

# Ars Medica

Volume 7, Number 1, Fall 2010

## Founders

Allison Crawford, Rex Kay, Allan Peterkin, Robin Roger, Ronald Ruskin

## Editorial Board

Rex Kay *Issue editor*  
Robin Roger *Managing editor*  
Pier Bryden *Editor*  
Rex Kay *Senior editor*  
James Orbinski *Contributing international editor*  
Allan Peterkin *Senior editor*  
Ronald Ruskin *Senior editor*  
Stephen Smart *Contributing art editor*  
Terrence Sooley *Assistant managing editor*

## Advisory Board

J. T. H. Conner, Jacalyn Duffin, Rebecca Garden, Jock Murray, Thomas Ogden,  
Adam Phillips, Robert Pinsky, Mary V. Seeman, Anne Marie Todkill

## Legal Advisors

Stanley Kugelmass, Adrian Zahl

## Marketing and Publicity

Linda Chapman, Samantha Maker, Polly Thompson, Natalie Ruskin

## Publishing

Ian MacKenzie *Copy editor and designer*  
Liz Konigshaus *Executive administrator*

## Web

Allison Crawford *Designer*



We are grateful for the generous financial assistance of  
the Mount Sinai Hospital Foundation and the Munk Centre for International Studies.

*Ars Medica: A Journal of Medicine, the Arts, and Humanities*

Department of Psychiatry, Mount Sinai Hospital  
600 University Avenue, Toronto, M5G 1X5 Canada

ISSN 1910-2070

Published in partnership with University of Toronto Press, Journals Division

For subscription information or to submit a manuscript, contact [arsmedica@mtsinai.on.ca](mailto:arsmedica@mtsinai.on.ca),  
or visit [www.ars-medica.ca](http://www.ars-medica.ca).



# CONTENTS

EDITORIAL.....	<i>Art and Evolution.....</i>	1
----------------	-------------------------------	---

## FEATURE PIECES

<i>Benevolence, Chapter 4.....</i>	<i>Cynthia Holz.....</i>	3
<i>Going Away and Coming Back.....</i>	<i>Ronna Bloom.....</i>	24
<i>Reflections on Peter Scott Smith.....</i>	<i>Ann MacDonald</i>	
	<i>Maria Finta.....</i>	37
<i>The Day After.....</i>	<i>Mary McIntyre.....</i>	117

## FICTION

<i>Stone Hands.....</i>	<i>Bohdarianna Zorniak.....</i>	42
<i>Five Good Minutes.....</i>	<i>Richard Cumyn.....</i>	45

## POETRY

<i>Ever After.....</i>	<i>Grace Mattern.....</i>	25
<i>Intensive Care.....</i>	<i>Jane Byers.....</i>	35
<i>Vigil: An Interior Monologue.....</i>	<i>Susan Cody.....</i>	62
<i>Elegy for My Aunt.....</i>	<i>Mihan Han.....</i>	64
<i>At the Sports Club.....</i>	<i>Marian Kaplun Shapiro..</i>	84
<i>Dying, with Doubt.....</i>	<i>Rhonda Palmer.....</i>	109

## PERSONAL NARRATIVE

<i>Dick Wong.....</i>	<i>Salvatore Difalco.....</i>	17
<i>Evacuation.....</i>	<i>Dana Newman.....</i>	22
<i>Seeking Agnew.....</i>	<i>A. Lawrence Rubin.....</i>	89
<i>Don't Look Down.....</i>	<i>Marilyn Hillman.....</i>	97
<i>Eulogy for My Father.....</i>	<i>Thomas McConnell.....</i>	103
<i>Belly Flowers.....</i>	<i>Carol J. Arnold.....</i>	112

## CREATIVE PROCESS

<i>What I Brought to Cyprus.....</i>	<i>Rosemarie Krausz.....</i>	27
<i>Artist's Statement.....</i>	<i>Diana Bennett.....</i>	74

## NARRATIVE OF ILLNESS

The Wrath of a Leaky Heart.....	<i>Johanna Wald</i> .....	54
Squeezed Tight .....	<i>Megan Radford</i> .....	65
My Star of Hope .....	<i>Caroline Fei-Yeng Kwok</i> ...	76
Sailing out of the Pain .....	<i>Donna D'Amour</i> .....	86

DISCUSSION GUIDE.....	123
-----------------------	-----

# Art and Evolution

Debate over the utility of art must surely have started minutes after the emergence of art itself. One can easily imagine a hunter stepping from a Lascaux cave muttering, “Sure, it looks like an auroch, but what is it *for*?” To which some other notable inevitably replied, “I’m not sure I like the idea of my hard-earned meat going to support his doodles.” Questions are not idle. In times of scarce resources (and most times were) it is as surprising that there were those willing to subsidize art, as it is that there were those willing to forgo more assured paths to wealth and security to make art. And yet one of the universals of human society for over thirty millennia is that there have always been adequate numbers of both.

This striking combination has led some to ask what evolutionary purpose art serves. Anything that is both costly and ubiquitous must be selected for through natural selection, and so must benefit not just the artist but each member (or most members) of the society that supports that artist. Brian Boyd, professor of English in Auckland, takes an evolutionary line on creativity in his work, *On the Origin of Stories*. “Art prepares minds for open-ended learning and creativity,” he suggests, and “fiction specifically improves our social cognition and our thinking beyond the here and now.” For Boyd, art provides us with new ways to understand people, new ways to conceptualize situations, and new ways to respond to both.

Boyd and related theorists have a point. The evolutionary perspective has great explanatory power, but art, like any complicated human activity, can never be explained from a single perspective. Art can be, at a minimum, about power, prestige, wealth, and sex; it is about meaning-making and meaning-breaking; it soothes and it challenges, disrupts and restores. It is about beauty, defined, shattered, and redefined. It is about itself. It is about reparation. It justifies and destroys lives. It is about loss. It is about myth and myth-making. But it is reasonable to say that whatever

else it is about, art provides us with new and nuanced ways of seeing ourselves and our world.

This issue of *Ars Medica* is illustrative. Think of the mindset of a person donating a kidney to another, then read Cynthia Holz's chapter from *Benevolence*. Think of the experience of a worker at a home for physically challenged adults, then read "Dick Wong." Let your imagination create an image of the mind of someone with schizophrenia, then look at Peter Scott Smith's art on the front and back covers of this issue. Then read the words of Smith and his widow, Maria Finta, and look again. Susan Cody's "Vigil" allows us to attend to William Carlos Williams's "The Red Wheelbarrow" anew.

The creation of art may generally be an individual act, but the creation of an issue of an arts journal takes the work of many. As of this issue, *Ars Medica* welcomes five new staff members. Aaron Orkin has begun an internship, and his responsibilities include the daunting task of reviewing every piece we have published, looking for aspects of health and illness we have neglected. We expect all our readers to benefit from his efforts. We also welcome the marketing and publicity expertise of Linda Chapman, Samantha Maker, Polly Thompson, and Natalie Ruskin. Through their efforts we hope to broaden our impact, both within and beyond Canadian borders. Efforts in this direction have already paid off. The Associated Medical Services has agreed to fund two-year subscriptions for the deans of 150 health care schools across Canada. We are grateful for and gratified by their interest. We are also grateful for the generous support of this issue provided by a gift from a very thankful patient in appreciation of Molyn Leszcz and the Department of Psychiatry at Mount Sinai Hospital. Anyone wishing to make a similar gesture can find information on our subscription page at the back of each issue.

And what, then, is art for? In the end we choose to provide a single answer to the question we said had no singular response. To say that art serves an evolutionary purpose may be—perhaps must be—true, but it captures the lived experience of art no better than to suggest that we have sex in order to get our genes into the next generation. A. E. Houseman proposed a test of a poem: "Does the hair on one's chin bristle if one repeats it silently whilst shaving?" While satisfying Boyd's quest for utility only when applied to beardless men, it is good enough for us.

# Benevolence, Chapter 4

Cynthia Holz

“Good morning, Mr. Rae.”

“Call me Arthur.”

“Please sit down,” Ben said, but Arthur paused to look around.

The room was small, scantily furnished, with bare white walls and grey filing cabinets that disappointed those patients hoping for a more personal glimpse of the doctor’s life. He didn’t have time for decorating and usually left that to his wife, so really it was his own fault if his office was a dull box, his home cluttered and fussy, and neither place reflected him.

He pointed to an armchair behind a low table, waited for Arthur to take a seat, and sat down opposite. “Haven’t changed your mind?” he asked with a short laugh. He often used humour to ease the way into a difficult exchange, as much for his own sake as for the patient’s.

“Certainly not,” said Arthur.

“Well then, let’s proceed.”

Ben opened a folder on his lap and blinked at the top page. For a moment he seemed to be staring at a to-do list—*dental appointment; call Mama; speak to Bob Brenner*—but quickly pulled his mind back.

“Here’s the situation. You know by now that the team met on Friday—me and the social worker, transplant coordinator, nurses, and nephrologists—some of whom you’ve already met . . . and your particular case was discussed for a long time. In fact, we spent most of the time talking about you.”

When Ben looked up again, Arthur Rae was smiling. He had a soft, wide mouth and cream-coloured, narrow teeth. His thick brows were raised.

"And what did the team say?"

"Everyone agreed that the two of us should meet again to talk things over. The team still has certain questions—certain concerns—because you're not related to the designated recipient. Not even a close friend."

"The tests show our blood and tissue types are compatible. I'm a suitable candidate."

