is the only advantage of the catastrophe of our country—we can act quickly."

IN EVERY COUNTRY WHERE CMHA trainees are building institutions and networks, they are also training up a second generation. In Zagreb, Croatia, Gordana Bujan-Flanda, a charismatic and indefatigable child psychologist—one of only seventeen child psychologists serving Croatia's population of four million—has a cadre of twenty-something university students who intern in her centre. One of these proteges, Ana Karlovic is coordinating "Hrabri Telefon," a hotline.

Statuesque and graceful, six feet tall, with a calm maturity that would be startling in an American of twenty-four, Ana sits in her bright, friendly office at the PsychoTrauma Centre for Children fielding calls and working with the kids already brought to this safe haven by the hotline. When the telephone was first set up in 1997, the volunteers who staffed it received about five calls a week; within five years, they handled twenty-five a week. "We are well enough known now that a child will say to a parent who is threatening him, 'Don't you hit me or I will call Hrabri Telefon!'"

But still the children who call "Brave Phone" usually have to work up their courage for quite awhile. They fear that they will be punished for calling, or that their parents will get in trouble for which they will be held responsible. Many won't tell Ana their names or give the number or address from which they are calling. Ana has to go slowly and carefully; the most important thing initially is to make a connection—and not to lose the child.

"They report all the kinds of abuse, and many call because they are witnessing abuse of other children or of their mothers. Once we have got some sense of the story, we can try to get the proper help. But that is not easy. The social service agencies are not very well informed about child abuse, and some of the police are good and some of them not so good. Gordana will have to do many more education workshops for the police! Sometimes, if the child is very frightened, it is best to find out first if there is some supportive adult around—a neighbour, a teacher—and go to that person before getting the city people involved."

To learn how to be the refuge that a frightened little caller hopes for, Ana went to many workshops herself, most of them conducted by Gordana. After role-playing both the child caller and the helper, she would practise writing up a report containing her assessment and her recommendations, a crucial document for launching the rescue and for providing data for future court cases. Gordana also uses the reports when she writes her weekly newspaper advice column for parents, and when she appears on Croatian TV and radio to hammer home her warning: "One out of four in Croatia has been abused!" "We discovered that our problem is like that of Western Europe and America. And our studies come out like those from Belgrade, too. But the numbers of neglected and emotionally abused are harder to determine because the definitions are vague. Most children who are physically or sexually abused are also, of course, emotionally abused," Ana said, while she showed a collection of remarkably detailed and sexually explicit drawings made by a girl of eight.

Because "Brave Phone" has been so successful, Gordana and her young assistants were able to persuade the Zagreb city health officials to put up about 30 per cent of the money for acquiring an independent space, a three-story house. Private donors supplied the rest of the money,

and all of the furniture and equipment was commandeered, one piece at a time, from businesses and charities. "I get the loan of a car, and we go to get a computer here and a chair there, some little tables over at another place. We are all very good beggars now!" In October 2002, there was an opening ceremony at the Brave Phone building, and John Sargent, the CMHA mentor for the Zagreb team, came from America to attend.

Becoming a good beggar for children has taught Ana Karlovic a great deal about how much education it takes to get people to open their eyes to the problem of child abuse, and, more generally, to children's needs. "At the telephone company, I explained many times that we needed a telephone number for 'Brave Phone' that is easy for a child of five, like counting one, two, three, four, et cetera." But they look at me as if I am lecturing on Piaget, you know, saying something very academic and complex." When Ana went on to suggest that the phone line should be free in order to encourage children to use it, the officials were incredulous. "They said this would be like telling children, 'You can attack your parents for free.'"

"We are learning many things," Ana's friend and co-worker Ilana Alemovich, another impressive twenty-something, chimed in. "I used to be very critical of people in the hospitals and the courts who would not help a child because they did not want to make trouble. But then I got threats from a man who abused a child I was helping, and I understood the fear. This man followed me around for many days. And he was a very angry, violent man."

"We have to be sympathetic," Ana added, "but we also must keep doing the education. I was on the phone for half a day with a judge in a very small city in southern Croatia explaining that she cannot ask a child who was sexually abused to appear again and again in her court telling this horrible story, feeling ashamed. She must have the child interviewed just once, in a safe place. This lady judge is the age of my grandmother, but she told me she has never had a case of child sexual abuse in her court. So now I am a law school professor!"

"NINETEEN NINETY-NINE, the last full year of CMHA's teaching involvement in Eastern Europe, was the most intense emotionally," Owen Lewis remembered. "Our trainees were just at the point of really functioning as

teams, really learning about teamwork and professionalism. And they were getting to the psychoanalytic heart of the treatment. We were reading articles on transference and counter-transference with them. As always, it was easier for them to see a child's transference, how the child repeats earlier relationships with the therapist, than to look at their own counter-transference."

For the last big conference, in Budapest, 2001, Owen decided to provide a very personal lesson about the experience, conscious and unconscious, that a therapist brings to a child's treatment and to a social problem like child abuse. "At different points in the work, I had found myself saying to myself, 'Why am I here, teaching these people, whose relatives might very well have been the murderers—the child abusers—of my unknown relatives?' It had come up very strongly for me when we were meeting at a hotel in Vilnius that had been a Nazi headquarters. There was no heat, and we shivered through the whole conference. One day, I mentioned to a Lithuanian colleague that we were going to take a walk to the Panerai Forest on our afternoon break. She looked shocked, and said, 'Oh, I don't ever go there.' We both had our associations to the Forest. I wanted to see the Holocaust Memorial, a plaque in Hebrew; and she wanted to avoid a place where the Nazis and their Lithuanian allies—people she must have known—had shot tens of thousands of Jews and laid their bodies like logs in open trenches."

Owen prepared one of his slide shows. Old shots of Vilnius from the 1920s. Pictures of a small Polish town, Kazmierz Dolny, near Majdanek, once 80 per cent Jewish, showing shoppers and strollers passing by a wall pocked with Nazi-era bullet holes—another execution spot. Slides of the Majdanek concentration camp nearby, and one of a contemporary apartment building with balconies that overlook Majdanek and the memorial marking its crematorium. "I asked my group, what do you suppose the people who sit in those homes, on those balconies, think about what happened in the camp below them?"

"I was trying to say that I think the therapists who are best at deciding how to help abused children and at doing therapy with them are the ones who fight against all kinds of obliviousness about the past. The ones who know their own motivations and can explore their own pasts. I told them that my motivations are summarized by the Hebrew word

tikkun, ‘repair.’ I became a child analyst because I need for there to be repair for the horrors that came into the world in the Holocaust. I need for children to be saved, not lost. I showed them a picture of a bunker in Majdanek containing 700,000 pairs of shoes—one section just for the shoes of children.”

Everyone in the Eastern European Child Abuse and Mental Health Project, trainers and trainees alike, has his or her personal reasons for being willing and able to discover child abuse, to summon the strength to help abused children and rebuild their families. The program was, ultimately, about what Owen calls “making use of your self” in experiences of discovery and self-discovery, maturing in the work with children. But everyone involved realized, too, that a shared political vision united them—the Americans and the former Communists—across the differences in their individual discovery processes. Each assumed that a society is healthy only to the measure that it helps its most vulnerable members—its children—reach maturity, that it supports the homes that support the children. Their touchstone text for this idea was written by neither Jefferson nor by Marx, but by the English psychoanalyst D.W. Winnicott.

In a reflection entitled “The Meaning of the Word ‘Democracy,’” Winnicott had argued that to be democratic a society needs a certain proportion of emotionally mature individuals, an “innate democratic factor” of people who have been raised non-abusively, in ways that encourages them to express their conscious and unconscious feelings freely, desiring to have the political freedom to do so. The premise for his argument was very simple: “Ordinary good homes provide the only setting in which the innate democratic factor can be created.”

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Tale of a T-shirt

Susan Croft

In October 2006, Brian Ouma arrived at Kisumu Airport in the western port city of Kisumu, Kenya, to greet Brenda Gallie. As he and Abby White stood watching the ponderous puddle-jumper trundle down the runway towards the terminal, he wondered how much they would achieve before Brenda's return to Canada a week later, and Abby's return to England in three weeks. All he knew was that their hopes were high and their plan, to raise awareness of how to recognize retinoblastoma in children while it was still treatable, was ambitious.

After a long, tedious, and futile search for her luggage, Brenda emerged into the arrivals lounge. Abby, her friend and colleague of just two years, introduced her to a tall man with an engaging smile, who carried a sandy-coloured T-shirt draped over one arm.

"Brenda Gallie, Brian Ouma," Abby introduced. "Brian's agreed to give us a hand with launching the project."

Returning Brian's smile, Brenda shook his hand. His grip was strong and sure, his smile genuine, and his greeting heart-felt. He and Abby were already wearing their T-shirts—replicas of the one he pushed into her hands. Aside from the fact that this was now her only change of clothes, she felt a rush of pleasure at seeing it. This, after all, was why she had come: to wear a T-shirt, make a statement, make a difference.

The difference, Abby thought, was that North Americans generally ignored each other's T-shirts, while Africans took T-shirt slogans to heart. Standing beside Brenda at the podium during their first presentation, she marvelled at the effectiveness of the idea. Why wouldn't it be effective, though? It had worked before, for malaria and AIDS, and it cer-

tainly seemed to be working again now for retinoblastoma. She looked out over the sea of faces. Abby couldn't see well: Her own retinoblastoma had destroyed much of her vision by the age of two years, and eventually one eye was removed when she was twenty-five. She knew though—Brenda had whispered it to her while they were being introduced in two different languages—that the forty T-shirts they had brought had already been handed out and there were still many people who wanted one. Next time they would have to bring more.

It wasn't just family members and doctors—people who encountered the childhood eye cancer—who filled the little rooms in which Brenda, Abby, and Brian gave their presentation. Nurses, family friends, and members of the general population attended as well. Everyone wanted to know about the white reflection in the pupil, like the gleam of a cat's eye, that was clearly visible in the eye of the child that fronted the T-shirt. This strange phenomenon was called leukocoria and was caused by the flash of a camera or other bright light reflecting off the tumour that grew unnoticed at the back of an infant's eye. This white glow was often the first indication to a parent that something was wrong. In Canada and England, simple tests and reliable treatments could be used to save a child. Here though, in Kisumu, Kenya, options were limited and the death rate among affected children was 90 per cent, compared to 4 per cent in developed countries.

Another hot room. Brenda shifted uncomfortably as she spoke, pausing every now and again to let the two translators catch up. The heat didn't bother Abby. Kenya was her spiritual home. Her father had been born here, had been diagnosed here in 1946 before being transported to England for treatment—removal of both eyes and radiotherapy. Time and time again he had told her how lucky he was to have the option of receiving medical care in the United Kingdom. If he had been an African child, like Rati, he probably wouldn't have survived.

Rati hadn't survived. That beautiful little girl had been diagnosed too late and without enough knowledge in her home country of Botswana. When Abby heard her story, she pulled every string she could to get her to Brenda in Toronto. They had been too late. Treatment in Canada gave Rati a year of high-quality life apparently free from cancer, but the new year of 2006 had brought a devastating return of the disease. Rati passed

away at the age of four years, just two months before Abby and Brenda visited Kenya.

It was for those two—her father and Rati—that Abby was here now. Neither of them could know what they had started, but Abby felt sure both would be proud, pleased with what she and her companions were doing and as delighted at the broad interest.

Brenda had been more than shocked; she had been amazed at the crowd of people who turned out to hear her speak. Even more memorable was the reaction of the cashier at the Nakumatt grocery store, which will stay with Brenda forever. On their second day in Kisumu, the woman caught sight of the T-shirts that Brenda, Abby, and Brian wore. She paused in mid-swipe, a carton of milk poised above the scanner while she read the caption (in Swahili) accompanying the unusual image of the afflicted child:

*A white glow in a child's eye could be a sign of cancer.
If your child's eye looks like the photograph,
make sure a medical doctor checks both eyes urgently.
Untreated, children's eye cancer is fatal,
but when diagnosed early it is very curable.
Don't be slow. Help your child to be a survivor!*

She read it once, twice, and then a third time before lifting her eyes from the message and asking the first of what was to be a barrage of questions. All around them, traffic in the grocery store stopped as people turned to listen. Mothers holding the hands of small children listened intently, seeking answers to questions of their own. The fire of awareness was set, interest kindling in the eyes of Kenyan parents.

"You know," Abby said as they left Nakumatt some time later with their purchases, "it might be worth seeing if we can persuade Nakumatt to put up posters in their stores, with the same message as the T-shirts. People are so interested . . ."

Brenda nodded, "Why not?"

Several weeks later, Brian, wearing a plain red shirt, and Abby, wearing a light jacket to cover her T-shirt, met with the operations manager of Nakumatt at their Nairobi headquarters. They were ushered into the manager's office, and smiling with polite disinterest, the man offered them a seat at his wide imposing desk.

When the pleasantries had passed, Abby drew out a laminated photo of the same image that graced the front of her concealed T-shirt. She slid it across the desk, asking, "What do you think is wrong with this child's eye?" The manager glanced at the picture, shrugged, and pushed it back.

"The child has eye cancer," Abby exclaimed simply as she removed her jacket, to reveal her T-shirt. The manager swept up the laminated photo and studied it hard, incredulous at the totally unexpected answer. The pair of visitors held his full attention for the next forty-five minutes, and when they finally left, it was with the promise that posters would be put up in every Nakumatt store across Kenya for a period of six months.

With help from Rati's father and others, the message was translated into many languages. Multiple translations of the poster and T-shirt could be used around the world to spread the word about curable childhood cancer!

The T-shirts were a success; posters were in production. There were no words to describe how well the campaign was going. The team was overjoyed by their success.

As Brenda's stay in Kenya drew close to an end, she and Abby took time to visit a young girl whose tumour had claimed her right eye. Her name was Linda and, unlike Abby, her socket had not been filled by a prosthetic eye.

Linda sat quietly on Brenda's lap with her family and friends in the living room of their tiny mud-walled home, three hours' drive from Kisumu. She spoke no English but understood that the visitors were here somehow because of her.

Abby naturally gravitated towards Linda. She wanted to connect with the little girl, to share something important with her as another survivor. Without fuss or ceremony, Abby slipped her prosthetic eye out. She was aware of the silence—an audible reaction to this sudden revelation that she too had a "special eye." She and Linda sat across from one another and she could almost feel the little girl's grin spreading. At last, she wasn't the only one missing an eye. Until then, Linda had felt that other children and their parents treated her differently, fearing or just not understanding the empty eye socket and drooping lid. Those children now stood at the doorway to the house, peering in for a sight of the foreign visitors, and to hear what they had to say.



Abby, Lindah, and friend

The little living room was filled with murmurs, of shock, surprise, amazement, and relief. Abby smiled and reached across the table to take Linda's hand. It was small and cool and it squeezed hers in gratitude. Maybe, just maybe, the people who had seen Abby remove her eye would understand a little and accept a lot more. She kept company with the child for the rest of the afternoon as the entire village gathered to learn about and understand Linda's cancer.

The first phase of the pilot project was complete after one eventful week of unbelievable progress in Kisumu. Brian, Brenda, and Abby had much to discuss as they drove to Nairobi at the end of Brenda's first visit to Kenya.

Brenda gazed out of the window as her plane rolled down the runway. It seemed too big and too slow to lift off from the ground, to make it into the air, but the nose angled up, the wheels lifted off the tarmac and tucked up into the belly of the plane. As the vast expanse of Africa opened up below, Brenda marvelled at how the seemingly impossible can quickly take flight and reach new horizons.

Far below, Brian and Abby turned away from Jomo Kenyatta International Airport towards more meetings and steady progress. As he wove a path through the heavy noonday traffic, a tune came to Brian's lips. "I'm leaving on a jet plane. Don't know when I'll be back again . . ." Though the time and the place were uncertain, he was certain of one thing: The two remarkable women with whom he had shared this momentous week would return time and again to Kenya, and their campaign would take off as easily as the plane just departed.

Since that short visit three years ago, Brenda and Abby have returned to Kenya three times, and the NGO "Daisy's Eye Cancer Fund—Kenya" has been established with the mission of securing optimal care for all children and families affected by retinoblastoma in Kenya. The Kenyan National Retinoblastoma Strategy was launched in September 2008 to work towards this goal. Involving seventy medical professionals and patients from across Kenya, the strategy has introduced national awareness campaigns to help achieve early diagnosis, and created family support initiatives to assist families after diagnosis. Evidence-based protocols and guidelines for retinoblastoma are being developed for Kenya's resource-limited setting, and a national pathology service has been

launched to enable appropriate post-operative care.

The campaign that began with a T-shirt in 2006 has truly taken flight.

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Refugees in Southeast Asia¹

J. David Holbrook

At sunrise a week later, having revamped the apartment and registered the children at school, Lauretta waved as I left the apartment for Kalang, the port for Kuala Lumpur. It was hard to leave so soon after Lauretta and the children had arrived, but travelling was a crucial part of the job.

I was the only passenger in a Malaysian police launch, on my way to international waters, the sun hot on my back even at this early hour. A burly Malay policeman stepped back from the front of the launch and shoved a red arm band in my face.

“Put this on! Wear it at all times! This is your pass. We will be in a security zone.” As a diplomat, I was being offered no favours.

The launch blasted off from the jetty, the wake flooding the numerous dugouts and their occupants, fishing in the shallows of the Kalang harbour.

I watched as the Malay fishermen struggled to right their boats and bail them out with their rusty tin cans. There were no angry gestures. Flocks of screeching seagulls circled and zoomed in on fish the locals couldn't retrieve. Navigating the colossal container ships, we finally came into the Straits of Malacca, leaving behind the stench of rotting fish and garbage.

The salt sea smell in the straits was a relief but the noticeable swell was not. The rising sun on the waves at the front of the launch painted

1. Chapter 2 of *A Diplomatic Doctor*, published by iUniverse, 2005

the water with green and gold highlights as we cut through it. Anchored in the distance was a rusted, sickly looking freighter: my destination.

The *Hai Hong* ("Sea Breeze" in Chinese) was a floating piece of scrap, which had secretly left Singapore and anchored in the estuary of the Saigon River near the town of Vung Tau, south of Saigon, in October 1978. There, it took a load of 2,510 desperate people willing to pay US\$3200 or sixteen pieces of gold to leave Vietnam. Children were supposedly half-price.

The cost was worth it to many in South Vietnam's middle classes. They were facing re-education camps and hard labour, separation from their families, and, at worst, long prison terms for supporting the losing side during the war. The final blow was that these families were then obliged to move out of Saigon to "new economic zones"—a euphemism for a plot of jungle where new communities were to be established. They comprised the part of Vietnamese society that could not and would not support a unified Vietnam under a "socialist" regime governing from Hanoi in the north—the traditional rival of Saigon in the south. There were no longer positions for teachers, doctors, or lawyers in Saigon, which were now all taken by northern newcomers.

The syndicate responsible for the *Hai Hong* was made up of Vietnamese officials, Singaporean promoters, and the Hong Kong owners of the salvaged freighter. They made a profit of four to five million dollars on this voyage alone. Trafficking in human lives had become an easy way to make money, if you didn't give a damn about what happened to them.

As the *Hai Hong* left Vietnam and moved into the South China Sea, neighbouring countries were alerted to its presence. All had refugee camps overflowing from earlier arrivals. A year earlier another supposedly scrapped freighter, the *Southern Cross*, had floated into Indonesian waters and dumped 1,200 refugees for the government of Indonesia to house. The *Hai Hong* was going to be forbidden to land anywhere in Southeast Asia. After weeks of drifting back and forth at sea, refused entry over and over again and battered by a typhoon, the diesel engines failed, leaving the 1,600 ton freighter drifting off the Malaysian coast.