"Yes, from a biological perspective. But there are other issues here, because this isn't about giving an organ to your wife or child, a sibling or good friend. In fact, you hardly know the woman . . ." Ben glanced at the paper on his knee. "Mrs. Stanley. Last week you said she used to show up at meetings of a neighbourhood committee, or else you'd see her on the street. That's all fine, but it doesn't fully explain why you've put yourself forward as a possible donor. In a case like this, the whole team—the other doctors and myself—must be clear about your intentions."

"Isn't it enough that I want to help a dying woman?"

"Well, no, actually not. We have to understand why you want to take this risk . . . the risk of giving a kidney to someone who can best be described as an acquaintance."

"Carol is a neighbour. I knew her husband when he was alive, she knows my wife and children. But I've told you all that before."

The firmness of Arthur's replies was unusual. Ben checked his notes again, fumbling the sheets. A page fell out and he caught it between his knees, slid it back into the file. He knew he was being sized up, and levelled his shoulders, straightened his back.

"You said she lives on your street and is part of your community . . . but after her husband died, and then with her kidney problems, she didn't get around much and dropped out of sight. Is there anything more you'd like to add?"

"Only that no one's forgotten her. We're worried about her situation, which is bad and getting worse." Arthur slid his hands into the pockets of his cardigan and stared over Ben's head. "She's a big-hearted woman. She used to visit seniors to bring them food and rake leaves. Everyone in the neighbourhood talks about her good deeds and what we can do for her. I look in on her sometimes and bring her fresh pineapple, which she's very fond of. She has only her friends and neighbours now to help out." Arthur's eyes met Ben's. "And so I thought, Why not? I have two kidneys and really only need one."



This was reassuring, and Ben relaxed his posture. Nothing would please him more than to end the interview right now, convinced of Arthur's altruism. What a relief it would be to empty his mind of doubt.

But he pressed on. "As I mentioned last time, there are certain medical risks involved—things explained to you earlier. Have you thought more about these challenges?"

"I have."

"And what's your understanding of what could go wrong?"

"From what the nurses told me, I don't foresee any problems."

Ben rubbed his hands together as if rolling his thoughts smooth. "While it's true that generally removing a kidney is a safe operation, each and every surgical procedure has its risks—a bad reaction to the anaesthesia, for instance, or the chance of infection and internal bleeding."

"I'm aware of that."

"Did they tell you it would take several weeks to recover, especially for a man of your age?"

"I don't see myself as old. I'm still in my fifties, in good health, and expect to heal quickly."

Scribbling a few notes, Ben thought how much he himself felt his years. Every night he did a mental body scan, recording the day's aches and pains and other injustices, aware of life creaking forward like a rusty wheel. Arthur, with his cheery outlook, probably went to bed counting his blessings.

He skimmed over the man's chart. According to his test results and personal data, Arthur Rae was fifty-six. With his straight hair, grey at the temples, neatly parted on the left; his skinny neck and crumpled eyes; checked tie, tennis shoes, and zip-up cardigan, he looked like the ageless host of a children's show—like the amiable Fred Rogers of *Mister Rogers' Neighbourhood*, a TV show he'd loved as a boy—and also like Ben's dad, a gentle, resolute man, and someone he missed even now.

"Have you considered other possibilities?" He glanced at the file. "You have a wife, children, and grandchildren, it says here, siblings, nieces, nephews . . . a good-size family. What if one of them needed a new kidney someday and you were a suitable match? If you give one away now, you won't be able to help later. Or what if you yourself harmed your one remaining kidney through illness or accident?"

"Those are hypothetical situations, Dr. Wasserman. We're all healthy now and I don't see the point of fretting about the future."

"Yes, hypothetical, but isn't that the nature of risk—considering the downside of what you plan on doing and deciding if it's worth it? Tell me, have you talked things over with your family?"

"None of them objects to this. They know how I feel about helping others. If I were to die suddenly but basically intact, they'd follow my wishes and donate as many of my organs as possible to people who needed them."

"I'm glad you spoke to your family and everyone's agreeable. But still, from a medical standpoint, a doctor's first duty is to do no harm . . . and what you're proposing involves exposing a healthy man with two functioning kidneys to the risks of surgery and post-operative problems. Exposes this man to harm."

Exposes him to *death*, was his actual meaning. *Tell me how you feel about dying. How do you manage fear?*

"I have a right to take those chances."

"It's more complicated than that. It's not just up to you, it's what the doctors and nurses think too. Respect for your autonomy has to be balanced with what you might call a paternalistic attitude—with not wanting to harm you. This is true for any medical procedure, but especially in the case of an organ donor like yourself, and they need to be persuaded that yours is the right decision, medically and ethically. I think you can understand how certain members of the team want to be reassured. They wonder if it's a good idea to take such risks when there's no benefit to you—that is, to your physical self—and worry about the possible emotional fallout if you give a healthy kidney to someone not close to you, genetically speaking. So what I'm getting at . . . what I mean to say is, the team thinks—"

"The team thinks I'm out of my ever-loving mind."

"It's just that your case isn't typical, Arthur. It's not what we usually see." *We usually see people who are anxious and frightened. Why aren't you afraid?*

But Arthur was basically right: Ben's colleagues were uncomfortable with altruism that went beyond offering organs to family and close friends.

At heart, he too was skeptical. Patients sometimes lied to him, and would-be donors have revealed dubious motives. Still, he tried to be neutral. Every once in a while a guy like Arthur walks in, and you want to be receptive. Willing to be surprised.

*You have to keep an open mind*, he imagined arguing with the team. *Even if you doubt his motives, he's offering a valuable gift and deserves respect.*

But more than open-mindedness was needed in a case like this. You needed to have trust in the bigness of a stranger's heart. Was he capable of such audacious optimism?

"Choices like yours aren't simple," Ben continued. "In my experience, they involve many ingredients. For instance, do religious convictions—does your faith—play a role in your decision?"

"Is she a member of my church? Is that what you're asking?"

"Only as an example."

"I see myself as a spiritual man, but not as part of a congregation. Carol Stanley matters to me, as every living being does, and if I can save her or help her lead a better life, that's the right thing to do."

A brave thing, Ben thought. How is it that some people always do the decent thing? The skin around his eyes tensed as he peered at Arthur openly, trying to see into him. Hoping to take in some essential part of him, as if by osmosis.

"Have you mentioned this to anyone else? A friend or neighbour? I'm wondering how other people, outside your family, have reacted to your decision."

"I spoke to a few friends. Most of them understand, but one thinks I'm crazy."

"And how did you respond to that?"

"Not everyone will approve." Arthur crossed his arms. "I told him I just don't see it the way he does. In my opinion, many people would do the same."

"Many would *not* do this," Ben insisted. He himself would give an organ only to his mother, to Mel, or to a child—if he had one who needed it—and to Renata . . . though honestly, he'd probably want to think about that first.

"I'm wondering if other factors entered into your choice. For instance"—patting the file as if it held the answer—"how do you see

things unfolding in the future, when you and Mrs. Stanley have recovered from the surgery?"

"I see us both happy and well."

"Do you think your relationship would change in any way?"

"With Carol? Why should it?"

"Or what if it doesn't change?"

"What are you saying?"

"Sometimes a donor has certain expectations he may not want to bring up or even imagine, but we need to look at them anyway, to talk about these things . . . to make sure you fully understand what you're doing."

"Expectations? Can you be more specific?"

"I'm looking at something I jotted down, another possible factor." Ben pointed at a scratched note he could barely make out. "As you said last time, Mrs. Stanley is fifty-one and a widow. I wonder if it's possible that after your donation you might wish to know her better."

"Well, I suppose."

"Would you like that?"

"I don't know. I haven't given it much thought."

"Maybe we can talk about it now, if you don't mind."

"All right. Go ahead."

Ben's leg was bouncing and his pants made a breathy sound, as if they were whispering, *Don't disappoint me.*

"How deep is your friendship with her right now?" he asked.

"We're neighbours, I told you."

"But are you aware—do you have a romantic interest in her?"

He flinched. "I'm a married man."

The lines on Arthur's face were suddenly more apparent, and Ben wanted to confide that even a married man can start feeling lonely.

"It's not uncommon for a donor to want to feel closer to someone who's received the gift of his organ. To hope she'll be appreciative and want to express it—that she'll want to feel closer to him too. Would that be important to you?"

"You mean, do I expect her to be grateful for my kidney?"

"Grateful . . . or maybe a stronger emotion."

"Like what?" Edginess in his voice.

"Well, like a deeper friendship or affection. Maybe even love," he said. "Any expectations along those lines?" *That she'll love you wholeheartedly, without judgment or reservation. Which is all anyone wants.*

Arthur's cheeks darkened. "You don't know my wife, Doctor, what a special person she is. I'd never do anything to hurt or shame her."

"I have to—I'm obliged to ask sensitive questions like these. We have to examine all sorts of possibilities, even those that may not apply in your particular case. People are"—he paused to find a suitable word—"complex, and the obvious reasons for offering an organ are not necessarily the most important ones to discuss. Sometimes there are hidden factors we should have a look at too . . . at anything that might have affected your decision."

"The only thing I want is for Carol to be well again. I don't expect our friendship to change. I love my wife and she loves me, and everything else"—waving his hand—"is irrelevant."

"I don't mean to embarrass you."

"I absolutely disagree with what you're suggesting."

Ben shut his eyes briefly, searching for soothing words, then finally spoke. "As I've been saying, my job is to explore any possible motives you might have. I don't have an agenda other than to find out as accurately as I can what's going through your head."