The United Nations High Commission for Refugees appealed to Canada, and others, to share the responsibility for the *Hai Hong*'s cargo as a humanitarian gesture. When finally an agreement was reached to

launch a relief mission, Malaysia would still not allow the *Hai Hong* to enter its waters. The processing had to be done at sea. As part of that team I was responsible for the health of the refugees bound for Canada.

As the launch approached, I could see the rusted orange hull looming over me. A squiggly white strip painted without care, white paint dripping into the rusty black, stretched from bow to stern, with the new name *Hai Hong* printed on both sides of the bow, in white. Streams of dirty bilge water poured out of holes in the hull and splashed into the sea beside me. Was this from the engine room? Was this the toilets draining? Toilets? There probably weren't any. Three decks teemed with bodies pushing against the rail—men, women, and children of all ages, shouting and waving banners:

"FEED US!"

"TAKE US TO YOUR COUNTRY!"

"WE WANT TO GO TO AMERICA!"

"NO FOOD! NO WATER!"

I felt sick with horror and disgust at what was happening in front of my eyes. Could these people have expected this when they paid their money? Would they still think it worthwhile? The sight of this mass of desperate humanity shouting and screaming was overwhelming.

The police launch was now circling the Malaysian Navy frigate already at the scene. It kept the *Hai Hong* from going anywhere. The launch finally came alongside and I was waved to the front to transfer to the larger Navy vessel. Five Canadian immigration officers stationed in Malaysia were already on board.

"Welcome aboard, David. We sure need a doctor," quipped a smiling Dick Williams.

I tried to stand still on the deck of the frigate to get my balance back. Over the side of the *Hai Hong* dangled a rotten wooden ladder with rungs missing, pieces of frayed rope filling the gaps.

"OK Holbrook, you're the doctor, you go first."

The ladder thudded back and forth against the hull. It stretched from just below the first deck railing to three feet above my head. By standing on the steel railings of the frigate, I could just reach the first rung, with a boost from my compatriots. I didn't have much choice and so rather than think about it, I grabbed the end of the ladder. Careful not to fall

through the holes where rungs once were, I hauled myself up the side to the first deck. I was met by a cheering mob of people who grabbed my arms and pulled me over the rusty uneven railing onto the deck.

The stench of sweat, stale urine, and feces was nauseating. I was now jammed into the mass of people, moving as one, as the ship swayed. I was tugged away from the rail by an unseen arm and found myself closer to the centre of the deck. There was a noticeable listing, sending pots and various containers sliding past me. I watched a giant tub of thick brown slop slip by without tipping.

I suddenly realized that there were jagged holes in the deck above, allowing excrement and garbage to drop from deck to deck. No wonder the spot I was trying to stand on was so slimy. I pushed through the crowd to the port side, thinking there might be more air there.

Four people were laid out on the deck with filthy sheets over them. There was no movement and only the tops of their heads were visible. I asked the nearest person, motioning at the four bodies, "Are they sick?"

"Oh yes, sir!" said a woman, hauling me by the elbow to their side. She gingerly pulled back each sheet. Was the odour the sweet smell of rotting flesh, or the filthy sheets? I crouched beside the first of the four.

Under the sheet was a teenager with third-degree burns, grey patches roughly six inches wide on her shoulders and chest, oozing and peeling around the edges. The sheet—her only covering from the waist up—stuck to the wounds as I tried to peel it off to expose the entire burn. She wouldn't look at me, or at the burn.

I didn't have any instruments to remove the dead skin or any dressings to cover it properly.

"Is there anyone here who speaks English?" I said.

The woman beside me nodded.

"Please tell this girl that we are going to get bandages for her burns and clean sheets."

"Can I still go to Canada?" moaned the teenager.

I smiled, looking back, surprised to hear her talking. "Yes, I'm sure we'll find a way."

Next was an elderly man with a crinkly face, papery skin, and a toothless grin . . . or was it a grimace? What looked like a jagged puncture wound was surrounded by grey, burned, dead skin in the centre of

his abdomen. Surprisingly, there seemed to be little blood loss around the wound. I held his arm and took a closer look. It was hard to tell if it was only superficial, but surely he would be dead if his bowel had been punctured. He tried to lift his head to see what I was looking at. I didn't want to touch the wound as my hands were filthy, although I don't suppose I would have introduced any bacteria he didn't already have.

"Boiler blew, Doctor."

I held his arm as I explained to the woman beside him how to clean the wounds.

The middle-aged woman lying next to him had red blotchy burns on her neck. She could not move her head without grimacing. There wasn't the dead, greyish hue of third-degree burns, but instead weepy, red patches. It would be a nasty scar, but she would heal better than the other two.

Finally, the teenager next to her had red-streaked burns across the tops of both feet that stretched up his legs. He seemed quite blasé about it all, but obviously could not stand up or move his feet. An antibiotic ointment was needed.

Propped up nearby was a young woman with her right ankle protruding at an odd angle.

"Not much doubt about that fracture," I said to myself, thinking finally I had something relatively simple to deal with. All that could be done was to find a piece of wood for a splint until we could get it X-rayed and set properly.

"Is there a nurse in this group?" I asked the woman helping with the sheets.

"I'm a nurse, Doctor," she replied.

There was a provision for taking a small number of ill and injured refugees off the ship. These four would qualify.

"I am going to send you bandages and a splint. Please do the best that you can to dress the wounds and we will try to move these people to shore soon."

The old man tried again to raise his head and held his arm up to shake my hand.

I was swarmed by people on all sides trying to grab me to get assurances that they could get off this floating hell-hole and go to Canada. Neatly printed, pleading letters in Vietnamese, French, and English were

stuffed into all of my pockets. I smiled without agreeing to do anything and made my way back to the ladder.

Going back down the side was worse than going up. The ladder slammed back and forth with the swell, out then in, crunching against the side of the freighter. I didn't want to get my hand caught between the side of the ladder and the hull, so I moved down slowly, trying to time each step with the motion of the ship. I breathed a sigh of relief as I jumped from the last step onto the deck of the frigate.

I jotted down a list of necessities for the nurse on board. I wondered where I'd collect it all. The captain of the frigate joined us as we set up a table for the interviews on the deck under the canopy shielding the Bofors anti-aircraft gun.

"Captain, would it be possible to have some sheets and burn dressings for four patients on the freighter?" I asked, looking him in the eye. I bit my lip, hoping for a positive reply.

"Yes, we can help with that," said the captain, solving the problem easily.

"We'll interview refugees claiming to have relatives in Canada first," announced Dick Williams, the leader of the immigration officers. "David, you'll have to do your medical examination on the other side of the gun, then send them on to Bill, who will try to do a police report. Sorry Bill, you're going to be in the sun."

I smiled to myself, wondering what good a "police report" was going to be. Would anybody with a police record be honest under these circumstances?

"How on earth are we going to get them off the *Hai Hong* and then back on again after the interview?" I asked.

"We interviewed a spokesperson for the refugees while you were on board and he has chosen an individual on each of the three decks who can speak English. That person will get two people from each deck at the top and bottom of the ladder to help move the people on and off the ship. The spokesman will be the overall organizer of the procedure," explained Dick. "It's his task to coordinate the interview process, deciding who is to be interviewed on the frigate."

"We're going to have to stop if the sea gets any rougher. We can't afford any catastrophes."

Dick continued, "Lists are being prepared and submitted to the captain, who in turn will tell us how many he will allow on the deck of the frigate each hour, from dawn to dusk."

Tall and gaunt, the *Hai Hong*-appointed leader was the first person down the ladder with the initial list of interviewees in his hand.

"I am Dat Luu Phuoc." He put out his hand and smiled. I watched in amazement as he navigated the ladder with ease. He spoke fluent English and agreed to translate for us on the Navy vessel. We went over the procedures with him.

Phuoc's wife and five daughters had disappeared at sea or were in another refugee camp. The details were neatly written on a folded piece of paper and stuffed in my pocket. He wanted me to look in the camps for them.

Day one was over at sunset. We fell exhausted into the launch for the trip back to Port Kalang before total darkness. Looking back at the *Hai Hong*, I could only see the vague outline of the black hulk in the water with a few candles flickering on each deck.

Dawn to dusk. Dawn to dusk. For a week it was the same seafood dinner, the same grimy roach-infested room in the Port View Hotel with the flashing red neon sign outside my window that made it seem even hotter. In my narrow bed I twisted around, flipped my pillow, and kicked off the sheet. I was unable to put the thoughts of the previous day out of my mind.

The interviews were makeshift at best. Applicants ranged in age from two weeks old—born during the voyage—to eighty-two years. To get so many down the deepest ladder and back up was a major logistical feat. I examined each person with my hands and a stethoscope, attempting to rule out tuberculous lungs. The refugees should have received extra health credits for having the agility to manage the ladder as it swayed precariously back and forth against the hull.

The youngest of the refugees was virtually a newborn.

"When was the baby born? Is he your first child?" I asked his mother.

"Yes, he was born twenty days ago," she replied, though I could barely hear her over the screaming of the thin but clear-eyed infant. The baby didn't look sick. The umbilical cord, however, was a soggy mess, still attached with no sign of drying up. I couldn't pull it for fear of making it worse.

Tetanus? There didn't seem to be any muscle tightness other than that caused by the yelling. There was no question that he was able to open his mouth and swing his arms around. The only case of tetanus I had ever seen was two weeks ago in one of the camp—a baby with an infected umbilical cord. Could this be another case of the same thing? I dressed it as well as I could, cleaning away as much of the grunge around the cord as possible, and used the antibiotic ointment the captain had given me.

I made a mental note to get some anti-tetanus toxin from the US Embassy doctors, who were always lifesavers when all else failed.

Being the only one with a camera and extra film, I took the seventy passport pictures. It was soon working like clockwork.

"Please come here and lie on the couch while I examine you and go there and smile because I'm going to take your picture. No arguments allowed."

There were none. There was, however, much apprehension.

I doubted that any of the oldsters had ever had their photograph taken. In Asia, it was thought that a photo could take away part of your soul that could never be retrieved. In this case, was it a fair price to pay for freedom and a new life? The backdrop for these mug shots—an anti-aircraft turret and flapping khaki canvas—no doubt added a nice touch to the travel permits.

The transfer to the airport in Kuala Lumpur from the *Hai Hong* began with the burns victims. They were lowered over the side on borrowed stretchers, each of us manning a rope and praying that the rusted railing would not give way.

As the sun set on the final day of the *Hai Hong* for me, I looked at all those still waiting, standing by the rail at the top of the flimsy ladder, softly weeping, wringing their hands and waiting and waiting as the launch sped away.

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Phobias

Remica L. Bingham

Maieusiophobia

My mother is unattainable
and I have come to accept this.
So when the doctor tells me—
my legs spread wide, the tiny head
of a probe invading my cervix—
There may be a problem
I am relieved, almost happy for the damage.
I say *Adoption is nice* randomly, to my mother,
driving through a flea market one day. Then
My students are all I need on another.
She watches me linger with children, then swiftly
hand them back, but never says what she intuits.
In the years to come I will say it outright:
I can't be you, meaning, not even one,
not even one perfect one.

Necrophobia

It could have been the tint of her body or the wig.
When my cousin took his girlfriend's life
then his, aiming and hitting
both heads, I was determined to mourn
appropriately. But at her funeral, two short days
after his funeral, I approached the casket
as a woman behind me whispered
She's got on a wig to cover the holes and I fell
into the pit of the procession, a gulf
in the isle of mourners.

Makeshift nurses—strong women—
lifted me from the ground,
accustomed to the strange behaviour
that follows the dead.
Since then, I refuse them,
deny any body emptied and retouched.

Collision

*You come crash into me
and I come into you
I come into you
in a boy's dream¹*

Slick road brings them together
whilst she is humming
and a boy, a soldier, is fighting
sleep. When his truck veers toward her—
the wheel slow and sliding
underhand—it catches her
unaware and they collide, smiting
each other, until a stranger navigates
the space where they are bound
and bent, discovering their crumpled mess—
his engine spewing smoke, her engine
on her legs in her front seat—both drivers
caught between the great fist of God
where one must bear bruises and time
lost to the arc between midnight
and last morning.

Her clavicle shatters and cracks
like the branches pressed to gravel
beneath the boy's artillery truck.
They check her back, arms, hips,
but no other thing is crushed like this

1 From "Crash into Me" by the Dave Matthews Band

and they cannot still her.
In the hospital bed, all night
she batters her body—
slamming into the railing,
shifting the bed and needles,
pulling wires from the wall.
She moves into the path of weaponry
in her sleep, dreams of him dreaming,
until they must tie her down.
Even in reverie, she rails against what could be
her deathbed—binding her joints, rooting her hair,
shunning the white and winding sheet.

Remica L. Bingham's first book, Conversion (Lotus Press, 2007), won the Naomi Long Madgett Poetry Award. A book of her selected poems, The Seams of Memory, will be translated into Arabic and published in 2010.

Care for the Patient

Yvonne Trainer

In response to Ambroise Tardieu's engraving "Succeeded by Dementia"

He engraves each curl of his unwashed hair
with a swift sharp swirl
Engraves the curved lines of his forehead
In a few smooth cuts
chisels the dark and staring eyes
Engraves the cord that ties the robe
knowing I suppose the patient has forgotten
the usefulness of cords
Engraves the patient's shoes open without laces
so he will not fall
He does not draw the hands
hidden in sleeves of the robe
Hands that wrap
around the knees while the patient
stares and rocks stares and rocks
cold and afraid
afraid and cold.

Yvonne Trainer holds a PhD in contemporary literature (special topics area in medical humanities). She has published a chapbook and four books of poems and is an assistant professor at University College of the North.



Ambroise Tardieu, "Mania Succeeded by Dementia," *Des maladies mentales*, vol. 2, 1838

Drawing Insulin

Anonymous

The green numbers on the microwave tell me it is 8:45 p.m., time to administer insulin to my son. From the stainless steel soap dispenser beside the kitchen sink, I pump a generous blob of liquid soap onto my hands. I rub my hands together, interlocking my fingers; the soap bubbles emerge and rise between my fingers. I move my hands under the tap. The warm water cascades over them, taking the soap with it down the drain. I turn to dry my hands on the hand towel that hangs from the handle of the oven door. While I wonder when the hand towel was last changed, I do nothing about it. My hands and nails are so dry; the hand lotion applied several times a day has been wasted effort.

Type 1 diabetes was diagnosed on his sister's seventh birthday, mere weeks before his eleventh. His initial reaction was anger rooted in fear. "I'd rather die than have diabetes!" Mine was resignation. For three weeks there'd been the quenchless thirst, the bedwetting, and the trips to the bathroom in the middle of the night—symptoms recalled from television ads years before. I knew what was coming before the pediatrician confirmed it. And then, days at the hospital for diabetes day care: meetings with doctors, nurses, dieticians, and social workers; reams of information extracted from and thrown at us—checking glucose levels (highs, lows, and target ranges); counting carbs; measuring and administering insulin; managing illness; testing urine for ketones; the nightmare scenario that calls for glugacon. The unspoken mantra: Managing diabetes is about precision and routine, routine, routine. But life with a child, with my child, is never routine.

The glass vial with the orange ring around the top sits on the black granite counter. I pick it up and roll it gently between my palms as if I am

rolling Plasticine. The contents turn cloudy as the white liquid settled at the bottom mixes with the clear liquid at the top. I return the vial to the counter and take a syringe out of the cardboard box beside the cookie jar. The side of the syringe is marked in millilitres, like the markings on a measuring cup. I remove the white plastic cap from the plunger end of the syringe and pull the plunger back and forth several times, taking care not to pull it out entirely. It glides smoothly. I remove the orange plastic cap from the needle end of the syringe and slowly pull the plunger back until the black top of the plunger inside the syringe is lined up perfectly with the eight-millilitre marking. White, orange and black—Halloween colours. This procedure has become so routine, the temptation to give in to distraction is powerful. But distraction equals mistakes: incorrect doses, midnight telephone consultations with residents on call, embarrassment coupled with a vow to myself never to repeat the error, and the knowledge I can't be certain I won't. How is it possible that some nights I lie in bed wondering whether I administered insulin to my beloved son? It has become too automatic—mere white noise in our lives.

How far we've come from those first few days when, observed by a nurse, it took two of us to restrain our flailing, screaming son just to administer a needle. Embarrassed that I'd raised such an angry, non-compliant child and dreading the prospect of our future battles, I blinked away tears and swallowed the rising lump in my throat. Two years on, he is resigned to his fate, though he evidences little interest in managing it himself. He tests his blood sugar on autopilot—the finger prick, drop of blood, and beep from the meter are prerequisites to the injection but he doesn't look at the reading; the purpose doesn't register—it's just something he has to do. Medical alert bracelets are purchased, donned, removed, and invariably lost. "It's stupid. I don't care!" He's not embarrassed about diabetes; he's pleased at an opportunity to share that information, but with little appreciation for all it entails. He accepts his three daily injections, but needles for any other purpose continue to terrify. My son who has endured more than a thousand injections, simply refused to join his classmates in the school-administered hepatitis vaccine and bridled for days at the prospect of a flu shot. "I hate needles. They hurt!" "Why do I have to have a flu shot?" "I don't want one and don't need one." And so it went.

And so it goes too. “Don’t hurt me, Mommy,” has become part of his routine, words spoken without thought, involuntarily I believe. Words I desperately try to ignore. I am tired—tired of inflicting the pain he cannot live without, tired of feeling that while much responsibility rests on me, I am no better than an adequate participant. Why don’t I push him to take ownership of his treatment? He can self-administer but would rather not and, when pushed, seems nonchalant, even cavalier about it. And so, it is easier to do than to delegate and worry. Intellectually I know I am doing neither of us any favours. But I can’t let go—not yet. He needs me, doesn’t he?

Without moving the plunger, I insert the needle end of the syringe into the middle of the white rubber top of the vial and depress the plunger, pushing eight millilitres of air into the vial. I turn the vial upside down, placing the neck of the vial in the vee formed at the base of the forefinger and middle finger of my left hand so that my fingers alone support the vial. The syringe does not fall out. I form a circle, like an “OK” sign, with my right forefinger and thumb and, using that thumb for resistance, rapidly unfold the forefinger several times so it flicks out and hits the vial. A small air bubble is released from the neck of the vial and rises to the surface. I put my left thumb and baby finger on either side of the syringe to support it and use my right thumb and forefinger to pull the plunger down, drawing thirteen millilitres of insulin. I rapidly push the plunger back into the syringe so that all of the insulin is returned to the vial. I listen for a click and am rewarded. Air. Again, I draw, this time taking fourteen millilitres of insulin, and rapidly push the plunger, returning the insulin to the vial. No click this time. Using my right thumb and forefinger for control, I slowly pull back the plunger until its black top inside the syringe meets the eight-millilitre marking.

My days are filled with repetition—hundreds of little tasks, hundreds of thankless endeavours. I hold the syringe up to the light, looking for air bubbles, but find none. I carefully remove the syringe from the vial and call my son.

The author is the mother of three children living in Toronto. To preserve the family’s privacy and her son’s dignity she has chosen to publish in Ars Medica anonymously.

No Big Deal

Linda E. Clarke

Fresh spring clean light and the city was 6:00 a.m. quiet and I drove James to the hospital and he was going to have a minor procedure and we were both a little nervous and I kept reaching over and touching his knee, squeezing his hand. I parked the car and we went in and found the waiting room and he gave the woman behind the counter his information and then sat down and I sat beside him. Everything was hushed like a church.

Someone called James's name and he got up and maybe he kissed me, I remember he looked nervous, and he followed the nurse who had a clipboard with his name and information on it and she told me where to wait and it wouldn't be long. He padded off after her, and I stood and watched with his coat in my hand and his wallet and I think I might have had his shoes in a bag. I swallowed past the little bit of fear that was lodged in my throat then I sat back down just to catch my breath. No big deal.

In that early morning waiting room there was a group of people gagged around a pretty woman with short blond hair who looked tan and fit. About seven people were sitting around her, bantering back and forth. She was shining in the middle of them, holding onto the hand of a handsome man with grey curls, he was her husband. When a nurse called her name everyone stood up with her and she reached up and gave each of them a tight hug. It was as if she was boarding a ship. Then she took a firm hold of her husband's hand and together they followed the nurse down the hall.

I moved to the other waiting room, where the nurse told me they'd find me when James was finished. After a while, I felt antsy and tired

of trying to read the magazines so I went downstairs for a cup of coffee and to get a breath of fresh air. When I stepped out I noticed that the woman's husband was standing there alone, hands jammed in his pockets, looking out over the parking lot. I nodded a greeting to him. He nodded back, maybe he recognized me from the first waiting room. I said something about hoping that his wife would be all right.

He shook his head, looked down the sidewalk, ran his hand through his grey curls. He looked tired. He turned towards me and smiled, sadly. Then he told me that she wouldn't be all right, that they had just returned from a month of bicycling in Europe and she hadn't been feeling well and after some tests they knew that she had cancer. It was the second time. The trip to Europe was meant to be a celebration of her health after the first time. The surgery was a long shot. He used the word *advanced*. I stood beside him for a few moments, nodded, didn't say anything. The spring light really was beautiful and it was so strange how the world kept creeping along around us. I wish you the best, I said. He nodded and turned back and looked out over the parking lot again. I wish you the best.

James was finished sooner than I had expected and I found him in one of the recovery rooms. The doctor came in and told us both that things were fine and that James could go home. He handed me a prescription for some pain pills. I helped James get dressed, tied his shoes for him, helped him put his jean jacket on. As I drove home, I reached over and touched his knee and squeezed his hand. He lay on the sofa for most of the day. He didn't take one of the pills. No big deal.

Linda E. Clarke, writer and storyteller, has worked in health care humanities for more than twenty years. Linda teaches and presents widely on the importance of story within the health care community.

Stew

Sue D. Burton

*He would palm immoral images upon the unsuspecting and the innocent,
imagination better adapted to the stews.*

—British critic, June 1818, reviewing John Keats's *Endymion*

If I am about to die in Rome, I want osso buco
and panna cotta con frutti di bosco.
Osso buco is best with fresh young fava beans
and chunks of bread to sop the sauce.
Brown the shanks slowly, adding wild morels,
and if no fava beans, peas. Then later, ah,
the panna cotta—my own little ramekin of cream,
and a glass of Recioto della Valpolicella,
a wine that's Keatsian, lush, sweet.

Poor Keats, who never threw away his notes
from his anatomy studies at Guy's Hospital, flowers
and skulls doodled in the margins.
Beauty vs. brain, that meadow *teeming*,
ready to be *glean'd*—the trick being to harvest
one's allotted hectare of *full ripen'd* poems
at a moment coincidental with death. Not
before—leaving a stripped field
for one's later years. And not, as Keats
feared—.

My poor naive teeming Keats—all that *o'er
brimming*—digressions, desire, rising
above one's sort. O, critics were brutal:
Keats the Cockney belly-god—Beware

his *slippery blisses*, his *excess of greenth*
and vegetable imagery.
 No such *unhealthy lusciousness*
in Wordsworth, toast and tea,
 nip of port. *Go back to the shop, back*
to your plasters and pills—wiser
to be a starved apothecary.

Still, contrary to what Shelley claimed (who
 never visited Keats in Rome, but liked him
 well enough after he was dead), Keats
 was not killed by bad reviews.
 Rather, after taking mercury for a “sore throat”
 contracted in the stews during his brothy student days
 and then after a feverish boat ride to Rome,
 he died of consumption, bloodletting, and possibly
 starvation, his physician having restricted him
 to bread and sardines. So much
 for Romantic medicine.

Where are our *songs now of spring*, Keats?
 On this cold February night I fill the glass
 to the top: ah, your *vintages!*
tasting of Flora and the country green.
 My little ramekin, my
 cream—I raise my glass.

Sue D. Burton is a physician assistant specializing in women's health care. Her poetry has appeared in Harvard Review, Hunger Mountain, MARGIE, and Sou'wester. She has been awarded a Vermont Arts Council grant.

Sorcery

Ken Victor

For Mikaëlle

Daughter, they came for you,
the white-robed witches of the incubator kingdom.
They came with their voodoo and vocabulary;
they came to slice open the collapsing home
your mother had grown for six months.

Some came to kick-start your thumbelina lungs;
some to claim the desiccated placenta you drank dry.

Days before, with their magical gadgetry,
with their mumbled incantations, they scanned you
for their omen of death: blood flowing back
through your thin umbilicus into your prostrate mother.

Sweet little one, when you were born you had
two and a half tablespoons of blood, skin like wax paper,
a body my palm could eclipse.

In seconds I threw away my faith and signed off on all their magic,
I sought their oracles,
recited their sorcery to anyone who'd listen, and later

they came for me, daughter, came for my blood, named me the match,
bequeathing you my manic energy, my sleepless nights,
this river of desires you could drown in.
The white-robed witches of the incubator kingdom

bargained with the other side, daughter, and won,
and you were released to us, here in the bright light,
the heat lamps keeping you warm, the oxygen tanks
stoking your breath, sustenance travelling
through tubes as fine as angel's hair. Sweet little one,

the white-robed witches of the incubator kingdom
kept you from leaving; the rest is up to you,
up to you and your own witches, your own magic,

your own vocabulary of transcendence. Speak,
daughter, when you are ready;
welcome whatever sorcery will sustain you.

A recipient of a National Magazine Award for poetry, Ken Victor has been published in numerous literary journals in the United States and Canada. He makes his home in the Gatineau Hills of West Quebec.

William Withering,

1741–1799

Ernest Fallen

Should the foxglove be left withering on the vine?

Old Mother Hutton

“**B**eg your pardon, sir?” The gentleman was inquiring about that sickly woman whom I was called to see just a few weeks ago. “Yes, sir. That would be old Mrs. Teasdale.”

As I recall, she was heavily swollen—a face like pasty pudding. I could hear her wheezing as soon as I entered her cottage. As with so many others the likes of her, poor soul, she received no satisfaction from the local doctors or apothecaries in these parts. But she came around nicely after I boiled up and spooned her several draughts of my special herbal tea.

He stood there by the door—a youngish man, well groomed, courteous, and, I dare say, respectful, but I could see he was uncomfortably shy. Pleasant looking, save for a rather prominent nose—aquiline, I think they call it. I was flattered to learn that the gentleman had come out of his way, having heard of my special potions or, more specifically, that herbal recipe I used for curing the dropsy. I could see he was impressed, although too haughty to admit it.

“Forgive me for being so bold as to enquire of your special herbal talents,” he said. “You see, I am quite familiar with the botany, having an elaborate herbarium of my own. I have also written extensively on the many varieties of plants found throughout England. With your indul-

gence, madam, would you be so good as to divulge the ingredients of that recipe you prescribed for Mrs. Teasdale?" As soon as he saw my hesitation, he quickly added, "I am prepared to pay handsomely for it."

I have always been a dupe to flattery, and so I invited him around to see my herbal garden. By the same token, my many and weary years have taught me to be on guard for hidden motives, especially in this part of Shropshire, where folks are quick with accusations of witchcraft and sorcery. It may have been my imagination, but I thought the young gentleman was stealing quick glances at that mass of jumbled scree atop the distant Stiperstones. Did he suspect I was one of the witches that pilgrimmed up there each summer solstice to dance like whirling dervishes with Satan? His pleasant mannerisms and grace eased my suspicions, although I still could not tell whether his interest in my secret remedies were those of a fellow herbalist, a Bible-thumper in disguise, or a practitioner of physic.

"May I be so bold, sir, as to inquire what interested you about Mrs. Teasdale?"

He was gazing intently at a display of black cohosh when he turned to me, smiled, and replied, "Forgive me, madam. I should have explained my intention for imposing on you. My name is Doctor William Withering. I have a medical practice in Birmingham. However, once a week I ride up to see patients at my infirmary in Stafford. Six weeks ago I happened to stop near Cannock to rest and water my horse. While there I was asked to see Mrs. Teasdale in consultation. I was appalled at how deathly ill she was. She clearly was suffering from a hopeless case of terminal dropsy. I could do nothing. And yet, two weeks later when I passed through that area again, I was astonished to learn she had made a miraculous recovery—attributed, I was told, to the herbal decoction you prepared for her. As I said before, I am willing to pay you well for your recipe, if you would be so kind as to reveal its ingredients. It could be of help to so many people who are needlessly suffering from this affliction."

I studied Doctor Withering with a practised eye and satisfied myself that he was making a heartfelt plea rather than a self-serving deception. I wrote out the recipe and handed it to him in exchange for a few sovereigns.

As he quickly read it his brow furrowed and I could see he was troubled. "My dear woman," he said, "you have more than twenty different

herbs here—most of which I dare say have proven to be harmless for all manner of ailments. If anything, one or two can elicit a mild catharsis but none that could cause such a copious diuresis that I am sure Mrs. Teasdale experienced. By diuresis I am referring to an outpouring from her kidneys.”

His disappointment gave me a start. I feared he suspected these so-called harmless ingredients to be nothing more than a witch’s brew. The local authorities do not take kindly to secret potions or mischievous spirits. Was he thinking this as well? Then suddenly he exclaimed, “Wait a minute! Is it not true that this brew of yours can cause profound nausea and vomiting?” I was at first reluctant to admit of such unpleasant reactions but agreed, “Why yes, sir. Come to think of it, it has been my observation that the sicker the patient became, the greater the chance for an ultimate cure.”

With a triumphant gleam in his eye the good doctor thanked me for the recipe and without as much as a by-your-leave bade me farewell. It is curious, but as he rode away, I swear I heard him mumbling something that sounded like “witch’s glove.”

Doctor John Ash

They were seated by the fire having a postprandial cordial in John Ash’s drawing room. It was a bitter cold day in late December 1776. Withering, the junior partner, was describing his first experience with the use of the foxglove, *Digitalis purpurea*.

“You may know him, John. He was a former builder in these parts—Mr. Hodgeson.”

Ash shrugged.

Withering went on, “Just so. Anyway, for two months he had been suffering from progressive shortness of breath. When I first saw him in consultation he looked dreadful. He was sallow and sunken in appearance. Visibly hungry for air. He had a swollen belly and legs that dimpled when I poked them. A clear case of dropsy. Now John,” Withering lowered his voice conspiratorially and leaned towards his senior partner, “I must digress here for a moment and beg your indulgence. When I scrutinized that old Shropshire woman’s jumbled recipe, it struck me that the only active ingredient that could have accounted for her success in curing the dropsy was the foxglove. Why? Because I surmised it was

the only herb in her recipe that would elicit such profound purging. On the basis of this supposition, I decided to prepare a decoction of Digitalis leaf for Mr. Hodgeson. I say decoction because that sorcerer boiled her herbal mess and I simply followed her procedure. The effect was quite dramatic. While poor Mr. Hodgeson suffered recurrent attacks of vomiting, he also obliged by excreting copious quantities of urine, a diuresis the nature of which I have heretofore rarely witnessed. Within four days his breathing drew easier and his distended belly miraculously flattened. In ten days his appetite was again hearty and he declared himself fit as a fiddle."

John Ash sat listening, a bemused expression lit his broad congenial face. He sat comfortably composed in his Queen Anne chair, britches exposing muscular calves—his wig perched just so—reminding one of the exact pose when he sat for Sir Joshua Reynolds. Ash lowered his pipe, squinted at Withering, and said, "My dear sir, you may be aware that my good friend Dr. Ralph Crawley, president of Brazen Nose College in Oxford, was also the beneficiary of your magical herb. From what I gather, he suffered from Hydrops pectoris—stubbornly resistant to all forms of medicine. Squill, salt of wormwood, Peruvian bark, quicksilver, and others were all tried, to no avail. Crawley got wind of some carpenter in Oxfordshire who apparently was cured of the same condition after taking the foxglove. Crawley then treated himself with the root of the plant and recovered."

"The root you say?" Withering thought for a moment and then murmured, "Unusual. It is my contention that the active principle resides in the leaf and is most potent just before the plant flowers in mid-summer. As for the case you cite, it certainly is not the first time the foxglove has been used as a medicinal herb."

Withering, having been a tinge chided, decided to regale his host with a scholarly history of medicinal botany. "Dioscorides, that notable Greek herbalist, was aware of the foxglove's potential therapeutic properties. Leonhart Fuchs, in his botanical classic *De Historia Stirpium* of 1542, sanctified its medicinal potential by naming it Digitalis. I daresay he even referred to the foxglove when using the phrase 'scattering of the dropsy.' But what he meant by this is purely conjectural insofar as he claimed the herb therapeutically beneficial for a whole host of ailments.

And so you see, my friend, I am unaware of anyone past or present who ascribes *Digitalis* specifically for the cure of the dropsy.”

“Well sir, I am prepared to defer to your expertise,” said Ash. “By the way, I had occasion to read your exemplary publication on the botany. I believe it is entitled *A Botanical Arrangement of all the Vegetables Naturally Occurring in Great Britain*. I marvel at the meticulous and laborious manner in which you applied the Linnean classification to all the known plants in England. However, I am puzzled.” Ash paused to relight his pipe. “As an astute physician knowledgeable in the medicinal properties of various herbs, it bewilders me why you did not treat this magnum opus as a *materia medica*. There seems to be precious little said of herbs as apothecarial reserves.”

Withering’s high-minded rectitude rarely withstood a slight, no matter how small. Stiffly, he responded, “My purpose, sir, was to reach a more general and yet enlightened audience. The classification was therefore written in the King’s English, not Latin. Furthermore, my intention was to compile a thorough and complete registry of British botany, making it more descriptive than analytic.”

“Ah yes. And so complete a work it is,” said Ash. And then, with a twinkle in his eye, he looked at Withering and said, “I also noticed that you avoided classifying the plants on the basis of their sexual characteristics as Linnaeus did. Too provocative for our intemperate souls?”

Withering felt helpless—unable to control a faint blush.

Erasmus Darwin

Grandfather of the famous Charles, Erasmus was both a physical presence and personality larger than life. Obese, grotesque, with a massive head between his shoulders, he was an amalgam of Falstaff, Samuel Johnson, and A. J. Liebling—sworn to the dictum that one cannot be a proper gourmet without being a gourmand. He had a persistent stammer that, paradoxically, gave flavour to his effervescent charm.

In 1765 Erasmus, together with Matthew Boulton, the pre-eminent industrialist of Birmingham, and William Small, a physician and metallurgical chemist, formed the Lunar Society. This august group was made up of like-minded scientists and industrialists who met once a month on the Monday closest to the full moon. Hence the name “Lunar.” The purpose, or so it was explained, was that the light from the full moon would

protect them from shadowy brigands as these illustrious members made their way home late at night. Cynics contend that the moonlight simply offered an illuminated passage so that the more inebriated could locate their way as they staggered home.

The “Lunatics,” as Darwin fondly referred to his compatriots, were a veritable Who’s Who of the movers and shakers of eighteenth-century industrial England. Besides Darwin, Boulton, and Small, the society included such luminaries as James Watt (of steam engine fame), Josiah Wedgwood (the illustrious potter), Joseph Priestley (the discoverer of oxygen), the Galtons, père et fils (gun-makers), Sir Joseph Banks (the famed botanist), and the token American, Benjamin Franklin. Unlike the aims of the Royal Society of London, spawned a century earlier, those of the Lunar Society were less morally utilitarian than commercially pragmatic. After all, Birmingham was at the forefront of heavy industry—a constant cacophony of machinery could be heard everywhere in the city streets. The deafening noise forced the local habitants to shout in that characteristic high-pitched twang that can be heard to this day.

Withering joined the Society in 1775, not as a sought-after recruit but as a default choice, having acquired the practice of the late Dr. William Small. Darwin wrote to Withering on February 25, 1775: “A person at Birmingham desired I would acquaint you with Dr. Small’s death as soon as I could, but would not permit his name to be mentioned, lest he might disoblige some whom he did not wish to disoblige . . . Now it occurred to me that if you should choose this situation, your Philosophical taste would give you the friendship of Mr. Boulton. If you think this prospect worth your going to see Mr. Boulton at Soho, I will take care to leave at home a proper letter for you to him.”

Withering did not mix well with the group. His punctilious, somewhat sanctimonious nature, combined with a workaholic’s schedule made for sporadic attendance. Industry being at the forefront of the society’s agenda, Withering’s contributions were patchy and uninspired. Above all, there was the infamous contretemps between him and Erasmus Darwin—two personalities who could not be more diametrically opposite.

It began with a dispute over the treatment of a Mrs. Hill of Aston near Newcastle—meticulously recorded as Case Number 4 in

Withering's landmark text, *An Account of the Foxglove*. Here is how it played out.

Erasmus's son Charles, like his father, was a practising physician in Lichfield. Charles was a brilliant young man who tragically died in his early twenties. He distinguished himself as an intellectual prodigy at Oxford and at Edinburgh's famed Medical School, where he was the recipient of the school's first gold medal of the Aesculapean Society. Erasmus published his son's posthumous graduation thesis in 1780, in which he contends that Charles was familiar with and had described the beneficial effects of *Digitalis*—thereby antedating Withering's famous *Account* published in 1785. In the appendix of his son's pamphlet, Erasmus writes that Charles had successfully treated “about a half dozen cases of dropsies by the decoction of *Digitalis*.”

It was well known at the time that Withering was gaining considerable experience with the infernal weed and was often called on for consultation by practitioners in the region. However, instead of publishing his early successes in 1775–6, Withering chose, painstakingly, to compile and comment on every case—a learning curve, as it were, designed to gain insight into modes of formulation, dosing, side effects, and selectivity of those patients who would benefit the most. It seems that Erasmus Darwin, by celebrating the contributions of his late departed son, was taking credit for the original use and application of the foxglove. In 1785 he pre-empted Withering's classic *Account* with a publication in the *Medical Transactions of the College of Physicians of London*—extolling the virtues of *Digitalis* for dropsy and pulmonary consumption. It seemed clear that Erasmus, in his characteristic ebullient and take-no-prisoners manner, was intent on scooping his more introverted colleague.

But here is the other side of the story, as described in detail by Withering in the notorious case of Mrs. A. Hill:

July 25th, 1776

On the 4th of June Dr. (Charles) Darwin was called to her. I had not heard what was then done for her, but between the 15th of June and 25th of July the Doctor at his different visits gave her various medications of the deobstruent, tonic, diuretic, and evacuant kind.

On the 25th of July I was desired to meet Dr. Darwin at the lady's house. I found her nearly in a state of suffocation, her pulse extremely weak and irregular, her breath very short and laborious . . . She could

not lie down. Her stomach, legs, and thighs were greatly swollen . . . her urine very small in quantity.

I proposed the Digitalis to be tried . . . Dr. Darwin very politely acceded immediately to my proposition and, as he had never seen it given, left the preparation and the dose to my direction. The patient took five of these draughts, which made her very sick but acted powerfully on her kidneys, for within twenty-four hours she made upwards of eight quarts of water. The sense of fullness across her stomach was greatly diminished, her breath was eased, her pulse became more full and more regular, and the swelling of her legs subsided.

I have been more particular in the narrative of this case partly because Dr. (Erasmus) Darwin has related it rather imperfectly in the notes of his son's posthumous publication

As regards this dispute, a face-to-face meeting between Withering and Erasmus Darwin has never been recorded, but one could imagine it proceeding as follows:

DARWIN: It displeases me much, sir, that in your *Account of the Foxglove* you have not only misrepresented statements concerning my success with the Digitalis but you have tarnished the reputation and memory of my dear late son, Charles.