He gave Arthur another minute to settle and was reassured when the man nodded.

"Good. Let's go on then. There's something else we need to discuss, another difficult question. Are you at all interested in a monetary reward for the risk you'd be taking?"

"Certainly not."

"But what if, years from now, you have financial problems, or someone close to you does, and you can't raise enough cash to meet your obligations. Suppose—is it possible in five or ten years that you might turn to the person you gave this special gift to and ask for compensation?"

"Would I extort money from her? Is that what you're asking?"

"What I'd like to know"—tapping the arm of his chair—"is what you see happening between the two of you if Mrs. Stanley gets your kidney."

Arthur slid forward, spreading his hands on the table. "I'm retired, as I told you, with a decent pension, and my wife has savings. I don't foresee

any problems, but even if we were to experience hard times, the last thing I'd do is demand payment for a gift. That goes against my nature."

In his long career as a staff psychiatrist for the transplant team, Ben had never seen anyone as frank and articulate about his convictions, so willing to risk his health for a virtual stranger. He had to do his job and understand the man's reasons, but there was no denying he was rooting for Arthur. *I want to believe him*, he wrote in the file, his words crooked with soaring loops.

Some people you meet affect you more than others. Some fill you with sorrow, while others awaken you and make you hopeful, more alive. Your heart creaks open.

"What if, before we can organize the transplant . . ." He knotted his fingers under his chin. "What if Mrs. Stanley has a medical event—a stroke, say, or heart attack or even develops cancer—and we can't proceed with the surgery because of the greater risk to her health . . . and suddenly your kidney is no longer needed. What would you do next?"

Arthur pursed his lips briefly, then said, "Go home."

"Do you think you might offer it to another patient who needs one? Is that a possibility, to give your kidney to someone else?"

"I know there are many sick people waiting for organs, but this is about Carol. She's the one I want to help."

Ben pushed his knuckles into the puffy skin under his chin. "Suppose you get your wish," he said, "and we go ahead with the surgery, and by some chance, some bad luck, a problem occurs and the kidney you gave to Mrs. Stanley doesn't take. Suppose, for reasons we can't predict, her immune system rejects the organ despite whatever medical interventions are carried out . . . in which case your sacrifice—your gift—will have been in vain. How would you feel then?"

His face twitched as though he'd been slapped. "Terrible," said Arthur. "She'd be back on dialysis and have a miserable, shortened life."

"And you'd be left with one kidney."

"I'd go back to an active life, but Carol wouldn't. That's the greater tragedy."

Exactly the right response. The one he'd been hoping for.

He closed the file, leaned back and silently counted ceiling tiles to

quiet himself down. When he straightened up again, he saw Arthur watching him and flushed with embarrassment, as if caught doodling.

"Last week," he resumed, "we talked about your childhood, your parents, brothers and sister, and your life in a small town. From what I heard, I got the sense you didn't have to deal with any losses or traumas in your early years. Do you agree?"

"Mmm."

"Is there anything else you'd like to add? Something I should know about your past you haven't mentioned?"

"Nothing comes to mind."

"Well, good," said Ben. "And I don't think you have—at the risk of oversimplifying—self-esteem problems. Does that seem like an accurate impression?"

"It does."

"That's something we always have to take into consideration because, in certain cases, poor self-esteem can show itself in the need to help others to a great . . . an unhealthy degree."

"That doesn't apply to me."

"Okay, you sound clear on that. But there's still a matter we need to discuss."

Arthur put his hands on his knees and waited quietly with raised eyebrows.

"The matter of the accident . . . and how you reacted. You retired soon after, and I'm wondering just how deeply that affected you."

"I was thinking of retiring anyway," said Arthur.

"But would you have done it just then if not for what happened?"

"No one can be blamed for a random occurrence. I acted correctly, but the collision was unavoidable. There's nothing more I could've done."

"Logically speaking, you can't be faulted for anything. These things happen. But we're emotional beings, and logic doesn't necessarily win the day. I'm asking about your feelings when the vehicles collided, and later, when you found out two people had been killed . . . And right now, right here—I'd like to know that too."

Arthur looked away and Ben sat as still as he could, a spasm pulling his eyelid. *Tell me that you don't reproach yourself or feel remorseful. Tell me that you sleep at night.*



When Arthur first came here wanting to give up his kidney and said he'd been involved in a crash in which two people died and others were injured, Ben assumed the man had come forward out of guilt. Later, driving home, he considered telling Renata about his new case—which might have led to an interesting conversation about altruism. Every now and then they'd discuss an unusual patient, ask each other for advice, or share amusing or poignant stories. It made them feel close and was often very useful.

But when he got home that night there was just a message waiting, the red signal blinking on the phone like a clown's nose. Something or other had come up and she wouldn't be back till ten, her recorded voice said clearly. And after she arrived she was tired and cranky and went to bed.

In the morning there wasn't time. No time that evening or on Wednesday or Thursday either, and then they had that argument about her pregnant patient, and the one about Mama . . . so that now he no longer wanted to tell her anything. The enigma of Arthur Rae, the mystery of his resolve, was something he'd keep to himself. What he thinks about the man sitting before him has become his secret.

Arthur was speaking again, staring down at the table, and Ben realigned his thoughts.

"It's not easy knowing that people died in an accident where you were one of the drivers, but I don't feel guilty, if that's what you're getting at."

"And yet you retired. Can you tell me more about that?"

"I took stress leave, as you know, discovered I enjoyed being home after working for thirty-three years, and decided it was time to move on. My wife liked the idea, so I took my pension early and have never regretted that decision for a moment."

Ben chewed a thumbnail, then hid his hands under his thighs. It was only natural to feel awful following an incident in which you were, to some degree, responsible for the deaths of a driver and passenger—even if you did what you could and no one was accusing you. But something still bothered him. What if his original assumption was right and, consciously or otherwise, the man was offering his kidney to a neighbour to make himself feel better—to offset the bad with good?

Was it foolish to believe in selflessness . . . or was he now pathologiz-



ing Arthur's brand of altruism that went beyond the more usual "looking after one's own"?

"We were talking about your feelings," said Ben. "Let's get back to that."

Arthur crossed his legs and laced his long fingers, with their clean, carefully clipped nails, around his jutting knee. "How do I feel? Bad. But I don't—I do *not*—feel accountable in any way."

Ben put the file down and nodded sympathetically. Folding his hands in his lap, thumbs free and working, he bowed forward from the waist and narrowed the space between them.

"Sometimes people respond to a tragedy by wanting to make amends. You know, even things up. Counterbalance something bad by doing something good in return. Do you think that might apply here?"

"I don't understand."

"I'm thinking that you might have remembered Mrs. Stanley, who was dying for want of a kidney, and thought that by giving her one you could make up for lives lost. And then you might feel less weighted down somehow. Does that seem right to you? Does that sound plausible?"

"I told you already that I'm not feeling guilty. But even if I was, am I not allowed to offer a life-giving gift to a person in dire need because it would make me feel good? What you're saying doesn't make sense."

Ben rubbed his face, moving the loose skin in circles. "Let's suppose you were feeling bad about the accident and thought that helping a sick woman would lessen your burden . . . and then you had the operation, but after your recovery you felt no better, or even felt worse . . ."

*What other parts of yourself would you be willing to donate to ease your shame?*

Arthur was quiet and Ben paused, waiting for him to consider all he'd said, but when the man seemed to have nothing more to add he went on. "There are people I've met who would spend the rest of their lives trying to square things up, who would try to give away a second organ to someone else, and you need to think about whether you'd do the same."

"I talked this over with my wife and made a decision based on what I know about myself and Carol Stanley. I don't see how anyone can be expected to do more."

Ben pushed up his left sleeve surreptitiously and eyed his watch: just a few minutes left. Normally he'd reach his conclusions by the end of a first meeting with someone, which is what he was paid for, but this time he was still hesitant after a second round. Though he wanted to believe the man—for who doesn't want to believe in benevolence?—Arthur still eluded him. What was he going to report to the team?

*An unusual request, Ben rehearsed silently, but not necessarily one that points to instability. It's possible—probable—that Mr. Rae is an honest man who has made an informed decision. Let's not dismiss his type of altruism out of hand.*

"I hope you understand that no matter how well I explain your position, mine is only one voice and the team could still say no."

"I know they could finally turn me down, but right now, as I see it, my job is to persuade you to argue in my favour."

Ben pushed his chair back. "Sometimes, in some cases," he said slowly, "two meetings aren't enough. I think you should come back. I think we should keep talking so I can learn more about . . . all this."

"Certainly."

"I'd like to speak to your wife too. How would you feel about her coming in to see me?"

"Fine, if you think it'll help."

"I'd like to meet with her first, if that's all right, and then you can join us. Is there anything you don't want me to ask her or bring up?"

"Talk about whatever you want."

Ben walked to his desk and consulted his appointment book. "I have an opening Wednesday at three, if you're available."

"I'll have to check with Iris."

Arthur stood up, his face pinched, adjusted his collar and fixed his tie. "Meanwhile, Dr. Wasserman, don't forget that while you're puzzling over my mental state, Carol Stanley is dying."

---

*Excerpted from Benevolence, a novel. Copyright © 2011 Cynthia Holz. Published by Knopf Canada, an imprint of the Knopf Random Canada Publishing Group, a division of Random House of Canada Limited. Reproduced by arrangement with the publisher. All rights reserved.*

Cynthia Holz is the author of four acclaimed novels, *A Good Man*, *Semi-detached*, *The Other Side*, and *Onlyville*, and a short story collection. She has also published numerous essays and book reviews. Her website is [www.cynthiaholz.com](http://www.cynthiaholz.com).