WITHERING: Sir, if I have inadvertently caused any grief I sincerely apologize, for all I have done was, in the interest of open, honest, and careful accounting of the details, report my humble endeavours to express the correct way to prepare and prescribe the leaf of the foxglove. It matters little who discovered its properties first. The important objectives are for whom it should be prescribed and in what formulation.

DARWIN: Sir, I respectfully disagree. The successful use of Digitalis for dropsy was first published by me in 1780, five years before you came out with your book. And look, sir, at the eminent physicians in Edinburgh, including Jonathan Stokes and John Hope, who attribute the specific use of the foxglove to Charles and me. Did you not see my publication in the *Medical Transactions* indicating the clear superiority of Digitalis over squill for the treatment of dropsy?

WITHERING: Indeed, sir, I am aware of your article. But you also indicated that Digitalis be used for scrofulous ulcers, pulmonary consumption, and melancholia. It is highly doubtful that this potentially dangerous herb has any therapeutic effect for those conditions. But sir,

I beg your indulgence. Surely you must agree that one cannot afford to ignore the narrow margin of safety between the drug's therapeutic effect and its toxicity. It is imperative therefore that one be obliged to prepare the decoction or dry leaf powder carefully and be vigilant concerning early signs of ill effects. This I have done, and it is all there in my *Account of the Foxglove*. Allow me this, sir. I have laid myself open to censure by including all 163 cases in which I have administered Digitalis, whether the outcome was successful or not. I did this to demonstrate how to prepare the drug, to whom it should be given, and how to avoid mischief. As I concluded in my preface, "Time will fix the real value upon this discovery."

ERASMUS: Bah, you are both arrogant and incorrigible. History will judge who was the originator of this useful medication. And speaking of toxic remedies, was it not you who helped Fowler create that dreadful arsenical mixture for skin ailments? Mark you, I predict it, too, will fall into disuse someday.

At the Swedish National Museum in Stockholm

In 1792, Withering sat for Carl von Breda, the "Van Dyck" of Sweden. A famous portrait artist, von Breda was a pupil of Sir Joshua Reynolds, whom in fact he painted just before arriving in Birmingham to do a series of portraits of various "Lunatics." However, by 1792 the society was already in disarray. A number had been vocal proponents of the *ancien régime* in France and, as a consequence, were targeted by right-wing groups of church and King's men. During the Birmingham riots of 1791 there was rampage in the city streets. Joseph Priestley's house was set afire. Others went into hiding. Withering seemed above the fray—not known to favour one political viewpoint over another. He had become more reclusive, partly as a result of an exacerbation of his consumptive symptoms that left him listless and weakened. It was just after a bout of pleurisy that he declared himself sufficiently recovered to sit for von Breda.

The portrait features Withering sitting *en face*, gazing to his left. There, a table is seen upon which is a book of the botany, propped and opened at a description of the famous purple flower. Withering's left hand is holding a withered sprig of a foxglove plant. As I stood gazing at the portrait I couldn't help whispering my thoughts to this iconic figure



Swedish National Museum, Stockholm

William Withering, by Carl von Breda

—a necessity, I felt, to bridge a 200-year gap so as to bring the old country doctor up to date.

“It is the year 2009, kind sir,” I murmured under my breath. “Your *Account of the Foxglove* has withstood the test of time and remains a masterpiece. It has rightly earned the reputation of having revolutionized the treatment of heart disease. Thanks to its meticulous reportage, you will be delighted to know that *Digitalis* is still being prepared from the foxglove plant while almost all other medicinal herbs have been supplanted by synthetic pharmaceuticals. In 1930, a scientist working for a company called Burroughs Wellcome isolated the active ingredient from the woolly foxglove, *Digitalis lanata*. This ingredient is known as a glycoside and works its magic on the heart, sir, not the kidneys.

“You see, what you and your fellow practitioners of physic called ‘dropsy’ was, in most instances, what we now recognize as congestive heart failure. Not so much a diagnosis in itself as a common pathway shared by many different forms of heart disease. What you correctly recognized as an irregular or erratic pulse is what is now known as atrial fibrillation.

“Your famous book is unique in a modern context. First, from an epidemiologic perspective it stands as a successful case-control series in which all of your patients are included—a perfect and, need I say, honest inception cohort. Second, the astute manner in which you drew attention to the narrow margin of safety between therapeutic success and toxicity is a forerunner of what we refer to as pharmacodynamics. I believe *Digitalis* would have been abandoned a long time ago if it were not for your persistence in demonstrating its benefit over and above its risk. Finally, the book is an apothecary’s delight, given your description of its various formulations and for whom it should not be used.

“Although you called it a diuretic, you may be interested to know that its ‘dramatic effects on the kidneys,’ as you put it, is actually the drug’s powerful stimulatory effect on heart muscle and cardiac output—something we call inotropy. This unique property was discovered by a Dutch cardiologist and anatomist, Karel Wenckebach. In fact Wenckebach was so confident of the drug’s therapeutic effects he once said, ‘I owe my reputation as a cardiologist to the fact that I order *Digitalis* in just those cases which textbooks regard as unsuitable and in doses which physicians describe as dangerous.’ Sound familiar, William? Of course it

is doubtful that Wenckebach deliberately dosed his patients to toxicity and then backed off, as you so frequently did and in fact advised.

“In the last lines of your preface you said, ‘Time will fix the real value upon this discovery.’ Well, sir, it is some consolation that you did not live to see your own countrymen turning their back on Digitalis—erroneously claiming it to be useless and harmful for those patients with heart failure who maintained a regular pulse. Physicians nowadays seem enchanted and enticed by new medications. True, we now have stronger diuretics, an exciting class of drugs called ACE inhibitors, and, would you believe it, drugs called beta blockers that actually sap the strength of the heart yet appear to revitalize it over time. I suspect the waning interest in the foxglove may also be due to indolence. After all, it still requires a modicum of diligence to monitor the effects of Digitalis, especially for the elderly frail.

“A hymn to your efforts can be found in a few lines of verse penned by a British poet, Sarah Hoare, in 1820:

The Foxglove leaves with caution giv’n
Another proof of favouring heav’n
Will happily display
The rapid pulse it can abate
The hectic flush can moderate
And blest by Him where will is fate
May give a lengthen’d day

“Alas, dear William, we are at the mercy nowadays of a scientific methodology called randomized control clinical trials. These trials are conducted on many thousands of patients with the primary aim of determining whether a given drug ‘gives a lengthened day.’ And so, after more than two hundred years, the foxglove, in the form we now call digoxin, was finally subjected to a prospective placebo-controlled randomized trial of more than six thousand patients sponsored by an eminent non-profit institution called the National Institute of Health in the United States. The results showed that digoxin failed to give a lengthened day. Death, being a convenient statistical end point, did not differentiate between those who took the placebo and those who received treatment. Unfortunately, many modern-day practitioners of physic interpret that end point as a death knell for the ancient herb.

“But I say to you, dear friend, rest in peace. You are more than vindicated. You see, the study also demonstrated that once a patient is on the drug, any attempt at discontinuance is often met by an exacerbation of dropsical symptoms. In other words, Time has indeed fixed the real value of your discovery.”

As I turned away from the portrait, I stopped, turned around, and whispered to Withering, “By the way, if you thought your arch foe Erasmus Darwin can stir up controversy, you should have been around to see what his grandson Charles has done.”

Ernest Fallen, emeritus professor in the Faculty of Health Sciences, McMaster University, and senior author of over 100 scientific publications, is working with the Michael DeGroote Learning Centre at McMaster on an e-learning textbook on cardiology.

Palo Seco: The Other Side of the Canal

Mark Chesnut

On the other side of the Panama Canal, a few miles from Central America's most modern capital city, is a place called Palo Seco. Depending on whom you ask, it's a hospital, a home, or perhaps an asylum—a facility that has housed hundreds of patients living with Hansen's disease, for more than a century. To be sure, the residents have suffered from the disease. But their lives have been affected far more by the psychological stigma attached to what the affliction is more commonly called: leprosy.



The US government opened Palo Seco in 1907—the result of an agreement between the two countries that not only allowed the United States to administer the Panama Canal but also charged it with the care of leprosy cases throughout Panama.

Soon, a quadrangle of wood-frame buildings arose on 340 acres of lush Pacific Coast beachfront. For decades, this is where health officials sent

people who tested positive for leprosy. Once here, patients weren't likely to leave for a long time, if ever. Palo Seco was built to be as self-sufficient as possible, complete with hospital facilities, dormitories, apartments, a cafeteria, a recreation hall, and two chapels—one Catholic and one Protestant.

Administrators did everything they could to minimize contact with the outside world. Patient mail was sterilized with a hot iron before it left the settlement. Special currency, created by the Philadelphia mint, was used between 1919 and 1952, to keep money touched by patients out of the hands of the uninfected. Until 1932, when a road was constructed, the only way to get to Palo Seco was by boat.

The US government turned Palo Seco over to the Panamanian government in 1979. Since new patients affected by Hansen's disease are now treated as outpatients at hospitals, the number of residents has dwindled. Only a handful remain at Palo Seco, which is now officially called the Hospital Nacional de Larga Estancia (National Hospital for Long-Term Stays). The residents are free to move elsewhere, but after decades of isolation, it's difficult to find other options. They share the space with elderly Alzheimer's patients and disabled youth.

Rows of dusty, empty dormitories are silent reminders of the many people who once called Palo Seco home. The thriving jungle foliage has taken over the path leading to Palo Seco's cemetery and encroached on Peace Hill, where a giant stone cross was erected years ago.

Recording the facility's history is especially important now that Palo Seco will likely close. The fate of the wood-frame buildings remains to be seen. But the memories of the remaining residents survive. These are a few of their stories.

Rosalina Fuentes de Godoy

My name is Rosalina Fuentes. I was born in Los Santos in 1920. I arrived at Palo Seco in 1938, the sixteenth of August. I was eighteen years old. I was about to get married, but back then every bride had to undergo tests first. And when I went to get tested, it turned out I had the disease. I couldn't get married. The doctor said that I had to go to Panama City.

When I found out I had the disease, I reacted normally. I didn't react badly or anything. My family wasn't afraid at all.

When I arrived at Palo Seco, I came with the hope that I would leave to go home. But, well, I had to stay. The place was very beautiful, and

everyone kept me company. In those days, there were a lot of people here.

I began taking medicine as soon as I arrived at Palo Seco. They started us with Chaulmoogra. And later a medicine came along that fixed everything, Promin. Chaulmoogra didn't work very well. The treatment with Chaulmoogra was quite difficult because it was an oil, and when they were going to give a dose, they had to heat the needle so that the oil would flow. And it was injected. It hurt a lot. Every day we would get an injection.



With Promin it was an injection also. They put it in the vein. It worked much better and many people became negative. They left here.

My family always came to see me. I was already here when Mr. Godoy [a fellow patient] arrived at Palo Seco. We were friends first; we were friends for several years before getting married. We got married here, in the chapel.

My happiest memories—well, the thing is, everything has been the same thing, unfortunately. Can you believe that we got married in 1956? We've had this apartment ever since. Since the beginning of our marriage we have lived here.

I used to work in the hospital, attending to my companions, the other patients. Later I worked in the cafeteria, helping to take food to the patients' homes. Then I worked in the laundry, where I always am. I still work there.

I barely watch television. Very little. I always have something to do, so I don't watch television. I usually watch more television on Sunday, which is the day for mass. I don't like the news because it's just politics, politics, politics. I'm not interested in politics. I don't pay attention to it.

I used to like the movies that they showed here. They showed them in Spanish and in English with subtitles. Very good movies. I didn't miss even one. I liked them all the same. The carnival celebrations here were very good, too. But I don't have any photos. What a shame! People took the photos away.

The key to success in my marriage—well, you know that when there is affection and love and respect, everything goes well. For me, the secret to happiness is to have faith, basically. To have patience with what God wills. To resign oneself. And not to be afraid, because what God gives, he takes away.

Ricardo Thompson

I was born in 1928, on the third of March. When I arrived here, I was eighteen years old. I came here in 1946; that I remember well: 1946. I'm not sure what month, because I arrived here a little ill. I was sick. I don't remember a lot of things.

It's been a long time since I found out about my status with Hansen's disease. I was at home and things kept appearing on my skin, bumps and things. So my mother went to the doctor. So they took me and told me that I had to come here.

This place was full when I arrived. They gave me medicine from the beginning. They used to give us medicine, an injection called Promin. Two times a week, and then a week of rest. I had a wound on this foot; it never got better. The blood was rising. So the doctor said if they didn't cut it off, I would die. So I lost this leg, here.



The doctor used to give permission to leave. You could go to Panama City and then come back. Dr. Hurwitz spent a lot of time here. He was a good person. He was Jewish, a very good doctor. He had his own house

up there on the hill. If someone had a broken television or radio, he fixed it himself. Lights—he never called anyone to fix the lights. He did it himself. He was a good person. I think he retired. His wife was a good person too.

My mother always used to come here. She came every month to see me. Back then, visits were in the big building where they showed movies.

When I came here, Ruth already had children that weren't mine. And Ruth and I liked each other. Back then there were a few nuns, so the nuns told me that if she loved me, we should get married. So we got married in the church here. She has photos of us at the wedding. She likes to keep a lot of photos.

I don't remember how many years we lived together; she knows everything. We're separated because we both have bad tempers. She gets mad and I do too. So I said, "No, no, no, you go your way and I'll go mine." Mrs. Thompson is still my friend. We speak because she has children with me.

We have two children. I don't know what year they were born. She knows. Here, when you had kids, you couldn't touch them. You couldn't do anything except go to the hospital and look at them. I had to pay a woman to take care of both of them in Panama City. We went often to see the children.

I still work, washing dishes. I've had other work before, sewing fishing nets. I've had several apartments at Palo Seco.

There are still people who are afraid of this illness. But the doctor says that doesn't mean anything. I don't know what I'd say to the people who are still afraid. When people were sick, they used to say that their skin fell off and things like that. There were people who had things like bumps appear on their body.

Today I feel well. Sometimes I get bored. I used to go out, but now if I go out I fall down because I use crutches. If I go out, my knees bother me. They give out a lot. Sometimes I take classes, talk with people, then I go to my room to watch television. I can't do anything else. The television programs are good, but there are no more shows in English.

My mother always sent me to school, but I couldn't go. I was always sick. I would go to school one week, but the next week I couldn't. So I don't know how to read or anything. I can only write my name a little.

Sometimes it bothers me to tell people, but it's not anyone's fault, it's the illness.

I have three big grandchildren. Sometimes they come here. They live far away, in Monte Ríos. Sometimes I go there, where my daughter lives. She has a husband but he's not a good person. He gets mad and I don't like it. He has a lot of land there. I could make my own little room there, stay with my daughter. I can go out and everything. But he's like that—he gets mad. And you know that I'm the old man. I'm the father of my daughter. He has corrupted my daughter and I'm not going to get involved in that. My grandchildren know the story of my life. They don't say anything about it.

That's life—what God says. And that's it. That's my story.

Ruth Thompson

My name is Ruth Maria Passo Thompson. I was born in Panama and I came here when I was twelve years old.

I always suffered with ulcers in my foot that didn't heal, and so they decided to scrape my elbow and send it to be tested. I was living at the time in Bocas del Toro. And they sent it to Santo Tomás hospital, and they found out that I had the disease and they brought me to Panama City.

They didn't tell me the results, they told my mom. They knew that that was it and that I had to come to Panama City and to Gorgas Hospital. They didn't tell me what I had because at twelve years I didn't understand what was going on. They told me that I had to go to a place, and that's all I knew about it.

I didn't find out until I came here. When I came here and saw all the patients, I was shocked because some were really, really sick, and of course being a kid,



I wasn't accustomed to seeing the things that I saw. So I was a little nervous.

I was the youngest one. Then after a few years, they brought some more kids, some even younger than I was when I came. I think the youngest one was five years old.

A lady named Segunda Guevara took care of me when I first moved here. The first years were the most difficult. I wasn't even allowed to go to the beach by myself. I would just sit there and didn't go nowhere. Then when I was fourteen or fifteen I could live in an apartment by myself, so then I could go to the beach and go all around and things like that.

You had to have permission to go home. We were always here, at the beginning. They didn't take us anywhere. My mom, she was living in Boca, so far away; she didn't come very often.

I started taking medicine when I got here. I was taking Promine. I had my first job here when I was fourteen. I would sweep and mop and stuff like that. I enjoyed that.

I have five children, who were all born in Gorgas Hospital. During that time, we were here with the Americans, so all my kids were born at Gorgas Hospital. Two children have Mr. Thompson as a father. The other father was a patient, too.

I married Ricardo Thompson in the Catholic Chapel. Father Fitzgerald Kennedy married us. It was OK. We had everything right here. We got married in 1957. We didn't divorce; we split up because of problems.

My favourite job was in the store. When the Americans were here, they used to have this store and I used to help pack the stuff and help the lady that was here at the time. I got to be in charge of the store when Panama took it over, I think in 1979. Then we bought the stuff and then I sold them and of course I used to get paid.

I had a doctor who used to come over here, and he used to have a tour of doctors from all over the world who came every six months, and then he always came to visit me, and he saw I was so sad and he asked me what was wrong. I told him nothing. He said, "I'm coming back to talk to you." So he came back and asked me if he could get me to go to Carville, if I would accept. I told him yes, I would. A couple of days after he came back and said, "Get your passport and everything ready, you're going to

Louisiana.” So we had a social worker and I got my passport and everything and there I was, on my way to Louisiana. I was supposed to go for six months, but they did several surgeries that required a lot of time, so I spent five years and four months. They performed surgery on my hand, my feet, on one of my eyes. There were people from all over the world there. I loved it.

Many of my friends had passed away when I got back to Palo Seco, but some of them were still here. People kept telling me, “God knows what he’s doing. He has something in store for you.” I said, “He may have something in store for me, but I don’t have *nothing* in store for me.” But then it got a little better.

Sometimes they have fiestas and dances, and they bring people that dance from outside. Sometimes we get the chance to go to *pasear*. Not very often, but once in a while, we get to go to different places, shopping. When I was in the States, there was a shopping spree every month.

I love dogs. They keep bringing dogs; people that don’t want them any more bring them and leave them here, and then I get attached to them, and then finally sometimes they have to go. Maybe in the next world I’ll be a little black French poodle.

I was in the jail at Palo Seco because of dog food. A problem with a lady. I had told a guy that if there is any food left, he was to give it to me for my dogs. And the lady went and took it, and I told him, “But I said to leave it for me,” and she got upset. She told me things that I didn’t like and we got in a fight. And then she took up a beer bottle and bruised my head. Pieces of the bottle went up and cut the doctor in his face, so we were thrown in the little prison that they had there. I was there for almost a month. It was a cell. They just had one toilet, they didn’t have no bathroom. I just took water and threw it on myself in the morning. It was rough being in the bushes there, with the mosquitoes. That was a very bad experience. When you did something bad, you’d get put in there.

Some of the attitudes about Hansen’s disease have improved, but we always will have people who don’t accept the thing, you know. But plenty are coming around, little by little. The public should be learning more about that, and that it’s nothing that you can breathe. They used to say that your skin would fall off and things like that, which is not true. For

people with AIDS, it's the same thing as with Hansen's disease. It's not catching, so they're not supposed to be that afraid of them.

I love television. Once we had a big rain and the TV went off and I was almost crying. I was sad. Finally the *Licenciada* was able to fix it. It cost thirty-nine dollars. I had to pay for it. Thank God I got it back, because that TV is my life. Because sitting in the house without anything is really frustrating. With the TV I can see different programs that I enjoy, especially the *novelas*. I keep up-to-date with them. I cer-



tainly miss Channel 8, because on the American Channel we used to see *General Hospital* and *The Price Is Right* and all those beautiful programs. Now I can't see them because I don't have cable.

Before we had TV, they used to give movies in the recreation hall, sometimes in Spanish, sometimes in English with Spanish subtitles. When the television came they cut out a few of the movies, but now they've cut them all. We don't get no movies because of TV. If you want to see a movie, you have to get a tape for the VCR. I loved *Titanic* and *The Man in the Iron Mask*. It was beautiful. I like romantic movies. I don't care too much for war pictures. I like sentimental movies and things like that.

If someone were to make a movie of my life, there would have to be dancing and singing and jumping. It would be a musical.

Mark Chesnut is a New York City-based journalist and photographer, working to document the stories of historic leprosy (Hansen's disease) settlements in the Americas. His ultimate goal is to create an exhibit and book.

On Call

Paul Whang

It's Friday and unfortunately I'm on call. Over the next twenty-four hours, I'll be sleep deprived. Patients will be transferred from the Emergency Department to the Operating Room, where everything—from broken bones and infected gall bladders to ruptured aneurysms—will be mended, removed, or repaired. The Labour and Delivery floor will call me for possible Caesarean sections and epidurals. In fact, any place in the hospital, from the Emergency Room to the patient wards—can call on me during a cardiac arrest. Just thinking about all these medical emergencies makes me feel tired.

And even if I do have the opportunity to sleep, it's a restless, agitated sleep—expectantly waiting for my pager to ring. I don't know what they'll call me for or why they'll need me, but I have to be ready. The unexpectedness and randomness of the events adds to my stress. I'll wake up frequently, suspicious of a pager malfunction, a missed call, or that I'm sleeping *too* well. It's a sad state to be in. When it is quiet and peaceful, I'm distressed by the serenity and become on edge again.

In fact, the pager becomes an accursed thing—the messenger that badgers and startles when you don't want to be disturbed: sitting on the toilet, occupied with an important clinical task, or just as your head snuggles into the soft pillow in anticipation of some blissful shut-eye.

After the seventh page in twenty minutes, I curse the pager, as if it were a malicious living creature waiting to taunt me at every opportunity. I feel like smashing it against the wall. I know my Freudian subconscious is truly at work, given the number of times the pager has *fallen* into the toilet—believe me, it can't be entirely accidental. But here's the

sad thing: after I've dried it off, the damn thing *still* works, and the evil creature lives on.

Some hospitals have replaced pagers with cellphones. Other than the fact that cellphones may cost more, or that dead zones occur where cellphones are unreachable, I've got to admit I prefer the pager. Once a pager has stopped ringing, I can look at the display and then decide whether I want to respond to it right away. A ringing cellphone insists that I answer it and connect with someone immediately. The pager offers me a choice to *not* be instantly connected to someone.

I confess that when my pager indicates calls are coming from certain non-critical wards, I'll wait to be paged a second time before responding, giving myself a little extra rest. After all, the wards *have* often confused me with Dr. Wang (family doctor) or Dr. Wong (obstetrician), or Dr. Leong (gastroenterologist) in the past. Don't we all look the same, and have similar names? At least, that's my excuse.

My response to the pages deteriorates as the day progresses. Fatigue and irritation take their toll.

In the morning, it's "Hello. How are you? What can I do for *you*?"

By afternoon, it's "Anaesthesia on call. What's the problem?"

By late evening, it's "Yeah? *What is it?*"

As I grow older, I prepare for being on call with increasing dread. I laugh at myself now, recalling that years ago, when I first started practice, "On Call" would excite me. There was opportunity to apply your skills and knowledge, crystallized through years of study, to treat patients and overcome the challenges. It was like an adventure. Unfortunately, most of that excitement has been worn away, replaced with the feelings of heavy responsibility and fatigue. Hopefully, I can always retain the sense that I am doing some good for others.

When I'm on call, especially late at night, I'm called to various patient wards in the hospital. Each has its own characteristic atmosphere and feel. When entering the softly illuminated patient wards at night, my footsteps echo down the corridors. Sometimes, it feels like entering the sanctuary of a monastery. It's a subdued atmosphere, where every effort is made to give peace and quiet to the patients—patients who have had to endure endless rounds of tests and procedures during the day and who are now seeking the solace and serenity of the night. When arriving

at the nursing desk late at night, we try to preserve this peace and calm and speak in whispers.

In contrast, if you're called to the emergency room in a large urban hospital, it's truly like a television episode of *ER*—loud and chaotic, with paramedics constantly arriving with injured and sick patients. Seriously ill patients are hustled to resuscitation rooms. The less seriously ill are made to sit endlessly in the overcrowded waiting room, hoping to be next in line to see the Emergency Room doctor. The stress level on the nurses and doctors is very high. With some people, tension boils just below the surface.

At times like this, I often feel that I've entered an area of the hospital where the idea of camaraderie is thrown out the window. For example, I ask, "Could you tell me where the order forms are?" Response from the ER nurse, with glaring eyes, "Can't you see I'm busy?! *Get it yourself!*"

After 11 p.m., I think they become zombies. Sometimes they don't even acknowledge me or just give me a blank stare.

The Labour and Delivery Ward, or, as it is occasionally referred to, "The House of Scream," is another story. Upon entering, I'm usually greeted by the cries of women in the midst of painful labour. Of course, I don't mind inserting epidurals in mothers-to-be during the day. But what is occasionally bothersome occurs when the mother was asked if she wanted an epidural while the labour pains were mild and infrequent—yet she refused to even consider this midway through her labour. She wanted to proceed "naturally." Much later, I'm called back at the wretched hour of 3 a.m. The patient's cervix is well dilated, with severe contractions occurring every two minutes.

The challenge now is to try to insert a large, sharp, and potentially paralyzing epidural needle into the back of the labouring woman, centimetres from the spinal cord, in between the contractions and screams of pain—and to do so on a moving target. You can understand why I'm a little miffed with her earlier decision to wait.

It's highly stressful for the new dad-to-be. His face is usually filled with perspiration and panic as he sympathetically anticipates and experiences each contraction with his partner. Many times the poor man is the focus of all the rage, frustration, and pain that the woman experiences: "You did this to me . . . How can *you* understand what I'm going through!"

... You'll *never* understand!" I've heard curses and abuses hurled at the poor guy—who wants only to "be there" and be supportive to his partner.

I've changed my routine of allowing the father to stay and hold the hand of his partner while I insert the epidural. In my mind's eye, I've too often seen his ashen face, his eyes rolling up. He moans that he doesn't feel too well, just before he faints with a dull thud beside the bed. The nurses and I have to try to catch him early, before he loses consciousness and become another casualty.

"Honey, Honey, are you OK?" the woman asks, trying to get a glimpse of her partner, as his head starts to sink towards the floor.

"He's going to be OK. Just needs a little fresh air," says the Labour Room nurse, as she helps the disorientated man to his feet.

"He's OK, isn't he?" she again asks.

"He'll be fine! I'm just going to help him out of the room. Now you just concentrate on being still with the doctor!" says the nurse, as she assists the man out of the room.

"Now just be still. Don't move! I'm about to put the needle in," I remind her, again for the fifth time.

"Ow, ow! I can feel another contraction coming! I *can't* be still!" She screams for the sixth time as she sways.

Sigh. Here we go again, I think to myself. And so it goes.

AFTER YEARS of "On Call," having met so many people who face sudden illness, it's easy to automatically classify them and believe I'm able to predict their behaviour. But "On Call" teaches you to abandon your biases and judge each person as an individual.

Mr. B. was one of these people. On this night, the surgeon called to say that an operation was needed to remove a bullet from his thigh—a drug deal gone bad. Mr. B. was stable and was being prepared for surgery.

"By the way, he's got no health insurance," the surgeon added, in a tired and frustrated tone, indicating that we would be providing charity medical service this late night. I would have go to Mr. B. directly for payment, if I ever hoped to be paid. More often than not, in a big city hospital, you resign yourself to the reality that even if you're fatigued, hungry, and it's late at night, you will not be paid for some of your services.

Each year, more and more people enter the city, working under the radar, seeking anonymity. For various reasons, they shun and reject the support systems offered—like health insurance.

If the person is destitute, or clearly just eking out a living, you just accept the realities of the situation and do your job. But, very occasionally, you sense that some may have the means to pay for health services, and so you inquire about compensation. What risk is there in asking?

With low expectations, I went down to the emergency room to visit Mr. B.

As I approached a room in the distant area of the Emergency Department, I was stopped at the doorway by two human towers dressed in black—one who resembled Andre the Giant and the other who looked like the brother of Shaq O’Neil. “What do you want?” one growled, glaring eyes threatening me.

“I’m looking for Mr. B.,” I squeaked, regretting more and more my decision to come.

From within the room, a raspy voice called out, “Let him in.”

As I entered, two very sleek, scantily dressed, and stunningly beautiful women sat cross-legged on either side of the bed—their miniskirts leading my eyes along silken thighs, towards the mesmerizing curves of their torsos. And sitting between them, with a large bandage wrapped around his right thigh, was a small man in dark glasses. Cascades of gold jewellery glistened around his neck and shining rings were on his fingers. I drew a large breath, gathered courage, and said, “Mr. B., I understand that you don’t have any insurance, and I’ve just come here to tell you that there is a charge for anaesthetic services.”

He regarded me silently for some time and then took his glasses off. His face was not at all what I expected. It revealed a thoughtful man, his quizzical eyebrows accenting brown eyes that expressed a quiet intelligence, his breathing slow and measured, lips pursed in thought as he studied me.

And he knew me. He understood my uneasiness, my attempt to obtain payment from a drug dealer who doesn’t operate by the normal rules—a man who didn’t have to pay, who could blow me off at any time, and, with a gesture, could have the giants eject me from his room.

He suddenly straightened up, sat erect, and decreed, “Don’t worry. Mr. B. is good for it. I’m a man of my word.” And as he said this, his face

was a mixture of defiance and honour, while a thumb in a clenched fist pointed at his chest.

I thanked him and, with much relief, rushed out of the room.

The surgery proceeded smoothly.

To be frank, I really didn't believe that Mr. B. would pay me. There are no practical options to seek compensation in these situations. Credit agencies have no sway. Letters from lawyers emphasizing the serious legal consequences that would follow non-payment are, of course, laughable.

However, the next day, I gathered my courage and decided to make my way to Mr. B's room after surgery. Again standing on either side of the entrance were the large bodyguards. I asked for admission, and his voice ushered me in. The two beautiful women were nestled beside him as he recovered in bed—still breathtakingly exotic and beautiful. I asked him how he felt. Everything was fine, and, according to him, I had done a good job.

There was silence. He then looked me straight in the eyes, and asked, "How much?"

I quoted him the fee. He slowly reached into the pocket of his embroidered robe and pulled out a very large roll of \$100 bills. He slowly counted, then handed me the money.

I thanked him again, and as I started to leave, he spoke, his voice full of dignity and pride, "I told you not to worry, Mr. B. is a man of his word."

I HAVE TO ADMIT, I sometimes become jaded by illness and even death. This is not a response uncommon among people who are involved in high-stress, life-and-death situations. It's a defence mechanism that allows you to distance yourself from the sadness. Getting personally involved with every patient is exhausting. Like firemen, policemen, and other health-care workers, we depersonalize the situation. Conversations are filled with grim humour. The whole situation becomes coldly clinical.

However, events occur sometimes that re-humanize us, creating a strong connection to certain patients. These episodes happen, seldom during the operation itself, but just before and after.

4 p.m. The orthopaedic surgeon has been asked to fix the broken hip of Mrs. Krakow. He tells me that even though she's only fifty years old, she has breast cancer that has spread throughout her body. The cancer

has invaded her liver, causing metabolic poisons and bile to accumulate in her blood, so that her skin and even the whites of her eyes are stained yellow. The metabolic toxins make her confused. Cancer has spread to her bones, making them so brittle that a simple fall can cause her hip to break like a toothpick.

He tells me this to reassure me that Mrs. Krakow's hip will not be fixed tonight, or *any* night in the future. He considers her too high a risk for surgery: her body cannot metabolize drugs; her risk of significant blood loss during surgery is great; and she is confused. Finally, the fact is that she will die soon.

As he walks away, my pager rings. It's Mrs. Krakow's family doctor. He apologizes for paging me but explains that, despite her condition, he still would like me to see her and assess if there is even a small possibility that her hip can be repaired. I reluctantly agree to see her, though I am secretly in agreement with the assessment of the surgeon.

On the ward, a review of Mrs. Krakow's medical records verifies the bleak picture. Her room is at the end of the old section of the hospital. As I trudge down the corridor to her room, I hear my steps resonate off its bleached walls.

Her room is dark, small, and stuffy. A very small window faces the brick wall of the adjacent building. I'm surprised she is not lying in bed, but instead is sitting up, despite what must be terrible pain in her broken hip. She is struggling to gaze out the window from her bed. As she turns her head, I see that her face is large and puffy, the result of steroids used to slow the cancer. The hair on her scalp is thin and wispy, and there are bald areas scattered throughout her scalp—the signs of futile chemotherapy regimes. She has large, yellow-stained eyes that almost bulge out of her face. In the corners of her eyes I can see the reflection of the overhead lights. I realize her eyes are filled with tears.

I explain to her that I've come to assess her candidacy for surgery. As the tears glisten, she interrupts me and speaks forcefully, her voice a mix of determination and urgency. I quickly realize that she is not confused at all. She is fully aware of her situation.

I'm caught off guard as she pleads to have the surgery. She knows that she has terminal cancer, that the cancer has spread throughout her body, and that she only has a short time to live. She has no immediate

family. She has vowed to get out of the hospital and be as independent as she possibly can be.

Before her accident, she was outside every day, despite her weakness and fatigue. She would go shopping every day. It was during one of these outings to the supermarket that she fell and broke her hip. Now, she is a prisoner in this room. Her only view of the outside world has been the bricks of the adjacent building from the small window in her room.

For the last two days, she had been evaluated by specialists and she realizes that she had only a small chance to have surgery. I can see the desperation in her eyes as she pleads with me for the surgery, despite the high risks. She tells me she does not want to die in this bed. She wants to be able to walk outside again and feel the sun.

I try to reassure her that I will attempt to convince the surgeon to perform the operation. I am aware that she is a high-risk patient and that she may not survive the surgery or the recovery period.

As I make my way from the ward, I feel so ashamed. I had come to assess Mrs. Krakow, like a medical bureaucrat, to certify the hopelessness of her situation and deny surgery—in effect, to sign her death certificate. She had ripped the cold clinical mask from my face. She had nothing to hide—no hidden agendas, no deception, just the stark reality of her dilemma—a person requesting one last chance for happiness before death.

But the images of this poor lady, facing death and trapped in a miserable room, desperate to get out—her face and eyes, her thoughts and voice echoing in my head—has affected me deeply. She has to be helped.

1:00 a.m. Dr. Bose is calling me. He is a burly man in his early sixties. His face has begun to show the effects of long surgical career—furrowed eyebrows and permanent creases between his eyes, a reflection of his cynicism after years of practice. He is a stubborn man. He would definitely go left if you were to say, “Go right.” His gruff demeanour is in no way a reflection of his surgical skill—his large hands move with the delicacy and grace of a skilled painter, every movement a marvel of precision and purpose. He’s had years of experience as a surgeon and probably has seen every operative scenario imaginable.

Everyone knows that Dr. Bose will be retiring soon. His practice is slowly winding down and he is counting the days of “On Call” left to do,

like a prisoner counting the remaining days of incarceration. His operating philosophy is simple: avoid surgery if at all possible, if it has the potential to get you into trouble.

“Hi Paul. I just want to get your opinion about this guy that the intensive care doc is trying to get me to operate on . . . and I don’t want to operate on him! The patient’s name is Fallis, and he was operated on two weeks ago for a perforated intestine (literally, a hole in the gut). He’s got a terrible history—diabetes, drug addiction, heavy smoker with lung disease, recurrent pancreatitis. He was doing fine and was let out on a day pass today, and now he’s suddenly had to come back in the hospital. He’s in Intensive Care being ventilated and they’re having trouble keeping his oxygen levels up and his blood pressure—it’s only about seventy and he’s on big-time drugs just to keep it there. His blood sugars are way out of whack, and his kidneys aren’t working. He’s a very high risk for surgery, don’t you think?”

I tried to focus and shake the fatigue out of my eyes. It had already been a very long day of call, with numerous cases that seemed to go non-stop throughout the night.

“Yeah, I think he’d definitely be a high-risk patient, with a risk of dying on the table!” I said.

“That’s what I wanted to hear! OK, thanks. I’ll tell the intensive care doc that there’s no way I’m doing this case. Bye.”

I sat down thinking. “Fallis, Fallis? I remember that name!” Suddenly it all came back to me. Two weeks ago I had worked with another surgeon who cut out the leaking hole in Mr. Fallis’s intestine and reattached the cut ends together. I remembered how Mr. Fallis had entered the operating room that day. He was only forty-nine years old, and the corroding effects of years of drug abuse, poor nutrition, and life as a street person had taken its toll and punished his body. He was rail thin and had the look of a starving man twenty years older—hollowed cheeks, ghost-like complexion, and thinning white hair. The ribs on his chest resembled those of a cadaver, and heavy cigarette stains coloured the fingers of his right hand. I recalled the pain and fear in his eyes as we transferred him to the operating table. We tried to reassure him that everything would work out fine. The surgery proceeded uneventfully and it seemed to us that, with his gut fixed, he could perhaps eventually

recover. But given his poor physical status, the recovery would be very long and difficult.

What I recall most was the notation on the computer as I reviewed his medical history prior to surgery: “Has a thirteen-year-old son.”

It wasn’t standard practice to list personal information like that (in a list of medical problems). But for some reason the person inputting this information decided to tell us about this man’s son. It changed my viewpoint of Mr. Fallis—not just a lifelong drug abuser and street person, but in fact a man with a family. It also brought things into personal perspective—I have a thirteen-year-old son.

I wanted to know how he had become so quickly and critically ill again. And so I called the intensive care doctor working that night. I was reassured when I found that Dr. Fine was working that night. A compact figure with a reassuring, kind face, his understated and quiet manner veiled an imposing clinical acumen and wry sense of humour. There are good and bad doctors. David is definitely in the “good” camp, an excellent diagnostician and clinician. I knew that any patient would have the best possible care under Dr. Fine.

He is also a reasonable person. He knows when to treat patients with high-powered drugs and techniques to try to save them—or when to gently discuss with their relatives that they are too sick for heroic measures. He knows when it would be merciful to let someone go peacefully.

“David, what’s going on with Mr. Fallis?” I asked.

“Well, he was out today for the first time since his initial operation. It’s his wife’s birthday. He was walking when he suddenly had abdominal pain and collapsed. He’s got a thirteen-year-old son, you know.”

“I know,” I replied, reminded again of my own son. “I was involved with his initial surgery.”

Dr. Fine paused. “I put a tube down his airway and have got him on the ventilator. I’ve got Levophed infusing into him to maintain his blood pressure. He’s very sick but I’ve got him stabilized best as I can. I really think his anastomosis [the previous intestinal repair] has fallen apart.”

If this was the case, it would mean that feces were now leaking directly into Mr. Fallis’s abdomen and blood. The highly toxic bacteria from the bowel would create a septic infection in the bloodstream with toxins affecting all organs of the body. The lungs would fail to oxygenate

the blood, the kidneys would start to shut down, and the heart would fail.

"If that's the case," I said, "then his only hope is to get that anastomosis fixed. Is that what you think David?"