# Dick Wong

*Salvatore Difulco*

I ran into Dick Wong in the foyer of the St. Francis Carlton on a Thursday afternoon. He was wearing a white rayon shirt, black PVC pants, and black shoes with thick rubber soles. He had on all of his jewellery: all four silver rings, a pewter bracelet, a gold serpentine necklace, and a tiny diamond stud earring. He had parked his wheelchair near the doors. Likely he was waiting for the wheel-trans bus. The St. Francis Carlton was a residence for physically challenged but independent adults. They rented their own apartments; St. Francis provided attendant services. Dick had muscular dystrophy.

"Where are you going, Dick?" I asked.

"It's Richard," he said seriously.

"Says Dick on your birth certificate."

"I want to be called Richard."

"Okay, Richard. Where are you going?"

"Out."

"Out on the town?"

"Just out," he said flatly. He had a thick tongue, thick lips, a sparse moustache showing. Under his coarse black hair his scalp resembled fish scales. Infected and red, the earlobe with the earring oozed slightly. I didn't know what to make of this Richard thing. His name was and always had been Dick. His Taiwanese father had named him after Dick Tracy, a horse he'd won money on back in his days at Woodbine Track. At least this was the story Brad Lang, another resident, had told me. I didn't know whether to believe it or not, Brad liked to embellish the truth a little, and I wasn't going to ask Dick about it. He could be so

touchy about his personal life. I'd been assisting him for almost two years now and knew next to nothing about him, except for bits and pieces I picked up from my colleagues, the other residents, and from his files. But very little from him. He was curt and cold, but I didn't take it personally; he behaved pretty much the same with everyone. But if he wanted to be called Richard, I'd call him Richard. Maybe he'd been getting ribbed too much by my colleagues, who couldn't stomach him. They used the name Dick like an ice pick, chipping away at him, digging. Yeah, he could be condescending, vile-tempered, brutal. Part of me pitied him and empathized to a degree. I'd imagine myself messed up like that and how I'd be; probably not much better. I'd be venting on the world or looking for an exit. On the other hand, abusing and having a hate on for your caregivers didn't seem like the wisest strategy for any number of reasons.

Dick was thirty, a ripe old age for m.d. sufferers. He'd been with St. Francis for three years—after being kicked out of several other residences—and over two hundred incident reports and grievances had been filed against him. Because of his extreme condition, the government paid a premium for his care, and for this reason St. Francis couldn't afford to let him go. Managers advised the attendants to endure for the sake of the organization, already tottering.

"Where'd you get the pants, Dick?"

"Richard!" he snapped.

"Where'd you get the pants, Richard?"

"Le Chateau."

"Nice."

"Yeah, eh? I know. They weren't cheap. Ha. But you gotta look good."

"You said it."

"Working?"

"No, just here to pick up my pay." Most of it accounted for, but this wouldn't have interested Dick.

"Can you move my hand? It's numb."

I moved his dead fingers.

"That's better," he said, though I had the feeling that nothing was better, that everything was the same. I went to the staff lounge, located off the foyer. My manager Andy North sat in his office. He'd suffered a spinal cord injury years before and used a wheelchair—an ex-cop, a bit

dictatorial in his approach, but a good fair man, doing the best he could, given his situation. His big wolfhound, Max, lay by his side.

"Bobby," he said.

"How are you doing, Andy? Came by to pick up my cheque."

"It's in your box." He studied me. "Everything okay?"

"I'm in a bit of a financial jam, that's all."

Andy nodded sympathetically. Who wasn't? His dog lifted his languid eyes to me.

I grabbed my cheque. In the lounge Lorne Kredl occupied one of the sofas, his shoes and socks off, his big ugly feet on the coffee table. He looked like he hadn't slept in days. Many of the attendants looked that way.

"What's going on, Bobby?"

"Not much. How's your day going so far?"

He made a face. "It's going. Dick's been making my life miserable. I wish he'd just hurry up and die. I can't take him much longer."

"You're done at seven, no?"

"Yup. Four more hours."

"At least Dick's heading out."

"Groovy. But now I got Barry Holmes. He wants me to shower him. At three in the afternoon he wants me to shower him. You're still doing my Saturday, eh?"

"Yeah."

"Good luck."

"Later, man."

Outside the Carlton Street entrance, Dick was boarding a wheel-trans. Where the hell is he going unattended? I wondered. I almost admired him for being so secretive. I walked over to my bank, located near my workplace. It was overcast and I felt a slight headachy ping in my temples. The combination of low pressure and money issues almost guaranteed me a migraine. I cashed my cheque, paid a few bills and deposited the rest. Then I hopped a streetcar. When I got home I popped one of my migraine pills and called my sister.

"Hey, Bobby. Long time no hear."

"Hey, Angie. Yeah, I've been working overtime. I've got two hundred dollars for you." I decided to pay her back some of the money I owed her. The debt was far more than two hundred, but at least this was a start.

"I'll deposit it into your account tomorrow. Just give me your number and the branch code."

She said nothing for a moment. She probably thought I had some kind of scam up my sleeve. Then she asked, "All you all right, Bobby?"

"Yeah, I'm fine."

She gave me the bank numbers. My stomach rumbled. After I hung up, I made coffee. Then I toasted two pieces of multi-grain bread, buttered them, and covered them with orange marmalade. I chomped the bread, sipped the coffee, and relaxed a little. How wonderful these small pleasures are, I thought. It could have been a last meal.

On Saturday I had Dick's wake-up. He was in a most unpleasant mood. He needed the bedpan. I had to hurry or I'd have an ugly mess to clean. I set him up and stepped into the living room. I sat on the sofa and thumbed through a *National Geographic*. A shaft of sunlight streamed through the window so yellow and thick as to seem solid. It looked like a splendid day out there.

"I'm finished," he said after a time.

I wiped him with a damp cloth and emptied the bedpan in the bathroom. I used a washcloth and soap on his private parts. Then I dried him off and dressed him in bed. He wanted to wear his black jeans and a Toronto Maple Leaf sweater. He once told me his old man was a big Leafs fan; him not so much, but he liked wearing the sweater. He chose loose black slippers to wear on his swollen feet. He said he wasn't going anywhere that day. I replaced his inner-canula with a clean one and fitted a fresh trach-gauze. I put him in his wheelchair, strapped and tightened his belts, and adjusted his arms and legs. I hooked up his ventilator. Crusts crumbled from the corner of his eyes. He drove himself to the bathroom, where I washed his face with warm water. Then I trimmed his nostril hairs with a small pair of scissors. Finally, I brushed his teeth. His tongue looked dark and oily.

For breakfast he requested a banana. I peeled one and fed him in the kitchen. He had a hard time getting it down. His tongue seemed to be in the way. He gave up about halfway through and asked for some raisins. I fed him a few, one by one.

"That's enough," he said. "Pour me a glass of orange juice and put it in my stand. Use a new straw."

I did as directed, adjusting the straw so he could reach it. He stared off into space, his eyes strangely liquid.

"Dick, er—Richard?"

He glanced at me.

"Anything else?" I said.

He muttered something but I couldn't make it out.

"What's that?" I asked.

"I'm going to die today."

"What?"

He laughed to himself. What was that all about? I wasn't going to ask. He was always talking shit. He continued laughing to himself as I left.

I bumped into Brad Lang in the hallway, sporting his new electric wheelchair, a rather sleek model with a cool whine to it, a Porsche of wheelchairs.

"Hi, Brad."

"Bobby."

Brad's face radiated mischief. His lush brown hair needed a trim. He was smirking. Brad was always smirking. He had cerebral palsy, a variable illness, and it had manifested itself almost exclusively in his lower body. He didn't exhibit the stereotypical c.p. speech impediment and jerking arms. University educated, he was snide, witty, admirable in a way.

"So, Bobby," he said.

"What is it, Brad?"

"How's Sir Richard?"

"Usual."

"No," Brad said, showing teeth.

"What do you mean, no?"

Brad tipped his chin to his chest and snickered. Obviously he knew something. I glanced at my watch. My shift was over. I didn't want to hear what Brad had to say. I abruptly bid him good-bye and hurried to the lounge. He shouted something behind me but I ignored him. I grabbed my things and signed out.

I got on my bike, rode to Grace St. Market, and picked up a few groceries. I planned to invite my friend Nancy over for a spaghetti dinner.

I'd been sort of courting her but she still had doubts about me. For one thing she couldn't understand why I worked the job I did with all my education. And with all my education I didn't have an answer to that question that made any sense. I'd been working as an attendant for three whole years—I took on the job after a year in Europe just as a stopgap—and it had taken a nice chunk out of me. But back then I kidded myself, imagining the work had those karmic rewards that money and status and connections just can't buy. On my way home I popped by Eugene's Cafe for an espresso. Pascal worked the bar, his jet black hair gleaming.

"Bobby," he said, reaching his flabby hand out. He looked a bit like Victor Mature in his heyday, what with the curlicued lips and eyes and the smooth big shoulders.

"Pascal, how's it going?"

"You didn't show up to the poker game, man."

"I'm going pass on poker for a few weeks."

"What's the matter? You look down in the dumps."

"It's nothing."

"What can I get for you?"

"A long double espresso, please."

"Coming right up."

Some regulars sat at the pale marble bar. I nodded to a few of them. It felt remarkably reassuring and even warm to see these familiar faces. They were doing fine. Things were fine. Soft jazz whispered over the speakers and it seemed very suitable to the moment. Pascal slid a frothy demitasse toward me. I stirred in some sugar and took a sip. My shoulders relaxed, I felt human again.