"Yes," replied Dr. Fine. "Andy's refusing to operate, saying that Fallis is too sick to withstand the operation. Andy doesn't want to kill him in order to try and fix problems that I can't 100 per cent say is the cause. Andy says Fallis could be septic from another source, like pneumonia, and he could have recurrent pancreatitis as well."

I was immediately filled with guilt. Andy had called me earlier and gave me only the basic sketch of Mr. Fallis's grave condition, not mentioning the possible post-surgical breakdown of the anastomosis. I had agreed with him, that there was a high possibility of intra-operative death, given the clinical story he'd given me. But I felt I had been misled to concur with Andy's desire not to get involved.

On the other hand, I understand the enormous responsibility and pressure he must have felt as the surgeon on call. This decision was the ultimate life-or-death Catch-22. Should the surgeon operate in order to save a life, knowing that the stress of the operation may kill the patient? Or should the surgeon wait until the patient is "optimized" and stabilized, knowing that optimization may be insufficient or never occur? In this case, the patient may die before the operation.

"Should I call another surgeon to operate?" I could hear the hint of desperation and exasperation in his voice.

"No, you just can't do that David. You *know* that Andy's on call and is the responsible physician. Anyway, the other surgeons would repeat what I just said and refuse to come in. And you know Andy—if you were to try to push him, he'd just dig in his heels and you would get nowhere!"

There was a long pause and then a sigh from Dr. Fine. "Well, I'll just have to stabilize him the best I can, and hope that he hangs on until the next surgeon begins his call. Thanks for calling, Paul."

I looked at my watch. It was 1:30 in the morning. The next surgeon would begin call at around seven, after receiving a report from Andy about patients seen during his shift.

At 7:15 I went to the cafeteria. I definitely needed a strong cup of coffee to stay awake. Throughout the early morning, the Labour

and Delivery ward had kept me busy with requests for epidurals. Any thoughts of Mr. Fallis had long since been pushed back during the busy hours of the morning. But as I poured coffee, Dr. Fine walked in to the cafeteria. For a brief moment we glanced at each other and then looked away. Seeing Dr. Fine immediately reminded both of us about the frustration and helplessness of our earlier conversation. We then both walked towards the cashier with our coffees.

“How is Mr. Fallis doing?” I asked.

His weary face met mine. He hesitated, and then in a soft voice replied, “He died around 4:30 this morning.”

“Oh,” I replied, as faint hope left me—replaced with guilt-tinged anger and disappointment I could feel rising within me.

“Too bad he just couldn’t hang on a bit longer. The operation might have saved him.”

“Yes, it might have,” I replied.

There was a pause, and then we parted. And all the while, as I trudged up the stairs to the locker room, wearily pulled off my OR greens, and even as I left the hospital, I could only think about Mr. Fallis and his thirteen-year-old son.

*Paul Whang graduated from the McMaster Medical School anaesthesia program. This excerpt is from his forthcoming book *Operating Room Confidential*, which will be published in 2010 by EWC Press.*

Under the Knife

Hilary Melton

Rifle Season

All day men dressed like Elmer Fudd
walk past my house and into the woods
off Pokerhill Road. In Burlington

the oncologist takes roll call—checks off
new organs infected. My mother
squeezes my arm—dying she can

live with, it's the pain she fears
most. She repeats the difference: okaying
a feeding tube, but not life support.

Promise me I won't be a vegetable.
Up north, my sister's freezers
bulge with trophy meat: turkey, venison,

moose. Her husband, fresh from torn
ligament surgery, shoulder stitches oozing—
leans into a tree to steady his gun.

The Cancer Club

When you get your family member pass,
you won't be told. Alumni, having lain
in wait, like street dogs at a Mayan altar,
know: the arc of a raised flint knife,
the thud of impact, down which limestone
mortar cracks blood flows.

Lauren Asks Me about Childbirth

Close your eyes, imagine you have a seed stuck to the roof of your mouth. Soon it sprouts and grows into a watermelon. Your hard and soft palates expand to accommodate the growth. Your brain flattens against your skull. The top and back of your head swells. When the fruit is almost too big so that you think it will cut off your breathing, it drops and releases its hold. By now the watermelon is enormous and there is only one way out. Every muscle on your face and scalp contorts and spasms. You sweat and struggle. You feel weak and know the longer this takes the less energy you'll have to do what you just now realize you have to do. Somewhere deep inside there is cold dead calm. You open your mouth wide and wider. Your jaw cracks, the bones break out of their joints. You stretch your lips further til they start to bleed. A doctor takes a scalpel and without numbing, makes a two-inch slash—from the corner of your lip up through your cheek. You don't feel the knife because the pain you already feel is worse, worse than razor sharp steel slicing through your raw bleeding lip and into the flesh of your cheek.

Early Spring

She goes to work wearing her dead mother's coat, like a hug. First anniversary behind her—still, she catches herself reaching for the phone: this morning's sighting, pale purple crocuses, caught in her throat.

Infusion Clinic

Waiting room patients, their bald heads pink and bobbing like a pack of California condors perched nervously on the edges of baby-blue two-toned chairs. At the registration desk my mother leans up against the counter, her wrist held taut and banded with plastic. When it's her turn in the private cubicle where veins are pumped with poison, I close my eyes, focus on my breathing, and decide to set fire to the peach and yellow carpet. The condor-patients, starved from months of drugs and chemo, are slow to notice. They squawk at first and hop about. Then tentatively, one by one, they stretch open their nine-foot wide wings. Flutter, flap, flutter, flap—as if just now remembering how to lift off, catch the heated air, glide. They circle higher, higher, swoop and hiss. I watch my mother take the lead. Beak first, she breaks through the ceiling skylights.

Hilary Melton received her MFA from Vermont College of Fine Arts. Her work has appeared or is forthcoming in the New York Quarterly, Ellipsis, Rattle, Slipstream, Main Street Rag, and Skidrow Penthouse, among others.

Hector and Edward

Barbara Johnston

"I FEEL GOOD. I feel worse when I take the medicine."

Hector looked at me on my swivel chair from his armchair, his cherubic soft cheeks and full lips formed a mild pout. His day-old beard and stringy six-foot physique belied his little-boy demeanour. I didn't know if I felt more like hugging him and promising a lollipop if he would just take the pills, or boxing him on the ears. He hadn't been to clinic in months, and if he wasn't worried, I was. I knew what would come. With his immune system dwindling in the wake of unchecked HIV, he was at risk for a host of diseases. It was just a matter of time.

"But what is it? Is it making you feel ill?"

"No. Sometimes. It's mostly I don't like taking pills."

"It's down to just four."

"Why can't I take just one? Edward takes just one and he's OK."

I sighed. We'd been down this road many times. "It won't work for you. Your virus is already resistant to the medicines in that pill because of times you took it on and off in the past. Besides, these are smaller than the one big one. The smaller ones are easier for you, right?" Hector looked back at me, his innocent wide brown eyes with a glint of endearing mischief.

THERE WAS A TIME when those eyes held a chilling blankness. In the spring of 2000, when I first became his doctor, Hector had lymphoma, a cancer of the lymph glands. The chemotherapy he was given exacted its usual toll in loss of weight, thinning out his mop of brown hair into tufts. As terrifying as the cancer was, in his case it was treatable and he had a good chance of beating it. He had another AIDS-related condition

that was worse. We—his cancer doctors, neurologist, and I—thought it might be PML, a kind of brain infection that before effective HIV treatment caused rapid loss of mental and motor capacity and death within months. It could have been AIDS dementia—not quite so quick to kill, but causing devastating personality changes and progression to muteness and immobility. Hector's case was a little different from both, and the truth is, since we didn't do a brain biopsy, we didn't really know.

I would talk to Hector, and he looked unknowing into space. I turned then to Edward, Hector's partner, sitting as he did in all the hours he was not working by Hector's bedside. Edward was in his early thirties with longish blond hair parted in the middle and smoothed back. He was compact and handsome, with a small gap between his teeth and white skin with a tendency to turn red with any emotion, and he was nothing if not emotional, wound tight. He wore immaculate belted khakis and pastel oxford shirts and a hint of cologne. Hector was from Puerto Rico with darker good looks, loose and happy with life before he got sick. You would not figure them together, but they just fit like strawberry and chocolate (just like the Cuban movie, if you've ever heard of it).

With Edward, Hector wasn't mute. He scanned Edward's face for hints of how to react, and at times he would repeat Edward's phrases—the medical term is echolalia. Other times he would scream out multiple words and syllables with no clear tie among them.

At night Hector would wander out from his bed in bare feet, not minding the open flap of his hospital gown, looking for his partner at the odd hours he was not there. The nurses were happy to have Edward by, sleeping next to Hector and keeping him calmed, whenever that was possible. The cancer responded and the nurses spooned in his HIV medication until he was cleared to go home with Edward, assisted by a full-time home aide and weekly nursing visits.

At his follow-up appointments in clinic, Edward shorter by several inches, bolstered a still-wobbly Hector down the long hall to my small office, one of ten in our large HIV centre. In the beginning, Edward told me, Hector had to be followed like an overgrown toddler: he might turn on the knobs of the stove, leave water running in the bathroom. Over the months, there was a change. Hector walked with surer steps and began to talk coherently, though he mostly listened placidly as Edward spoke

for him. It appeared from my point of view, seeing him at intervals, that he was revisiting developmental stages. After many months he began to fidget, sigh, or even engage in a bit of eye rolling or mildly disagree as Edward anxiously asked me about one symptom or other. Hector's immune system was recovering, but not in the smooth progression we like to see. The virus was swinging up and down, and Edward confirmed what I suspected. "I give him the pills, but sometimes he doesn't swallow them. I've found them partially dissolved under the bed."

A couple of years went by and Hector started coming on his own, though he missed as many appointments as he kept. Edward had to work, and Hector told me, "He worries too much, and fusses over me. I can do things on my own." For awhile his home attendant tried to keep up with him on rambling walks around Greenwich Village, but then the company pulled the service, saying anybody who could outrun their employee didn't need the help. Hector admitted that sometimes the jaunts included stopping in at Julian's, the neighbourhood bar. It was the last thing he needed, since in addition to HIV he had hepatitis B. But Hector loved the freedom, he was friendly as a puppy, and everyone on his walking rounds knew him and was his friend.

I called Edward at one point when I realized it had been too long since I had seen Hector. Edward told me he would try to get him in, but I could tell something was wrong. Usually irrepressible, his speech was muted and slow. "I've got cancer in my throat, and it's painful." He was having trouble getting a quick appointment with an oncologist and was resigned to enduring the pain until an opening. This should not wait, I told him, and made a few calls to get him seen. Once you get to actual doctors, they respond as they should and see such a person immediately. Most people (if they aren't already a patient) have about as much chance speaking to a doctor as getting to live in a United States with a rational health-care system. Edward entered the stress-laden world of cancer therapy, multiple appointments for radiation and chemotherapy with the attendant fear and uncertainty.

HECTOR HAD TO BEGIN to assume more responsibility for himself, and in fact, that's what he wanted. He was a free spirit, and he held onto his power to take or not take the medications.

The science didn't impress him much: I'd told him about the wily ways of the virus, how it puts out tens of millions of copies every day that it is not totally suppressed by the good patient taking all his pills. Skipping doses for most diseases is of little consequence. Everybody does it. For HIV, missing medication is like fuel to fire, and the virus eventually develops resistance to them.

With his past brain infection, he probably didn't understand abstraction too well. He had some side effects, and though we'd changed medications, he still associated them with not feeling well. Even some people with education and good jobs deny and rationalize. One young man with a college background had insight when he told me, "Look, Doc, this reminds me I have this thing. If I don't take the pills, I can pretend to myself since I feel fine, that it's not there."

"OK, I'LL TRY," said Hector.

But he didn't.

TWO WEEKS LATER Edward called, worried, to tell me that Hector wasn't feeling well. He had fever and diarrhea but was resisting coming to clinic.

"Just get him to the emergency room." I said, no nonsense.

"OK, I'll bring him."

It took a couple of days, because Hector didn't complain of the headache most people have, but after some blood tests, CAT scans, and a spinal tap, we had a diagnosis: he had a type of fungus in his brain and blood called *cryptococcus*. Fine, we can handle that.

And we did, with a powerful antibiotic. Hector's fevers went away.

I went in to visit, Hector propped up on pillows looking comfortable and a little chastened. Edward sat next to him on the bed, his arm draped protectively around Hector's shoulders. Edward was in his late thirties, blond hair combed back and held by gel, creamy complexion against Hector's olive one. "Hector says he's going to take the pills now. He's learned his lesson."

I felt good. Good about the wonderful drugs, the swift and efficient tests, and my own skill. "Sometimes it's like that. People aren't convinced until they finally get sick that what we're saying is the truth. He's going to be fine."

"Where does this cryptococcus come from?"

"It can be just in the environment. Usually we don't have a problem with it as long as the immune system is intact. When HIV is not controlled it destroys the body's defences and lets all these diseases take hold."

Hector looked at Edward, his liquid brown eyes at once bewildered and full with absolute trust. Edward gave him an encouraging hug.

"When can he go home?"

"After two weeks on the IV meds, we can switch him to pills. By next Monday you'll be ready to go."

The next two days, Thursday and Friday I was off, and then the weekend. My daughter was home for a break from college. One day, as per our routine when she comes home, we strolled the fifty blocks of the Upper West Side, she slipping in and out of boutiques and shoe stores, me schlepping behind, credit card ready.

It is a necessity, of course, to get away from work occasionally, take time with friends and family. It usually takes me longer than a regular two-day weekend to feel my shoulders relax. It's where my tension likes to settle. I must look like a white-coated marionette with my shoulders pulled up, rushing about. Especially with the stress of a job like this (I'm the head of the clinic, in addition to taking care of patients) I have to get away here and there. But there is sometimes a risk in the transfer of responsibility from one doctor to another. In this case it happened twice, once for Thursday Friday, then for the weekend. The problem in the "hand-off" as it's known, is that the doctor taking over, even if fairly well-informed, doesn't really know the patient. Especially on Saturday and Sunday when covering a lot of patients, the goal is to keep them alive and none the worse until the patient's real doctor gets back. Blessed be if the patient has no complaints and you can make rounds quickly and salvage a bit of weekend. Hector didn't like to complain.

When I came back from the days off, I expected to be able to discharge Hector. But he was a dusky colour and his lips looked as if he had been drinking grape juice. Edward looked anxiously from Hector to me and back.

"I'm not a doctor, but to me he doesn't look as good as a week ago." Hector's face looked small against the pillow; he seemed more the child than ever. He had a slight cough but did not mention it until asked.

I asked the nurse to check the oxygen saturation of his blood; she put a clip on his index finger and the display confirmed what I already knew. The oxygen level in his body was dangerously low. We put on an oxygen mask and his skin pinked and the gauge tipped back to the normal range. Hector's pinched face relaxed. I was reassured, too much so. I ordered X-rays and left for clinic. I was clinging to the notion this was temporary, he would be OK and out the door soon as he should have been. The senior medical resident soon called me, worried. He didn't think we should wait for the X-ray: should he start him now on antibiotics? Yes, of course, you're right, I'd said. The X-ray confirmed that he had a large white patch where clear lung should be, consistent with pneumonia. When I returned after seeing my patients in clinic, he was working to pull in the oxygen that normally come in without thought. I knew we had to have The Conversation. Edward, dealing with a new health issue of his own and mentally and emotionally spent, had left for the day.

SOMETIMES YOU HAVE IT on a theoretical level. You're supposed to have it long before anyone needs it. Then people will write the solemn words "I don't want to be on machines." Or "I want to be resuscitated no matter what." When the real time comes, however, it always ends up being more complicated, or more simple, depending on the situation. The thing is, if it is a sudden, reversible thing—a vessel suddenly clogs, bringing on a heart attack, lungs fill up with fluid in pneumonia, a momentary irregularity of the heart that leaves it quivering instead of pumping—it makes sense to use resuscitation and machines. If it means flailing at a flaccid dying heart by pushing on the chest wall with enough force to crack ribs, or putting tubes in a person with lungs taken over by cancer, that is malpractice, not mercy or respect.

"You know, I'm sure everything will be all right. But just in case you have trouble breathing, we need to write down in the chart if you would want to be intubated—have a tube put into your throat and down to the lungs."

"Oh, no, I don't want that."

"We're not talking about a long time. Just till your lungs recover enough."

"No, no tubes." He looked uncharacteristically resolute.

I talked to Edward on the phone, who asked me to let him speak

with Hector, and within minutes Hector relented. I took back the phone from Hector, and Edward said Hector was afraid it would be permanent. I wrote a note in the chart that, should anything happen, Edward, his partner and legal proxy, should be called.

That night an anxious Edward called in to the doctor on for the night to enquire about Hector's status. He was told that there were far sicker patients the doctor was dealing with, and he didn't have time to talk to Edward. Later that night Hector was moved to the ICU for observation (still not intubated). Edward never got a call. He asked me the next morning if it was that he was discriminated against as a gay partner. I told him I thought not—I didn't get a call either. More likely it was bad behaviour on the part of the doctor—that can be directed at anybody.

The next few days Hector continued to work like an athlete, getting temporary relief from a machine that uses pressure to force oxygen into stiff lung tissue. He had a bronchoscopy, a test with a tube in and out, which showed nothing except for bleeding that was occurring because his liver was not working well. The muscles of his neck stood out, and his chest rose and fell too quickly. Dr. C, the chief doctor in the ICU, calm and direct, looking first at the taut Edward, and then at the tiring Hector, told them the time was soon that we would have to put in the breathing tube.

The world of the ICU is governed by reams of data—numbers are displayed continuously in monitors above patients' heads: pressures and EKG tracings; samples of blood every few hours; tubes everywhere, in the mouth, neck, arms, urethra. It's an anomaly to have a patient awake and conversant. In this world, the ICU attending is like a general, a drill sergeant, a much-smarter-than-TV doctor, and god. Dr. C was like any good ICU chief, revered and feared. Bearded and with a mop of matching brown curly hair, he could usually be found in shirtsleeves studying what was going on with his charges, be it his students or his patients. On the regular floors, a patient may be lucky to catch a daily glimpse of the senior doctor. In the ICU Dr. C rounded every few hours with the junior doctors, checking every detail on the patients, almost all of them unconscious, incognizant of the attention. Woe to any of the young doctors who did not have the latest information on their patient, did not have an answer to how their precarious condition could be better managed.

Fortunately for me, as an attending I was spared the routine. I put in a few words as Hector and Edward turned to me, eyes pleading that I say, too, whether this was the best course. We will only do this while we think some good can come of it, we both said.

As we left, the two men clasped hands.

"Thanks, that was great," I said to Dr. C. Even gods need a little affirmation sometimes.

"No, thank *you*, we're a team," he said. I felt pleased, and warmed. It's a profound experience to go through, communicating with patients on the edge of life and death, giving our best thoughts, advice, knowing in our own hearts we don't know it all. Usually, we do it alone.

THAT WAS FRIDAY. Over the weekend, I was off. Hector was out of distress, intubated, heavily sedated. Edward was not so lucky. On Saturday, Hector's condition (as measured by numbers) worsened. On Sunday, he needed slightly less medicine to keep up his blood pressure, and the medical staff told Edward he had a 40 per cent chance to live. Where on God's green earth they came up with that number, who can tell, but Edward was elated. However, when I came into the ICU, Dr. C motioned me over. Things were not going well. Hector's kidneys were failing, the liver was worsening. Since those organs are responsible for removing wastes, and weren't, Hector's body was blowing up like a water balloon. I went into Hector's room, where Edward sat by the bed in the yellow gown and gloves used for protection against spread of bacteria, stroking Hector's swollen arm. Along with Dr. C, I led him into a small conference room.

We told Edward how things were, that despite almost every conceivable antibiotic now for we were not sure what, things were continuing to get worse.