"So tell me," Pascal said.

I just looked at him.

He smiled and with a wipe of the counter left me to my melancholy.

I got home and called Nancy. She was game.

I started up the sauce. I had been making sauce since my university days. My mother had taught me the fundamentals. This sauce needed about three hours of simmering to reach perfection. I sautéed a chopped onion, several crushed cloves of garlic, and a finely shredded red chili in olive oil. Then I browned a few Italian sausage links, and a half-pound of ground veal. I added wine, tomato paste, a can of peeled tomatoes, herbs,



and spices. I thought about how Dick Wong hated spices. I put it on low.

The telephone rang. I started. I dropped a wooden spoon to the floor and it splattered sauce over the white tiles. I didn't want to answer it. I let it ring, hoping whoever it was would hang up. But it kept ringing. The answering machine wasn't engaged. It rang ten times before it stopped.

I needed a drink. I poured a stiff Scotch.

By the time Nancy arrived I'd had one drink too many. Dressed in green silk and black lace, Nancy looked beautiful. I don't deserve her company, I thought, not tonight.

She eyed me. "You're drunk."

"Sorry."

"Are you going to be okay?"

"I think so. I've had a few—but I'm, it's okay." I stood up and stepped toward Nancy, but my legs wouldn't cooperate. The room seemed tilted. I tried in vain to shake off the wooziness.

"Look, you can barely stand. Take a seat. I'll make coffee. Hey, smells terrific in here. Does the sauce need stirring?"

"Yeah. Yeah, please. Jesus, I'm sorry. I'm sorry, Nance."

"Okay, relax, would you."

Just then the telephone rang. My heart turned. I looked at the telephone but didn't move. After the third ring Nancy moved to answer it.

"Don't!" I cried. "Don't answer the fucking phone!"

The sound of my voice surprised me. Nancy looked stunned. The whole room seemed to quake with each ring. After six it stopped. We stood there silently for a moment.

"Who was that?" Nancy asked.

"I don't know."

"You don't know?"

"No." My legs were about to give out.

"Are you okay?"

"I'm fine." I sat down, and put my head in my hands.

"Bobby?"

"I'm fine, really." I shut my eyes.

---

*Salvatore Difulco resides in Toronto. His new book The Mountie at Niagara Falls & Other Brief Stories is due out this autumn with Anvil Press.*

# Evacuation

*Dana Newman*

It was a typical morning with the midwife. While he filled in prenatal records, I examined pregnant teenagers, using a wooden fetoscope and Leopold's Manoeuvres. In came a twenty-eight-year-old single mother of two, at term, looking ready to explode. This time the fetal presentation was unclear, and we were suspicious of a breech baby.

The ultrasound machine was broken from overuse, and its replacement had been "on its way" for months. The doctor at the private clinic across the street agreed to scan our patient for free. His findings were: footling presentation, estimated weight 3950 grams.

In the Peruvian Amazon, breech pregnancies are usually delivered vaginally; but this baby was too big and needed to come out by C-section. The patient went home to talk it over with her mother, but at 5:30 p.m. there was still no sign of her. We found her at home: a wooden shack with a thatched roof and a latrine out back. Her contractions had started, and she was one centimetre dilated.

Back at the clinic, preparations were underway for an emergency evacuation to the hospital in Iquitos. An eighty-two-year-old demented woman had fallen from the second floor of her shack, and she had an open fracture of her tibia and fibula. She was writhing in pain, as there was nothing stronger than regular Tylenol to offer her.

Finally, the pregnant patient was convinced to take advantage of the free transport to Iquitos. This meant travelling by motorboat for four hours to the town of Nauta, and then by van for an hour and a half to Iquitos. We put together a makeshift delivery kit, including my headlamp, a box of latex gloves, and twine to tie the umbilical cord.

Loading the motorboat was sloppy. It was completely dark, and the ground was muddy. A young man sat on the bow of the boat with a flashlight, scanning the water for logs that could get caught in the motor. The elderly woman lay on her stretcher, flanked by her husband and the midwife, her IV line swinging from the roof. It was a cold and wet night. The pregnant patient lay on the floor of the boat, wearing my wool hat and hugging my legs. “Señorita,” she whispered, “the pain is much worse. What are they going to do to me at the hospital?” I described a C-section to her in basic terms. She was worried because she had only ten soles with her—about three dollars—and she knew no one in Iquitos.

We got to Nauta after midnight, and piled into the back of a make-shift ambulance. The ride was bumpy from all the potholes, and we had to defend ourselves against the elderly patient, who had become combative in her delirium. The pregnant patient announced that her pants were soaked; amniotic fluid or blood, there was no point in checking now. We pulled in to the hospital at 2 a.m., with flashing lights and a siren. By 7 a.m., the young woman was smiling in the Recovery Room, her baby boy doing well. The elderly patient was still waiting to be seen. The midwife and I retraced our steps and returned to Requena that afternoon.

---

*Dana Newman is a family medicine resident at the University of Toronto. Her personal narrative was inspired by a clinical clerkship in the heart of the Peruvian Amazon.*

# Going Away and Coming Back

*Ronna Bloom*

I died when I was born.  
Not forever but for a long time.  
You looked at me and saw a thing  
and I believed you, and went away.

You saw the crazy eyes completely crossed  
just as comedians make themselves ridiculous.  
You saw a sweet, ridiculous thing  
and loved it the way one loves the stupid:  
with affection but without faith.  
And I believed you.

Forgetting or not getting there was  
a person inside the skin, behind  
the cock-eyed face, a mind  
behind the damage to be fixed  
(and yes, you fixed it)  
a sense of humour.

No wonder in the hospital at three or five or  
twelve years old, lying in the dark with one eye patched,  
it was my favourite time alone and I was back  
with Red Skelton on the black-and-white TV  
cross-eyed, making mockery, the fool  
who kept me company.

---

*Ronna Bloom is a poet, teacher, and psychotherapist. She has published four books of poetry, most recently, Permiso (Pedlar, 2009), short-listed for the Pat Lowther Award. Ronna is poet-in-community at the University of Toronto.*

# Ever After

*Grace Mattern*

## **Hope**

My hands are so dry my knuckles bleed,  
right hand, left, same red spots. White  
and black outside, again, the plainness of it,  
dry and wet, tree shadow, sunlight on snow.  
The doctor called to tell me any hope  
was hopeless, he wanted someone to know  
and didn't have the courage to tell you. I did.  
I didn't tell you I was hopeless too.

## **Confession**

I couldn't sleep or eat, I talked to you all night,  
I called you at work, I was terrified of being alone  
with our baby, I could feel the claw, I made you  
hold me so I could match my breath with yours,  
I couldn't be left alone. We figured it out,  
found medication that worked, I could sing,  
I could drive with our daughter. You confessed  
you were ready to take care of me forever,  
wherever I ended up, you told me you loved  
the smell of flour in my hair after I'd made bread.

## Disappearing Act

You were sleeping, you were waking up, you fretted  
about which shoes to wear to the doctor and how  
you would put them on. You were eating half a pear,  
two slices of cheese, five bites of salad, that's it.  
We forced you to drink and logged every ounce.  
One morning as I helped you into the tub I saw  
your butt and shoulders were gone, gone from the day  
before. I want to sleep forever. When I get up  
and go downstairs a chickadee is on the back  
of a porch chair, looking through the window at me.

---

*Grace Mattern has been published in numerous literary journals. Her chapbook Fever of Unknown Origin was published by Oyster River Press. She is executive director of the New Hampshire Coalition against Domestic and Sexual Violence.*

# What I Brought to Cyprus

*Rosemarie Krausz*

We had the experience but missed the meaning  
And approach to the meaning restores the experience

—T. S. Eliot, *Four Quartets*

Amélie and I drove inland from Ayia Napa to Platres in the Troodos Mountains. Although we were in an air-conditioned Mercedes and Nikis, our taxi driver, was an even navigator, the narrow winding roads and sudden alternations between climbing and descending caused me to swallow frequently. Amélie felt even worse. The more the roads resembled a roller coaster and the more spectacular the mountains, the greener her face and the tighter she closed her eyes to keep out the dizziness. Nikis had to stop twice to allow her to recover. Amélie groaned in self-disgust. “I’m such a *girl*.”

A PALE YELLOW STONE ARCHWAY marked the entrance to the Forest Park Hotel. The boundary between outside and inside.

The hotel nestled high on a mountain slope. The patios and terraces offered peek-a-boo views through a wall of mature pines of the magnificent mountains surrounding us, resembling the enticement of a partially dressed woman.

A trellis-covered breakfast patio boasted fruit-bearing grapevines. The waitress explained that the water-filled plastic bags hanging from

the trellis deterred the birds from eating the grapes. Apparently the sun's reflection on the water frightened them away. Our world always seems to need someone or something to stand guard.

My well-brought-up daughter suggested I introduce myself to the staff table. Despite my professional misgivings about crossing boundaries, I was persuaded. Our waitress beat me to the table and announced that I was a member of the conference. I smiled. They all looked away or kept talking. One woman bounced out of her chair, introduced herself as Lidia, the conference administrator with whom I had communicated by email. She took my hand firmly as if to shake it but really to draw me away from the table. A few appropriate words of welcome were interspersed with memories of my emails.

Back at our table and out of earshot of the staff, Amélie was furious. "They're acting like high school kids who don't want you in their group. As if they're superior and you're inferior."