"They told me yesterday he had a 40 per cent chance! How could this be? How can you possibly know that this is the time to say he's dying? How do you know?"

"When all of the organs are not working, that's when we know," said Dr. C.

"What am I supposed to do? You all have to help me here."

"When we know that things are not turning, when the person is

dying, often the right thing to do to pull back the machines. It's what we told Hector, that we would not keep on if there was not hope."

Edward lashed out. "How can you be so objective? You've been with him for all these years."

I felt a catch in my gut. Was I too cold and removed? "I don't feel so inside. Right now I'd like to take some of the burden off you on what is the best thing to do."

"I need some time. This is too new."

"You take the time you need. It is really just a way of saying we would let nature take its course," said Dr. C.

"How long would it take? Would he be in any pain?"

"We are very good at keeping people out of any pain or distress. I've been wrong before, but in this case I don't think it would be very long."

Dr. C left the room and I sat with Edward. He leaned over and cried on my shoulder, and then he sat back with a sad smile. "Remember the time when Hector was so sick with cancer almost eight years ago? Remember when he couldn't talk? Remember what you said then? That no matter how sick he was, or how hard he was, that you wouldn't leave? And you never did."

I GUESS IF I COULD CRY with him, it would be a good thing, maybe for him, maybe for me. I'm not one to cry much, I barely did for my own parents' deaths, both of lung cancer within the last few years. Hector was exasperating in not taking his medication, but it would never occur to me to not be his doctor.

"HECTOR WAS FRUSTRATING SOMETIMES, but he always came in with that innocent face and those big brown eyes and a smile that lit up the whole clinic. He was easy to love."

"He was, wasn't he? Look, we're already talking in the past tense."

He looked down and then put his chin up. "Hector would want to do something for research. Can we donate his body for science?"

Later I made some calls. There is a program at Mt. Sinai that studies HIV-positive brains. "But we would have to have the consent of a family member—gay partners don't qualify. Unless he has official city papers of domestic partnership." My heart sank—I doubted they had done that. But I called Edward and he said—proudly—they had.

I WAS SCHEDULED to go away, this time for the rest of the week starting Tuesday. I had a lot of time built up, to be lost if not taken by the end of the year. Sometimes patients take it a little personally. (“You’re going away *again*,” said one on Monday afternoon clinic.) Edward asked if I would come in, in the morning. He wanted to turn off the machines, and he wanted me to be there.

When I met him and Dr. C in the morning at the ICU, the blood pressure was stable, there was some sign the kidneys were still working (there was urine in the bag). Edward decided to wait.

To say I was relieved would be an understatement. Maybe a miracle would still happen. At least I didn’t have to go through this. I rushed through all the little things I had to do to leave—computer “Out” message, voice mail “Away,” “Gone” message on clinic computer, sign out of patient responsibility to another doctor, and skipped out the door to a long-suffering partner waiting somewhat patiently in the car outside the hospital.

WE HIT THE TURNPIKE and put on Bruce Springsteen for the ten-hour drive to North Carolina. My mind kept drifting back to the hospital. About Richmond, Edward called. I had said he could. “It’s not working. I’m going to take him off tomorrow. Am I right? This is just too much.”

At this point, the timing was more about Edward than Hector. I was sort of invested in the miracle idea, however. “Maybe you should give it another day.”

“No, I’ve come to this. You support that don’t you?”

“Yes, of course. We all sat with Hector a week ago and promised him we’d keep the machines in only as long as it made sense.”

THE NEXT DAY was 31 October. It’s my mother’s birthday. The year before, I had gone to my brother’s home in the country outside Durham, North Carolina, and we had scattered her ashes in the woods behind his house by the Eno River, which she loved. I had come back because it just seemed the right place to be. I slept till ten, reminisced with my brother, had a café lunch with my partner outside in the unusually warm fall day.

The sun had fallen back behind the tall waving pines and oaks, and the darkness and October chill lay eerily across the land in the way it

does on Halloween night. I was standing at the edge of the trees alone, strumming a guitar. I've been teaching myself, a little at a time. I was trying to figure out the chords to Dylan's "Blowing in the Wind."

My cell buzzed in my jeans pocket.

"Hector passed. Halloween was his favourite holiday. Dr. C was there. And the nurse from the Mt. Sinai research. It only took a half an hour. I want to thank you for everything. I'm going to have a memorial. Not sad, a celebration. At Julian's, his favourite bar. Would you come?"

"I'D BE HONOURED."

Barbara Johnston is deputy director of the Department of HIV Medicine, St. Vincent's, Manhattan.

Inadequacy of Impotence

George J. Stevenson

You flat-headed word.
You worm of a flat-headed word.
You wimp of understatement,
echo of *importance*. You imp,
you devil tormentor.
Im is close to *in*, yet *in*
is what you don't permit.

You sanitized word, hiding
in your medical guise.
Miscreant maladjusted
nothing word. Non-fucking
word with no clue
of how we live with you.

George J. Stevenson, diagnosed with prostate cancer in 2005, had radical prostatectomy surgery. He wrestled with the inability of mere words to express his feelings about the potential side effects of incontinence and impotence.

Walking with Andrea When Grief Shows Up

Fran Dorf

Sometimes chance is weird but kind,
by chance I am walking with Andrea
when grief sneaks up behind
me, hobbles up unannounced,
like an old woman with milky eyes,
limbs stiff with years,
dragging her bag of gruesome memories
clamping her crooked fingers
round my neck
popping the cork of my unruly mouth:
MY GOD, THAT BOY LOOKS JUST LIKE—

After all these years I know just what *not* to do,
when grief shows up out of the blue
eyes of a little boy laughing,
not fall at his feet
not touch his face
not put my lips to his cheek
not whisper and weep: Michael, my son.
Better his hovering young mother think me rude
than tell her why I stare at her boy.
Better let her live innocent as snow
than explain that death can come
even to a boy like that
and then reincarnate in a boy like that
have to say I'm sorry to ruin your day
when I'm not,
not really.

Sometimes chance is weird but kind,
 by chance I am walking with Andrea
 whose own son happens to lie next to mine,
 grave companions, you might say
 clean picked bones shaped like two little boys,
 two tiny metacarpals touching,
 tibia, fibula,
 sacral bones lying still
 in their adjacent tombs,
 beneath their marble stones.

Now Andrea takes my hand,
 and leads me away like a confused child,
 and grief hobbles along behind us, trying to keep up.
 Larry would have been thirty-one, Andrea whispers,
 Michael would have been eighteen, I say.
 I do not tell Andrea that sometimes
 the gods of imagination animate our two boys,
 eternally three,
 they rise from the dead and live
 pink-cheeked and
 play together next to the tree in the sunlight,
 no affront to the blue sky,
 grass, insects
 birds.

Sometimes I think I liked it better
 when grief was young and potent,
 weighed four thousand pounds on my shoulders
 screamed like a carnival troll,
 hissed like the villain in a silent movie.
 At least I knew where grief was then,
 it didn't shuffle and creep up behind me
 like an old woman with clouded eyes
 begging for attention and pity
 with her bag of hoary stuff—

her milky tubes,
pumping machines,
white coats
switching eyes

Fran Dorf is the author of three novels, including Saving Elijah, which was inspired by her son's tragic death, and Publisher's Weekly called "a stunning novel that crackles with suspense, dark humor and provocative questions."

In Another Wing

Barbara Lydecker Crane

I awake in a thicket, some hazy grove
where beetles click and branches sway above.

Transparent vines on glinting sapling trees
blur, then clear into a cluster of IVs.

I flinch to see my needled arms. *Hi*,
I think I say, then croak a louder *Hey!*

A doctor glances, mumbles, *She's awake*.
It seems of no importance to his task

of keeping rhythmic pressure on my belly.
Between my legs—what? Don't let it be

my blood that streams like tide. *Still falling*,
intones a mask intent upon a screen.

No one notes my shivering. *I'm cold*, I breathe.
A nurse retreats, a minute or a week,

returns with balm of white, heated blanket.
I drift, dream I'm a dragonfly and flit

across a sunlit salt marsh's skin,
silver glints inset in darkened wings.

Barbara Lydecker Crane of Lexington, MA, is a US quilt artist (barbaracrane.prolucid.com) as well as a poet. She has recently published poems in Light Quarterly, Raintown Review, Christian Science Monitor, and Measure, among others.

The Right Thing to Say

Kathy Page

Beneath a fierce September sky, the city squats in the ochre plain: a cluster of rectangular towers, surrounded by a vast, ever-growing sprawl of homes and stores. Don is driving Marla's car, the Corolla, which he cleaned out yesterday and filled with gas, to save them having to think about it today. He slows to fifty as he passes Safeway.

"Nearly there," he says, patting her leg, and she nods.

"Music, love?" he asks; this time she shakes her head.

She's sitting there looking straight ahead as they sail past dusty motels, a gas station, the ski rental. She wears sunglasses; her hands are folded in her lap. No sign of the baby yet, of course. A stranger wouldn't know what she's going through. Usually she's the one who knows what to say, who wants everything put into words, but now she's fallen silent, and really, Don thinks, there probably is nothing that they haven't talked over twenty or two hundred times already. In a few minutes they will have an answer: it just better be the one they want, OK, Whoever-You-Are-Up-There?

Fifty-fifty. Whichever way you peer at it, it's the same. Quite big. If you had a fifty-fifty chance of winning the lottery, you'd be pretty much on the edge of your seat. It's kind of the opposite of that, multiplied.

This morning Marla dressed to make a show of strength: denim skirt, fitted, lace-trimmed blouse, jewellery—all new things he hasn't seen before. Don went the other way and now he'd like to be able to say something, to find the right words. But instead, his mind is full of dumb, trivial thoughts, such as, It's a holiday, and it's lunchtime. They could be grilling some chicken on the barbecue. What was in that marinade they

used last time? He glances across at Marla again and almost asks but stops himself.

They could be hiking, or gliding along the Kananaskis in their kayaks. But instead, because Dr. Ludvigssen has decided to go on vacation tomorrow, when every other person is returning, they're going for results.

"I can't wait another month," she said. Her call.

Don waits for three Lycra-clad cyclists to waver across the crosswalk, going towards the park.

After this, he thinks, he'll definitely sign up at the gym. Not that Marla has ever complained, and he is probably fitter than he looks, given his work. But something else is needed to pull it all together.

Crushed juniper berries, he remembers. Honey. Red wine.

The hospital blocks come into sight on the right-hand side: a huge place. Every kind of specialist you could ever not want to have to see.

"DO YOU HAVE a gut feeling for what your result will be?" Dr. MacLeod, the psychiatrist, asked, weeks ago in one of the early consultations.

"Yes," Marla said, "it's silly, I know, but I don't want to say it."

"Me?" Don said, "Marla is fine. Has to be. That's what I feel."

"The trouble with gut feelings," Dr. MacLeod said in that voice of his, subdued, but insistent, "is that they have absolutely no bearing on the facts. Studies show that people are wrong as often as they are right. Suppose your gut feeling was wrong?" he said. "I'm just asking you both to consider that, in the intervening time."

I am not wrong, Don thought.

But now, with Marla stately and silent beside him as he drives towards the answer that has always been in her body, written, as the genetic counsellor explained it, in the paired genes of chromosome number four, his hands sweat against the wheel.

Because they don't need to do this. They could leave the answer in its sealed envelope, turn right around, and drive back towards the mountains, go home, eat, make love, soak together in the tub, doze, dream, continue from tomorrow as before. The baby's risk is only half of Marla's. Just 25 per cent! They can just keep their fingers crossed, live for the moment, the way they have so far—

"Lights!" Marla yells. He jams his foot down and the seatbelts lock, biting into their shoulders; their heads thud into the headrests. There is a blissful moment of nothing at all, followed by the blare of a horn. He's way over the line and in the wrong lane too.

"Are you OK?"

"I think so," she says. "You?"

"Sorry, sorry," he says, pulling air into his lungs. Everything is brighter than it used to be. "It wasn't the idea to total us on the way! Or give us heart attacks. Mind you, we're convenient for Emergency!"

"True." Her lips twitch. "It's green, now."

HE CHECKS, double checks, takes the right, then the next right. The hospital complex, oddly still, swallows them. Parkade 6 is almost empty. He switches off, leans back in his seat, turns to look at her.

"And we're ten minutes early," he says.

"We may as well go in. I can use the washroom."

I don't want to go in, he thinks, not until we have to.

WHEN SHE TAKES her sunglasses off and kisses him on the lips, her mouth is hot and tastes of mint.

Maybe, he thinks, she'll change her mind about this, even now?

BUT SHE CLIMBS out of the car and he follows her. Again, he badly wants to say something. The right thing. Not just *I love you*. Something more like *I'm with you*. And if it's—

It won't be.

"Marla—" is what he manages, as the entrance doors slide apart. He follows her into the elevator, out again.

The place is deserted: no receptionist, no bustle of file-wielding people passing through, and no sick people on the row of grey chairs and that, he thinks, is a relief. It's ten past one.

"They'll be here soon," she says. "I won't be long." He watches her until she turns the corner, then eases into one of the chairs and finds himself facing the leaflet rack, where, he knows, innocent-looking booklets and concertina-folded sheets of paper harbour phrases such as, "This is a late-onset, inherited brain disorder that causes progressive deterioration of

the physical, cognitive, and emotional self.”

How does she keep herself together the way she does, with this hanging over her? She has her mantra, of course: Even If, she calls it. Even if I do have it, I feel fine now. Even if, it might not show for another ten years . . . that kind of thing. She has her mantra, and then she can make a joke about almost anything, and she keeps very busy. Marla does not waste her time.

Don digs his fingers into his palms and squeezes his eyes shut.

He thinks of Marla as he saw her once, quite early on, when she had car trouble and he went to collect her from the school at the end of the day. He could have waited in the car but he sat on one of the benches outside the classroom and watched her through the glass panel in the door as she pointed to a list on the board, asked a question, then said something that sent the class laughing. It was strange and wonderful to see her like this, dressed in a rather sober fashion, doing things that would be impossible for him. A minute later, she opened the door, a sea of waist-high students churning behind her, and noticed him.

“No one leaves until you’re quieter,” she said to the class, and then, to him, pointing, mock solemn, “I’ll see you later, Don.”

“Yes, Miss.”

SHE WAS ALWAYS CLEAR. She told him about it on their third date, and a few months later at Christmas he went with her to visit her mother. He had seen how she was.

At their wedding, Don remembers, they stood next to each other in the shade, facing the guests, and repeated their vows after the registrar. There was a script. They took turns. He felt her beside him, the body he knew so well cased in its strange, elaborate dress. His voice came out loud and clear and, despite the preceding weeks of jokes with friends about “needing to be committed,” he felt absolutely sure. He promised there would be no others. He promised to be with Marla in sickness or in health and certainly, by then, he thought he knew what he was promising.

The wedding was in July, on Ed Wagner’s ranch. All the fields were baled and beyond them you could see the mountains rearing up, purple grey, and some clouds boiling yet further above.

Her father said they deserved the best of everything in life and raised a glass. His father made a rambling speech about Marla’s brains and

Don's hands and how at least they'd always have a roof over their head, a table to eat at, and never be short of conversation, and she cupped a hand to his ear and whispered that hands were all very well but there were other things he had about him too—and guests who saw the whisper somehow guessed what she was saying, banged on the table and roared.

BUT HERE'S THE THING: Despite everything she said, despite the recent assault course of leaflets, video, psychiatrist, counsellor, neurologist—despite all their best efforts and his own, despite *thinking* he had taken it on, he has never really been able to *imagine* that someone might actually dare to say to Marla, “You have it, too.” He's listened, he's looked, but he has never believed, not even for moment or two until now, here in the Foothills Hospital's deserted waiting room, where he sits in a kind of vertigo, driving his nails into his palms and asking himself, What if there is bad news? How will I be for her? What will I do, what will I say to her as she turns to me? And what will I find myself feeling?

When you say *I do*, even to sickness and health, you're not thinking exactly of this. Will he know the right things to do and be able to do them? Be able to bear it, to change himself into what is needed—or, will he run, as Marla's father did (and no one, not even Marla, really blamed the man).

At work, he gets the instructions or drawings, sees what's required. He lines up the materials and tools, begins where it has to be begun, and works his way through. Measure twice, cut once. So long as your attention is on the job, it works out. But this is not the same. He doesn't know.

And now it's one fifteen, and a tall woman in loose, elegant clothes is walking towards him.

“Don. I'm Juliette.” He remembers her from the first appointment. Warm hands, soft voice, a way of being able to look you in the eye without staring. He likes her.

“She's in the washroom,” he says, just as Marla appears. His heart gears up as she stands next to him and reaches for his hand.

“Here we are, then,” Juliette says, looking at each of them in turn. “We can go ahead now, but of course, if you're having any kind of misgivings, you do know we can put a hold on this.”

“I want to go ahead,” Marla says. Juliette nods.

"I'll call Dr. Ludvigssen and tell her you're here." As she walks to reception and picks up the phone, Don and Marla turn in to each other and embrace, their hands gripping hard, squeezing themselves against each other, their minds emptied out.

"THIS WAY." Marla follows, then Don. A left, a right, two lefts, right again.

When they came before, it was full of people, even in the corridors.

Now, there's just a faint rustle of clothes, their own muffled footsteps, the building's permanent hum. Names on the doors with strings of letters after them. FRCPC. FCCMG.

THE DOOR marked Dr. Ludvigssen is half open. There's a desk, two chairs, and an examining couch on the wall opposite the desk. A pink-cheeked woman with a shock of almost white hair is standing behind her desk. She clasps each of their hands, waves them into their chairs, and sits down as they do so. How was their journey over?

Come on! Don thinks, as Marla explains that the drive was a little tense. Hurry! he orders the doctor in his head.

"I shan't keep you waiting. I have your lab report here, Marla," Dr. Ludvigssen says. There's not enough space in the room. Not enough air, either, Don thinks, Marla's hand in his, damp, hot. Suddenly, now, it's all going too fast. The doctor slips her paperknife into the corner of the envelope and draws it across. She replaces the knife in her desk drawer, extracts and unfolds the letter, flattens it on the desk, and leans over it. Marla closes her eyes; Don, though, watches the doctor scan the page. Her face is very still, mask-like. There's a kind of high-pitched ringing in his ears, a feeling of imminent explosion in his chest and then, the moment before she speaks, he sees the corners of her eyes and mouth relax.

"It's good news," she says, and Don's on his feet with no idea how he got there.

"Marla!" She looks up at him, her face as he has never seen it before: eyes startled wide, her mouth a perfect O.

"Are you sure?" she asks, turning back to Dr. Ludvigssen.

"Yes. Your results are well within the normal range." Don pulls his chair closer, sits down again with his arm tight around Marla's shoul-

ders as Dr. Ludvigssen continues, speaking slowly, nodding and smiling as she goes. When she uses the word “unambiguous,” she corrects herself and says “completely clear.” She turns around the report from the lab so that they can read it from their side of the desk. Her finger points to numbers and abbreviations, to a line of wave forms wiggling across the page—pretty much incomprehensible to a finishing carpenter, or for that matter an elementary school teacher, but everything is all right. The piece of code that unpicked Marla’s mother has not been handed down, and that is the end of it.

Marla wipes her eyes and leans back in her chair. One of her arms is flung out to the side.

“Thank you both so much,” she says. Dr. Ludvigssen glances at Juliette, smiles.

“I’m very pleased for you,” she says, “But I have to say we can’t take the credit there. Good or bad, we don’t make these results and nor does the lab. We just bring the news.”

“Well,” Marla insists, “thank you for that. For coming in today.” Everyone smiles and nods and then Juliette says that even when they have fantastic news like this, people do sometimes have unexpected reactions, so please do get in touch if that happens or they need anything or with any questions—otherwise, she will call in a month or so.