"They're just doing what group leaders do. Maintaining a distance and a boundary. And Lidia is the designated gatekeeper."

"I don't care. I feel like going over there and telling them that they can't treat my *people* that way. Are any of them Jewish?"

"At least one that I know of, Emmanuel Shapiro of the Israeli Psychoanalytic Society, but I don't know which one he is. If I had never been to a group relations conference, I'd be as furious as you are. Understanding the process helps keep me a bit saner. But I don't know for how long."

My supposedly sane response to Amélie actually fooled me at the time. I realized only later that letting myself be passively persuaded to introduce myself to the staff was an enactment of my wish to be rejected by them so that I could feel that familiar identification with the outsider, the Other. Of course, Amélie was obliging me by participating in my dramatic scenario of personal rejection, without consciously knowing that she was giving voice to one of my classic inner conflicts. Unconsciously, though, she may well have known all. After all, I brought her up. This was my first duel in Cyprus with the rejecting and rejected part of myself.

One bottle of fruity Thisbe wine later, to wash down the Tavas lamb, and topped off by an Irish coffee with a double dollop of whipped



cream—when I break my diet, I go whole hog—we went to bed and I had my first Holocaust dream of the conference.

*A bed-and-breakfast is the setting for our group relations conference and it is cramped with only one bathroom. I enter early in the morning and a man is soaking in a bubble bath full of greyish water. He is wearing a shower cap and speaks to me in a friendly manner. When he stands up, I look away and leave. Then I am sorry I did not check to see if he was safe or not. Yet if he were circumcised, he might have thought I was interested because I looked, and if he were not, he still might have thought I was interested. The danger was in the reverse of my overt intentions.*

*I try to get myself ready, resenting the unavailability of the one bathroom. When I am only half through breakfast, I see people moving toward the meeting room. It is not yet 11:00. When I express my surprise that the conference has begun before the convened time of 2:30 p.m., someone whispers to me, "This is part of their game plan. They are always changing the times to make everyone insecure." I don't know about insecure—I am furious. But I enter the room.*

WHEN I AWOKED the next morning, I lay in bed with my eyes closed to better focus on the dream details.

My dream gave a face to the internal duel I confronted in Cyprus. The bed-and-breakfast reminded me of my parents letting in the enemy when they rented rooms in our first Canadian apartment to German boarders. We all had the unspoken belief that they were probably Nazi refugees. *They* lived in *our* house and slept in *our* beds. But it was *our* nostrils that stung with the rank, greasy smell of their non-kosher breakfast sausage, although I could imagine the taste; it made me hungry. Here were my parents, almost destroyed by the Nazis, and now *they* were in *our* house and *we* were letting *them* help *us* pay our rent—so *we could live*.

They no longer had the power to make us die so now we were letting them help us live. The irony of this postscript is that my parents' disadvantaged situation on both continents depended on German behaviour toward them. And this irony bound us symbiotically to the Germans and the Germans to us.

The dream image of the cramped single bathroom with no lock, along with the dirty bathwater, made me feel as if I were in a concentration camp where there were no boundaries and no clear identities. It is a man, and not a woman, who is in the bubble bath, wearing a sexually incongruous shower cap . . . yet what for? He is in a bath, not a shower, a bath that is both sensual (the bubbles) and dirty. Perhaps a shower is intimidated by the cap—an off-screen showerhead hissing out its fatal gasses to cleanse the world of Jewish dirt. The shower cap may hide a shaved Jewish head, which would look neutered rather than male or female, or it may hide a head of hair that sexes its wearer. All is ambiguous: there is no difference between men and women. Everyone functions within a dirty anality. Everyone is a potential victim.

Yet if I had responded to this man's friendly invitation—to speak, look, and even touch—I might have eaten of Eve's apple and discover more of what joined us as well as separated us. I am speaking both of men and women, and Germans and Jews. I was afraid of offers of friendship. I was afraid of attractions to anyone and everyone. I was afraid to know things. Pleasurable things. My parents had warned me of the dangers of knowing. They had said that sexual knowing could ruin my life because I was a *girl*. This was before the Pill and the feminist revolution.

And I imagined the staff as the SS who changed times to confuse us and psychologically annihilate our individualities. Perhaps I am furious in the dream because I seem to be a willing participant in this game of destruction, the one my parents offered me. I had been forbidden to become myself. That would have spelled death to my parents, as becoming myself would have meant leaving them. To them, separation through either growth or death was the same thing.

All this and more I was afraid to discover, yet I was drawn to the dream room—at the eleventh hour of my life, I realized, since the dream conference had been rescheduled for 11:00—to find out what I felt my parents had forbidden me to know. I was going back to school in Cyprus. Would it be possible to learn about pleasure at a concentration camp *qua* conference about the Holocaust? Could I discover something of the missing pleasure in my life? From *both* Germans *and* Jews?

PERHAPS IT IS NOT SO STRANGE that conference members began to recognize one another by a look or a smile that endured just a fraction

of a second longer than usual—enough to yield that crucial, tiny question: “Are you here for the group relations conference?” So it was that Emma, from Germany, and I began to exchange histories over dinner, one evening before the conference. She had discovered, when finding her birth record at the time of her marriage at twenty-three, that her nonexistent father (nonexistent because her mother had first told her that she did not have one, then later told her his German name) was really a Jew because of his actual Jewish name. When confronted, her mother said only she had hidden his Jewish identity because he had betrayed her by leaving. Mother was a German who was an expatriate from another Central European country. Emma was shocked by the discovery of her mixed German and Jewish identity. She cried when I spoke of how my Czechoslovakian mother met my Hungarian father for the first time after the war. And how the connection was made in Theresienstadt by my mother’s brother who befriended my father there and showed him a photo of my mother. And how my father resolved to marry my mother after the war if they both survived.

*If not for the Holocaust, I would not have been born.* I have a strange gratitude to the Holocaust for my life. And for my identity as well: I was named in Hebrew after my two murdered grandmothers.

I went to sleep and had another dream.

*I am an adult living with my old mother, who has just had a new baby. It is night and the baby begins to cry more and more ragefully. I go to my mother’s bedroom to find her fast asleep, despite the continuous crying. I pick up the baby, but its violent wriggling along with my fatigue makes me lose my hold on her and she falls backward out of my arms and onto her head on the carpeted floor.*

MY MOTHER, ME, AND A BABY . . . my sister or my daughter? Three generations or two . . . exogamy or incest? The ineluctable and timeless parade of generations of females superimposing the trauma they inherited on those who follow them. Perhaps the ghosts of my grandmother and great-grandmother were there as well. All five of us. My mother had told me when I was a little girl that, when she herself was a little girl, she had watched her mother lose a baby that was pulled out of her piece by piece. *Why was my mother watching? Why were there no boundaries . . . for her*

*or for me?* My mother had also told me about *her* mother who had been married off at the age of twelve and who was still playing hopscotch with her girlfriends while in her ninth month of pregnancy. This was in rural Czechoslovakia in the latter half of the nineteenth century. When this very pregnant child asked her own mother where the baby would come out, she was told, “The same place it went in.” Not the most educational response she might have given a child who wanted to know. Yet the five Matryoshkas reside within one another in my memory.

I reconnected here to my first dream of the conference, to my blind-eyed attitude of “see no evil,” and I identified immediately with my great-grandmother who could not allow herself to know about her own sexuality. Yet I had eventually moved in the direction of satisfying my prodigious curiosity about life, which led me to defy those early parental warnings—something that my great-grandmother could not do, at least not at twelve. Nor could my mother at thirty-two, my mother who claimed to be deported to Auschwitz a virgin.

In this last dream, it is night. It is Elie Wiesel’s Ground Zero of Holocaust trauma passed down through the generations. The howling baby represents five generations of rage due to maternal neglect. We all howled as babies, learned to dissociate from pain, then grew up to sleep through our own babies’ cries. The burden of trauma and the trauma of burden. To drop the baby is to damage the next generation.

How can mothers connect with daughters in a death culture? They cannot. Or they do—with their destructiveness. Then the needy babies turn away from the depleted mothers as if to say, “If you won’t give yourself to me totally, I don’t want you at all.”

I want to step on the set of matryoshkas, those five concentric Russian dolls, and crush them to bits. But how can I? I, too, am inside.

SO MUCH INSIDE ME. I am full of so many good things.

And I suddenly realize I have discussed everything leading up to the conference and linked with it. But not the conference itself. Not *my* conference. Yet.

I think I first needed to establish a bit of who I am in this sticky spiderweb of Germans and Jews and what baggage I brought with me to Cyprus.

JEWS WHO ARE GERMANS. Germans who are Jews. Those who lived with their mixed inheritance all their lives and those who discovered it only in adulthood. Shifting roles and identities. Shifting and creeping about the room in the large groups. Oh . . . and the Others. The Very Affected Others. Affected and infected by everyone else. Present and absent others.

Sabrina and her always ruffled feathers. Insisting that no one at the conference gave her space. She shut herself down, then claimed no one let her in. But did she ever suffer in silence through her tears. She's European by name and current home but grew up a continent away. I could not begin to imagine what her otherness was about, and she was not able to tell me over dinner one night when I asked. But I noted her hands giving her away when she crossed herself with the ease of a lifelong Christian. No, I'm Catholic, she said. *No? I'm Catholic.* Another contradiction. I knew there was more and it rushed out the next day in the small study group. In the Other Continent—very far from Germany—she was brought up by a Nazi father who swore by the ideology of his homeland and a crazy, destructive, Jewish mother. Whenever her father wanted to criticize something Sabrina had done, he would say, "Well, I could not really expect anything different from you, given that your mother is a crazy Jew." Hating her German-ness *and* her Jewish-ness. That is definitely *other*. She could never let herself have children. She needed her space from German *and* Jewish ugliness.

Ilse, the first German with whom I connected silently when she spoke in the large group. Thick, curly hair swept off her face, showing her lovely bones. Her voice was deep and womanly, and it shook with the reservoir of her sadness as she spoke of her longing to come to this conference. She later told me her personal story of having grown up with a Nazi mother and SS stepfather. She had pushed out this ticking bomb as a premature childbirth at a previous conference. No one could care for the mother, so horrified was everyone to view the monster baby.

The image of the baby returned relentlessly throughout the conference. Unsaid but evident to all were the ghosts of the Jewish babies killed by the Nazis. One Jewish group member said that all Germans should have been prevented from having babies after the war. Someone else was horrified: how could anyone wish to kill such beautiful German babies?

Monika made a sobbing confession: she had never allowed herself to have babies because of an inherited family disease. Her German babies would not have been beautiful, but ugly monsters. She was drowning in her unused maternal love.

Inge, who had been silent for the first two days, spoke for so many Germans when she suddenly confessed that she had to submit to the guilty pressure of the war generation by not permitting herself to have children if they could not be perfect.

I am sure that there are some, like myself, who feel privileged to have brought beautiful children into the world to capture a hopeful, if not perfect, future. Not like Sara, never married and never a mother (in her unconscious gift to her survivor parents to remain only their daughter forever; leaving them would have meant yet another unbearable death). I did not want to be my parents' *yahrzeit* candle and live with them forever to make up for the six million lost souls, as Diana Wardi described in her book about group therapy with children of survivors. I escaped my parents and left them with the death of that leaving, but I also gave them the gift of a granddaughter. The future they could not have imagined.

I think, though, that my dead survivor parents would applaud me just for having allowed myself the group experience in Cyprus. I even think they would understand my longing to integrate my missing German-ness, my Otherness.

If my parents were alive, I could tell them I've found my worldwide family. Some are Jewish, some are German, some are Israeli, some are other. Definitely Other. To fill me up.

---

*Rosemarie Krausz is a psychologist and psychoanalyst in private practice in Ottawa. Although professionally published, her first love is creative writing. Personal passions include cooking, film, dance, theatre, and jazz. Read her blog at [dr-rosemariekrausz.ca/my-blog](http://dr-rosemariekrausz.ca/my-blog).*

# Intensive Care

*Jane Byers*

Yesterday's platinum injection offers protection  
from the artery ballooning at the base of your brain.  
Still, damage is done:  
a chaos of blood uncontained,  
your motherly eyes stray.

The nurse: a whirl,  
changes IVs, leans down,  
checks the yellow catheter.  
She dispenses relief  
for your invaded cranium,  
jots on your chart,  
and nods in our general direction.

You remember to smile and be gracious,  
but forget your name.  
Recognition spreads across your face  
as you look at the rainbow rings  
that have escaped the collar of the nurse's uniform.  
"So, you're a lesbian," you say, clear as day.  
The nurse pauses, re-checks fluid levels, the catheter,  
hesitates,  
cautious as truth colours this dingy room.

Before the reply, your shaky arm points,  
“It’s okay, my daughter is too,” you say.  
So relieved to hear you remember,  
I forget my shame, begin to shed restraint.  
As hope pools in the base of my brain,  
we slip into intensive recovery.

---

*Jane Byers has been published in the New Orphic Review, Horsefly, Our Times, and Fireweed. She is a vocational rehabilitation consultant and a poet, and has three-year-old twins. She lives in Nelson, BC. See [www.janebyers.ca](http://www.janebyers.ca).*



# Reflections on Peter Scott Smith

*Toronto artist Peter Scott Smith, whose work appears on the front and back covers of this issue, coped with mental illness throughout his adult life. In the passages that follow, his life and work are contemplated through the words of his curator, his wife, and Smith himself.*

## Introduction

**Ann MacDonald**

Peter Smith (1959–2009) first received art lessons in lieu of rent from an artist who lived above his father's store. Smith was introduced to contemporary art through his studies at the Ontario College of Art and while working as a preparator at the Ydessa Hendeles Art Foundation in Toronto. Characteristically, he crowded his canvases with information, trying to convey the simple act of simultaneously reading the paper and watching the television as an experience of accelerated time, enabling volumes of information and events to conflate in the past, present, and future. In 2004, Peter Smith was awarded Second Prize in Ernst and Young's Great Canadian Printmaking Competition. Peter Smith is represented by Birch Libralato, Toronto, and his work is in major collections, including Osler, Hoskin, and Harcourt, and the City of Toronto. Peter's solo exhibition *You May Find Yourself*, originally exhibited at the Doris McCarthy Gallery, University of Toronto Scarborough, will tour to the Robert McLaughlin Gallery, Oshawa, in January 2011, and to the Kenderdine Art Gallery, University of Saskatchewan, in April 2011.

## The Big Brain Bang

*Maria Finta*

In Peter's words, "For anyone to understand my art, they must realize that it is a trip into madness." He did not use the term carelessly. After all, Peter had been diagnosed as having schizophrenia—or, to be more precise—schizo-affective disorder. I first met Peter when he was twenty-eight years old, passionately devoted to art and to developing his ability to communicate visually. Among the varied jobs he worked, the most significant seems to have been with his father and brothers selling exotic carpets. He learned about the traditional patterns, symbols, and colours, where they came from and how they were made.

Then, fatefully, he met a painter and fell under the spell of art. The artist taught him the basics of painting and drawing and Peter became possessed by a hunger to master these skills. He cared for little else. I have often wondered about this moment, the combustion point in which the young carpet salesman metamorphosed into the maker of art.

Peter grew up with little in his behaviour to set him apart. He was good at most things he wanted to be, but rather bored with and uninspired by school. His old report cards mention his "tendency to daydream." Looking back on his life, Peter came to realize that as a teenager and young adult he had experienced some frightening episodes of paranoia and other psychotic symptoms. His mother might worry that he was too intense but he always managed to *behave* just this side of normal. When I described his anger and unpredictability my own mother exclaimed, "Oh, well, you see, that's his artistic temperament!"

But it was more than that. The new love in my life was on the verge of a major psychotic break. He fought the symptoms, he masked the illness, but the turbulent waters of psychosis finally washed over him, drowning reason, battering his thoughts into grotesque distortions of his gentle self, submerging his mind beneath confusion, turmoil, and terror. To Peter, everyone was suspect, possibly dangerous, particularly doctors. There was no art out in these stormy seas. Years were lost.

Eventually he accepted some help. He endured many different medications with often terrible side effects until a combination was found that enabled him to navigate into somewhat quieter waters. But the true



*Room* (2003), woodblock print on rice paper 53 x 41 inches

Courtesy of Birch Libralato Gallery, Toronto, and the estate of Peter Smith

healing came from within. Rather like a scientist's eureka moment, Peter gained insight into his illness and could see what he needed to do. No longer a helpless victim, he could rebuild his own boat. He was sustained by my love and his loyal parents, but, even still, like Odysseus nearing Ithaca, he sailed alone.

One day he began to sketch. Then his father gave him a woodcarving set and he taught himself a new medium. First a single woodblock print. Then a whole series. Wood sculptures. Peter was quieter those days while, somewhere deep in his mind, an apparently indestructible root of creativity uncoiled from the debris.

Peter Smith rebuilt his life. He and I got married, in celebration. Despite his renaissance, he was unsettled by his memories; he learned his new limits and we lived carefully. Sensory overload was always close. Walking downtown Toronto he might mutter, "We have to get out of here—it's all moving too fast." There were still periodic intrusive voices, moments of paranoia, and other symptoms, muted but present.

Peter's art developed into a true reflection of his universe. He pushed his own boundaries, using any materials he got his hands on, combining them and personalizing his art in novel ways. His last works were, I think, his best.

Just past his fiftieth birthday, on October 18, 2009, Peter died from pulmonary fibrosis. He spent a long summer and fall in critical care, fighting then succumbing to his lung disease. We were all unprepared for this premature finale. The only things left were memories and the marvellous visual construct of his unique mind.

In Peter's words, "I am floating around in this world being bounced from here to there, allowing fate to govern my existence. No matter how one tries to control the things around one, things will always arise that change the best laid plans."

"To be fair, dealing with uncertainty is easier if you live in a house, eat good food, and [have] someone you love to share these things with."

## Musings

*Peter Scott Smith*

We are always losing and finding ourselves, both spiritually (can't think of another word right now) and materially. We change, someone else changes, our fortunes rise and fall. We wake at times to our oneness along with the feeling that we are also a part of something infinitely larger than ourselves. How can one feel both of these at the same time? I don't know, but we do.

IMAGE UPON IMAGE, word upon word, emotion upon emotion. Somehow we manage to separate and put together this frenetic information to be used when needed or stored to be never found again. I think this is what my pictures are about. Trying to make sense of it.

I SPENT MANY YEARS WORRIED about being a contemporary post-modern artist. I had forgotten where the joy of it was for me. I just liked making pictures and, as far as being a contemporary artist went, well, I am alive and working at this point in history—how can I not be contemporary?

WE ARE EXPOSED to so much information, much of it meaningless. Still we see these things. There are veils of information, conscious to unconscious, seen to unseen. To capture this cacophony in my work is most of the time my goal. The odd shapes, image upon image, media upon media, causing my work to expand and contract, are the results of my search for order and meaning.