She stands, the doctor follows suit. Hands are shaken. It’s over. Yet something keeps Don in his chair.

“Why not stay here awhile?” Juliette suggests. “It’s really not a good idea to drive straight away. Leave when you’re ready.”

“Enjoy your holiday!” Don tells Dr. Ludvigssen.

How often, he thinks, do those two have to go through this?

THEY’RE ALONE. A breath of outside air pushes at the blind, shifting the light in the room and making a faint clattering noise. The room and everything in it—the poster about neurons above the examining table, the blue mug on the bookshelf, the film of dust on the blinds, the dead plant on Dr. Ludvigssen’s desk—all of it seems alert, almost alive. Even the air is different, charged and delicious. They breathe deeply, filling themselves up. They turn the chairs face on so that they can absorb each other with their eyes.

She's smiling, and her face still has some of that shocked-open look. She looks different. Younger. Her old self but a new one at the same time. She chuckles, points to the withered plant on Dr. Ludvigssen's desk.

"I bet someone gave her that!" Hearing her laugh, Don starts to cry.

"Hey," Marla says, still smiling. He can't smile back. Mouth, throat, lips—all of them seem to have a will of their own and none of them want to coordinate.

"The thing is—" he wipes his face on his arms, tries again. "This is really fucking dumb," he manages to say, taking her hands in his. "This is not the right thing to say. But—see—I won't know, Marla. I'll never know how I would have been for you."

They stand and she pulls him to her, tight, his head on her shoulder, his tears making her blouse wet, like he's never going to stop.

Kathy Page is the author of seven novels, including Alphabet, nominated for a Governor General's Award. Her interest in how we construe knowledge about our medical futures is further developed in The Find, forthcoming.

Going to India

Cathy Stonehouse

All the guidebooks splayed across her dresser do not protect Jackie from being mugged. In between feedings, she is strangled. Then, while the sun sets copper over the Hooghly, her attacker frisks her body for drugs. Now she's dead there'll be no one left for him to make fun of. They'd been lovers for only three weeks, but it was OK. Jackie has nice hair, but now even her spiral perm is matted, black blood smeared across her mouth.

Kolkata fizzles. Jackie's body fragments, pieces of it unrecoverable, while three-month-old Brody clamps down on her left nipple and sucks. This must be the twelfth nursing since bedtime. And this time, after he's finished, he bites.

Jackie clutches her tit. Brody's two teeth sink even deeper; she sticks her finger in; his wet mouth smears her as he unpops. For a moment she drifts, corpse-like, through an eerie silence. Then Brody bellows again and Jackie jumps up.

His screams are eating tunnels through her brain tissue. His neck is hot, her hands close tight. Between her fingers, small bones grate against each other. For a moment she lets go and then, calm and decisive, grabs him by the shoulders and hurls him across the pitted futon. He lands on his face. Jackie watches him flail. He's only just learned to roll over. As he gathers momentum, approaches his tipping point, she wonders if he will suffocate this time.

It's 4:12 a.m. in Vancouver, 3:42 p.m. back in Kolkata. Half a day ahead, her waterlogged corpse decomposes, maggot lilies rooting through its eyes. When her lover comes to, he will be distraught, rage against a sea

of indifferent faces, only to forget her as soon as the ganja takes hold. It doesn't take long for guilt, and the dead, to disintegrate. Jackie, shivering on her wrought-iron balcony, disappears too. What's another maternal homicide-suicide? A flake of fall-out drifting down from bleached black sky.

She goes back inside, into the bathroom, takes down her back-up pack of razors. Brody's screams are becoming breathless. The pain as she presses the blade down explodes her and cools. Going to India has helped her through a bad patch, but now the trick no longer seems to work. The truth is, at thirty-two she has never been anywhere. Instead, her life arcs out a modest decline: a first job as a waitress that led to several others as a hostess, one year in college, a failed attempt to enter the film industry, several recent excursions through massage parlours. Forced to explain, she'd adopt her mother's analysis. It's a class conspiracy! Days spent fucking the rich as if they were equals, when all along they were plotting her oppression, her death. Questions still plague her: Is it too late to emigrate to New Zealand? What if she accepts Crazy's offer to set her up as a madam in Dubai?

Blood flows, a Middle Eastern river. Brody is fine, although he is still distraught. Soon a neighbour will come, or perhaps a police officer. There must be someone out there who cares. Meanwhile someone is knocking on her door. A rancid towel wrapped around hot breasts, Jackie peers, blinded, into the low-ceiling corridor. The same thing happened last night. Is the complex haunted? A soft, female finger runs up her nape.

That woman Nadia, winding an endless, multicoloured scarf around her neck—hadn't she just come back from Mumbai?

Jackie tries again, dreams herself into some sort of ashram, the hallway of a big old house in Kitsilano, where women and men take off their shoes and step lightly into a sun-dappled room. Daffodils and crocuses outside near the window, the scent of dhal bat cooking on a gas stove. Nadia is there, limber and buff. When Jackie finished her one year of General Science, her room in residence was clean and tidy, unlike the others', "the travellers," whose laminated boxes were gaudy with prayer flags, Tibetan thangkas. It felt like it had been that way since the beginning, everyone thoroughly marinated in Nag Champa while she stood watching, ugly and gauche in her sweats.

Carving a shallow X into her forearm, Jackie examines everything except her own body, that black legginged, T-shirted thing with its arms raised she knows is the main reason she cannot relax, because it reconnects her with her history—with Brody, his harelip, blotchy complexion; with Ulrike, her mother.

Nadia's scarf winds round and round the stiff collar of a Nehru jacket, waist-length, honey-blond hair trapped deep inside.

"So lovely to see you!" Nadia beckons, her fingers redolent of garam masala, Earl Grey.

Jackie shakes her head. It occurs to Jackie that she must have been attracted. She doesn't usually think of herself that way, but there was something about how the woman touched her, a well-lubricated hand pressed to Jackie's navel, that broke through and registered—her last erotic encounter before childbirth, which was hardly erotic—except for the moment they placed him on her chest. If only she had realized what was happening! Perhaps she would now have been employed and in a relationship instead of naked and bloodstained on the lino.

She blinks. Nadia is fading. The ashram is difficult to stabilize, unlike Kolkata, which won't leave. *Kitsilano*, thinks Jackie, pinching her calf muscle, watching herself, a stick woman, felt-tipped and sketchy, tumbling rapidly out of a hasty arm balance, rendered clumsy by Nadia's beauty, her grace.

Her mother cried the day Jackie quit college. This was not unusual. Ever since her husband died, Ulrike wept freely, her tears just part of the liquid with which she scrubbed floors. This did not mean she was over-emotional. On the contrary, her grasp on brute economics was nuanced and fine.

"Look what happened to Lenin," she would mutter darkly, if anyone smart threatened to succeed. Those five neat piles of old *Unsere Zeiten* still alphabetized and earmarked under Jackie's bed. Ulrike knows nothing about Brody. The last time Jackie visited Kelowna, her mother was screaming German at the top of her lungs.

According to Google, the German for cloth diaper is *Windeln*. Brody wears Life brand disposables, their waistbands decorated with teddies and rattles. After he was born, Jackie once shat her own pants, running for the telephone. A third-degree tear and postpartum depression had

seemed a small price to pay, then, for becoming human, which was what she thought raising him would eventually involve.

Now she's not sure. She blots the blood off. Why is she so afraid of going back in? His tiny fists, mottled with frustration. Her mother's bad chest, rattling through the Okanagan winters. Ulrike has never told her anything, not even how she came to Canada. Everything cobbled together from rumours, snippets of conversation overheard at meetings, where they went weekly until Jackie was nine. Was it the CCF or the Socialist Workers? Brody has no language, no distinguishing features, yet his face still means more to Jackie than Trotsky's, or Christ's.

Six weeks after dropping out of college, Jackie found herself back in Kelowna, where Ulrike cooked up schnitzel and railed against capitalism, already forgetting what day it was, what ring she'd left on. Ulrike was not sympathetic. Instead she cleared her throat and announced that Jackie should stop being selfish, help someone less fortunate than herself. "Travel to India, Africa, teach revolution. That is what will cure you of this weakness." Ulrike Bachmann, her crazy mother, white-haired, baton thin, jabbing her finger at a ripped-apart map, its white-edged flaps tectonic plates shifting. Her mother's brief marriage to a used-furniture salesman named Ellison the only good thing she has ever admitted happening. Ellison died when Jackie was five. His marriage to Ulrike lasted eleven months.

"Technically, I'm dead, too," whispers Jackie, dropping the razor, "murdered in a dream about travelling to India." Is that what she'll say from her straitjacket, when they come?

The glowing skin she associates with a clear conscience was what attracted Jackie to Brody's dad. They met at a party where everyone else was married. Tanked up on coolers, she slammed into him again in an upscale tapas bar where he was celebrating his recent divorce. His greying hair a shock above smooth, brown cheekbones, his physique that of an avid mountain climber, Jackie thought she had landed feet-first when he asked for her number, only to discover, later, that she had not asked for his. Far from rich, Prince Charming was unemployed, unstable, bipolar. She should have known. Closing the door of her apartment behind his sister, who had dropped by one evening to tell her the truth, Jackie sighed but secretly felt relieved. She and Luc had slept together four

times. She had found his patter impressive, if slightly unnerving. About to chalk it up, she discovered the worst.

The test strip still wet, her old friend Sarah-Jane suggested abortion. After all, Jackie was single, on antidepressants, and hadn't had a stable job for weeks. Her unfinished degree was a sinister joke. She no longer mentioned it.

"I can't." As Jackie watched her red wine swirl down Sarah-Jane's sink, she knew they wouldn't be seeing much more of each other. From now on it would be sobriety, vegetables, and B vitamins, creating some kind of nursery in the bedroom where a picture of her mother at eighteen hung on the wall.

The temp job held on long enough for her to get mat leave, and going cold turkey was easier than she'd expected, perhaps because the symptoms matched. Jackie tried not to think about the damage: the hip-flask she had drained secretly, daily, until that Saturday night in Week Twelve when Sarah-Jane had abandoned her to her fate.

When Brody was born, Jackie was alone at the hospital. When she was attempting to stand, an hour or two later, her insides felt as if they were sliding out, all she had worked so hard to hide splashing onto white lino, a finite, twisted mass of biological material. Her body felt huge and empty, as though she had just given birth to Mars.

"Are you OK, dear?"

The stroller parked a foot away, closed up on itself, the two halves of its waterproof hood almost meeting so no one can see Brody's raw, new face, his tiny nostrils flaring with each in-breath as he swims up close to the surface of sleep and then dives, Jackie looks up. The woman, her interrogator, has dark brown whiskers. She clicks her tongue disapprovingly, plum blossom petals dotting her red wool coat like the corpses of fairies. Is this a dream?

Once upon a time, Jackie presumes, her mother also wanted to be someone. She, too, followed the steps, sat the exams, researched, emigrated, networked, and upgraded, but none of it worked and now she is two again, screaming for Mutti, strapped to a waterproof mattress, unable to think. Delicate, fashionable Ulrike, whose two blonde braids are trained into perfect earmuffs, staring down from the bedroom wall at Brody as if to say, Hey buddy, you and me both. Jackie does not know

her father, but if she did she would call him up right now, ask him why he bothered procreating. Does he even know? All Ulrike had said was that he was Canadian and that she had met him in the dome car deep in Saskatchewan and said goodbye somewhere after Banff. For all Jackie knows, Brody is related to half of Moose Jaw. Perhaps she should have him Fed Ex-ed there. Someone would probably recognize his Slavic features, claim him as her own and then Jackie would be free to return to hooking, that stubborn fifteen pounds notwithstanding. Not that she has turned a trick in years, or ever did. The men she met in bars and accompanied to hotels, the sad, twitchy salesmen with names like Rick and Chuck who emptied their verb-like selves into her passive noun-ness before rolling off their white beds to take a slash, were more like cute collectibles than paying clients, faces she was auditioning for their suitability as Ulrike's well-scrubbed, prairie counterpart. None of them fit. She made a few bucks and then decided to quit before she became addicted to anything serious. Enter the temp jobs. But now somehow the imprint of their bodies, their bony loins, hairy shoulders, and mole-speckled butts have found their way into her as regret, a frail toxin that eats at her brain like Ecstasy.

After her emigration in the mid-fifties, Ulrike wanted to leave Germany behind. This is what Ulrike's best friend, Sabine said. Not because she had committed any war crimes. Far from it: Ulrike and her brothers actively resisted National Socialism. No, insisted Sabine, chuckling hoarsely, even at eleven, twelve, Ulrike wasn't fooled. But when Dresden was bombed, Ulrike's parents and her brother, Peter, perished; another brother later died in combat. What reason did she have to return? Sabine, purple-rinsed and addicted to marzipan, is utterly convinced of Ulrike's heroism. Yet a strange belief still lingers in Jackie's bone marrow: Ulrike is guilty. Aren't all Germans? Even those whose relatives were crushed by rocks?

Three short taps, and then one last one. This time Jackie leaps up from the floor and undoes the deadbolt just in time to see a hooded figure run down the hallway and out the fire exit.

"Stop!" she yells, but it's too late. The door has slammed and now there is nothing again but beige carpet, a small pink object lying inside it, nested into the pile, almost invisible. Jackie picks it up: a plastic bead.

Once, when Jackie was fourteen, Ulrike collapsed in the mall. It was very embarrassing. People walked past, pretending not to see. Get up, Mom, hissed Jackie, catching sight of herself in the liquor store window. Her reflection grimaced. Ulrike stayed on her knees, the toes of her snow boots angling inward like those of a child or someone else innocent kneeling down to pick up what has been dropped.

“Die Frauenkirche!” A cathedral, long since destroyed. Her mother remained on her knees for twenty-five minutes while Jackie paced and shrugged and rolled her eyes. Just as the security guard was growing antsy, threatening to call for an ambulance, Ulrike stood up.

“A great pink angel came down and saved me,” she explained later, loading up new needles with speckled yarn. “It was very . . . beautiful.” Now Jackie wishes she had asked more questions. Did the angel speak English? Did it rescue Ulrike’s parents and brothers? What was its name?

Jackie places the bead on her coffee table. Overhead, ex-lovers clink champagne flutes, toast her insanity. Then her body shatters, drifts off into numberless half-lives. Brody’s mother falls down, clutches her chest.

“Help me someone, help, I think I’m dying.”

Jackie has cut herself on her arms and is bleeding slightly. Her cell-phone sits on her desk, a silver capsule. If only she could just reach out. What about the nurse at the clinic? Or Juniper Grierson, the only other lap dancer/mom she knows? Last week they met for cappuccino, juggling breasts and babies on their laps. Juniper’s alone, too. But coping. Her child Aaron has a heart condition. Juniper’s legs are slim and smooth. Aaron, at two months, wears immaculate button-down shirts.

“Aren’t they just adorable?” coos Juniper.

“Aren’t they just.”

Since Jackie and Brody came home from the hospital, night and day have been replaced by twilight, its ambivalent blue filling each room with sadness, an endless cycle of nursing, changing, and then rocking, Brody screaming for five hours at a stretch while Jackie in her sweats stumbles to and fro in the back alley, the wheels of Brody’s stroller worn down to crusts.

“Mutti!” screams Jackie, her powerful voice bouncing off the sponged beige walls.

Kolkata stinks. Her body is cross-hatched with tiny scars.

Back in '88, just before the Wall fell, she and Ulrike visited Dresden together. Ulrike refused to look up relatives and instead spent her time shopping for sausage.

For a few months, while she was pregnant, Jackie would do a tour of the city's bookshops, seek out tour guides to Germany, and turn them spine inward. It wasn't exactly stealing, more like stalling. Deleting certain realities for a day or two, massaging facts.

"Mutti, Mutti!"

As Jackie re-enters the bedroom to check on Brody, the dreaming part of her mind separates vertically. Up there on the ceiling, there's a party. The party is noisy and full of theatrical women in vintage dresses, every steep stair boasting an ashtray, Jackie herself hoarse from chain-smoking Camels. Jackie murmurs assent as Nadia rattles on about transformation, the incredible power Indians have to endure.

Jackie feels breathless, fumbles for her puffer. The bed is a mess, stinks of stale milk and vomit; pacifiers crunch underfoot. For a moment she thinks he's alive. But his chest isn't moving. Her beautiful child, so nondescript in this half light, lying motionless, face down on the duvet. On his pudgy, pale arms Jackie can see small bruises. 4:47.

Nadia, Jackie is certain, had visited India. Not only did she sightsee, she met gurus, even saw one manifest a golden lingam. Nadia, beautiful and brilliant, her life so burnished by privilege she cannot see them, see the thousands of ancestors, with rags in their hands.

The job Nadia offered her was in Wardrobe, sewing up costumes for a movie set in the Depression. There's no reason Jackie can't get another, once Brody is bigger and things have settled, but right now that seems so far away and Jackie knows the industry is volatile. If you're not in, you're out, and Nadia is central. Slapping her in the face was a bad idea, but the woman had tried to touch her, and her public, pregnant body had reacted. Nadia had hissed. How rapidly the rich transform themselves. One moment they are casual, endearing, the next they run the world, have hard, lined faces and live on Mount Olympus where you cannot find them, in palaces of diamonds, pearls, and ice.

4:49. Brody shudders. Jackie swoops down on him, eagle-like, lifts him up from the dark, moist bed. His breath is hot, she places her cheek against his and cradles him, gasping, the noose around her neck made of

Dresden china. Brody stiffens and bends back. Her son is reaching. He's awake and he needs her to love him. But she cannot breathe.

Cathy Stonehouse's short fiction has recently appeared in Grain, Descant, Malahat Review, and New Quarterly, and at www.joyland.ca. She also co-edited Double Lives: Writing and Motherhood (McGill-Queen's University Press, 2008).

Discussion Guide

Stew

The author clearly aligns herself in opposition to the British critic of June 1818, cited at the poem's start, who attacks Keat's lush imagery as immoral and corrupting. In contrast, what philosophical approach to mortality does Keats's poetry celebrate, according to Burton? In which lines of the poem does Burton most overtly reveal her own philosophical allegiance? How does the poet's use of the language of transplant medicine support her position?

BSE

The story begins with Jillian, the viewpoint character, taking a hot shower in her bathroom and recurrently forgetting to leave the window open to let the heat out. "It was the last thing on her mind when she turned the handle and walked out the door."

1. Why does the writer tell us that this is the last thing on her mind? Discuss this technique.
2. The bathroom is a place of personal privacy. In this space, how does the writer lead us to move from the broken and faulty exterior to the interior of her feelings and experience?
3. How would you see Jillian's relationship to her body and most particularly her breasts? Describe how you felt as you read through the story to the end? Share your emotional responses with others in your reading circle—is there a difference in your readers' responses? What accounts for the difference?

Beneath the Skin

The protagonist, Ellen, pays close attention to the texture, colour, temperature, and flavour of the grapefruit she is preparing. How does this express her feelings about her experience of having a tumour? Does her food preparation in some way mimic her notions of surgical preparation?

Impotence

In George Stevenson's poem how is language related to the experience of the body (about its failures, its surprises, and its inadequacies, for example)? In what ways does putting "the body" into language help and in what ways does it hinder communication?

Teeter-totter

How does Suzanne Edison's poem convey the fear and superstition that otherwise rational parents have when their child interacts with or is exposed to a sick playmate?

Palliation

Were you surprised by the narrator's revelation to her brother of her father's reason for bringing her into the family? Does this seem believable, given that her brother was not aware of it? Does it matter in terms of the validity of the story? To *palliate* means to "relieve or lessen without curing." What condition in this story is relieved? What condition cannot be relieved?

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