I GO PICKING UP BITS AND PIECES of a world that has become so complex that seeing the whole of the thing is virtually impossible.

IN THE END I am not certain why I make art. That in itself is a mystery.

---

*Ann MacDonald is director of the Doris McCarthy Gallery, University of Toronto at Scarborough. Last fall she curated the exhibition of Smith's work.*

*Maria Finta is fifty-five years old. Living with chronic depression and anxiety, she gets by on a disability pension. Maria has numerous passions. She hopes to turn her rural home into and artists' retreat.*

# Stone Hands

*Bohdarianna Zorniak*

My grandmother's hands stand out like the moon against sapphire velvet. Those strong, rough, calloused hands with deep crevices are relics of my history and maps for my future. They seem weathered and harsh, but their touch emits softness, compassion, and love. Even though an intravenous needle penetrates my grandmother's left hand between her knuckles and wrist, the intricate patterns chiselled into her palms are preserved.

She would welcome the sunrise with freshly baked bread. After the yeast was given time to explode into a parachute, all the ingredients were combined. The tedious kneading began and those hands sank into the soft dough and rose up again. The baptismal cycle continued until the dough fell free from her knuckles, whispering to her to let the mixture rise for an hour. Subsequently, she would mould the dough into three equal ropes and braid them. My grandmother was an expert in making *kolach*, a traditional Ukrainian bread served on special occasions and formed by fastening together two ends of intertwined dough ropes to create a braided circle.

My grandmother claimed yeast was the fundamental ingredient in *kolach*. She would set aside a bowl of lukewarm water sprinkled with a few spoonfuls of yeast and await the germination of each yeast bud. A caramel foam soon invaded the once unoccupied space just above the water meniscus as the yeast blossomed. Similarly, descendants from my grandmother's ancestral tree in Ukraine immigrated to various parts of the world during the early part of the twentieth century. My grandmother, along with two of her brothers, Roman and Taras, ventured to



Alberta, while Stefan and Danylo remained further east in Manitoba. Her solitary sister Irena settled to the south in the United States while Maria and Ivan, my great-grandparents, remained in Ukraine. Although these yeast buds sprouted in a variety of locations, they remained united, all contributing to the same *kolach*.

My grandmother's greatest worry when making *kolach* was that the braid would lose its shape after rising and baking, so she ensured the braid was snug enough to maintain the pattern but left enough room to rise without having a dough rope break from tension. Somehow, my grandmother naturally possessed the technique of knowing this point of balance. And she found it necessary to unite the three generations, the past, the present, and the future, represented by three dough ropes, into one knitted braid. Still, my grandmother recognized the importance of the natural evolution of a culture and always left room for growth and freedom, which was the yeast's responsibility.

Because of its elasticity, my grandmother could wrap the braided dough around the globe, fastening it together on the opposite side of the world to create an equator of tradition. All the while, she made sure the braid maintained its interlaced pattern entirely, reuniting herself and her descendants with Ukraine. With no kinks or breaks in the design, my grandmother ensured that every Ukrainian tradition had a transportation route around the world. After the *kolach* was baked for forty-five minutes in a *peeche* or clay oven, the flexibility of the dough was suppressed and the circular moulding of the braid was preserved.

The time has come for me to make the *kolach*. Will I know when to add the yeast? Will I be able to form a tight braid that remains unified? Will I be able to secure the ends of the intertwined ropes so the flow of the braid remains continuous around the entire perimeter? Will I be able to bake the *kolach* at the right temperature for the appropriate length of time so it retains its intended shape? If I fail, how will I live with myself?

My grandmother's mind is vacant now. The oblivion in her eyes transforms her pupils from windows to mirrors, as the familiar sight of her family cannot penetrate into her memory. Nevertheless, she recognizes the sensation of touch and reaches for my hand, tightly squeezing it. Her strong, rough, calloused hand is as coarse as sandpaper and it feels

like she is grinding flour into my hand in an attempt to engrave the intricate patterns of her palm onto mine.

*Zornyak*—a name that is both my grandmother's and my own. In the native Ukrainian tongue, it describes two large, heavy, flat stones used to grind wheat and produce flour by friction. In this moment, both my grandmother's hand and my own have transformed into stone. We have together taken on the identity of our common name *Zhornyak* and produced a soft, white powder. The flour in my hand will be placed along the countertop before I roll out three equal ropes of dough to braid. This flour that has been passed on from generation to generation will bestow certainty upon me when I form the *kolach* of my own era.

My grandmother's hands stand out like the moon against sapphire velvet. Even in this sterile room, against her ghostly gown, faded face, hoarfrost hair, empty eyes, and supplicating soul, those hands fill the void of her voice. I hear them through the sense of touch. Is anyone else listening?

---

*Bohdarianna Zorniak is a second-year medical student in the Faculty of Medicine and Dentistry at the University of Alberta. She continues to preserve aspects of her Ukrainian heritage through language, dance, and music.*



# Five Good Minutes

*Richard Cumyn*

Gabriella stood peering through the screen window of Brian's storm door, holding her muddy hands the way a surgeon does after washing them. She wore a plain, white, oversize T-shirt, cut-off jeans, and scuffed workboots. "He's on his way," she said.

Brian locked up and followed her down the sidewalk and around the corner of her apartment building, past her jungle. He told her about a novel he'd read about a resurrected garden. The story was set outside London during the Blitz. She said hers wasn't lost or forgotten so much as salvaged from vacant lots and construction sites.

"That peony you gave us is beginning to open," he said.

"Good," she said. "Means the ants have found it."

"You've really made this into something great. A showplace."

"I couldn't stop, even if I wanted to," she said. "In a way, the landlord and I have more in common than you'd expect. We're both empire builders."

Two people were sitting on a bench outside the entrance: Orla, an old woman in sturdy sunglasses that blocked light coming from the side, and Danny, a middle-aged man in a sports singlet and cargo shorts that hid his knees. The building, a former hotel, had two storeys, with a balcony running along the upper level on one side.

"Brian's here," said Gabriella.

Orla touched her glasses and said hello, turning her head slightly in Brian's direction.

"He's kindly agreed to carry one end," said Gabriella. "I can kneel all day, but my back's another country heard from."

"We were never meant to stand upright," said Danny. He turned to Brian. "I saw that cat of yours in the front window the other day. He was trying to tell me something."

"Sell you something?" said Orla. "You haven't met my little boy." Without getting off the bench, the old woman felt for the handle, opened the door, and put a hand into the open space. "He likes to stay close. You stay in, Bristol. Don't worry, he won't go out."

Brian admired the animal's markings and orange colour.

"In the daylight Bristol and I have the same eyesight. I'm not being standoffish, Brian—everything directly in front of me is blurry."

"Tom said he was on his way," said Gabriella. "Do you have to be somewhere?"

No, Brian said, he had no plans. It was good to have the diversion. He was happy to help.

"You must miss it," she said, moving a strand of red hair off her face. "The teaching, I mean."

"Oh well, you know how it is. Better for everyone this way. My blood pressure, my students' well-being. It got to the point where I was one jackass remark away from killing some mother's darling."

Across the intersection, a man named Rowan came out of his front door, turned left, halted, turned about-face, and approached the little group. He crossed without checking for traffic, which was scant this time of day—only parents picking up their children at the nearby school. He stopped in front of them, holding a videotape in its cardboard sleeve. He looked up the fire escape leading to Gabriella's balcony, lifting his chin as though mentally taking each step.

"Did you find anything out?" he said to Brian.

"I left a message at the station. They didn't call me back."

"It was my fault. I didn't have it cued to the right place."

"At least you have five good minutes," said Brian. "Did you watch it?"

"I don't have a VCR. I told you that."

"You did tell me that."

"Was that your interview, Rowan?" said Gabriella.

"Yes," he said, "for the . . . for the art show. It's in the Slazenger Room all this week. I had three other interviews on this tape."

"I think there's still a good chance," said Brian.

"He taped over you?" said Danny, the man in the singlet.

"You used to, didn't you? Danny recorded those other ones for you," said Gabriella. "We're just waiting on my love seat." Rowan gave no indication that he knew what she was referring to.

"I like to have the TV on during the day," said Orla. "It feels like I have company. You and Linda didn't invite me to your Christmas party this year."

"We didn't host one, Orla," said Brian. "Linda didn't feel up to it."

"Why not?" said Orla.

"I like to have them to show my parents," said Rowan. "They've seen the first three already. But. I mean. I didn't sleep very well last night."

"Gabriella thinks these news shows are all archived digitally now," said Brian. "Don't despair."

"My friend the cameraman thinks they use the same tape for everything," said Danny. "Nothing gets saved."

"I saw that Marco Marcello in *Grease*," said Orla. "I loved it. I still would, you know, because I can remember what every character looked like and the music is so contagious. It's much better on the stage."

"It's only," Rowan continued, his voice catching in his throat and his eyes swimming, "I mean, what I'm trying to say is, what are you going to do?"

"As I said, I have a call in at the TV station. There isn't much else I can do, unless you know somebody who can extract taped-over footage."

"I hear they can do that sort of thing now," said Danny, scratching an old polio-inoculation scar on his shoulder. "With computers."

"Danny's gone anti-lawn," said Gabriella, pointing the toe of her boot at a square of newly turned earth planted in pansies beside them. "It's the way we should all go. Mrs. Gates wants me to go over and do the same to hers, rip out all the grass and turn it into a rock garden. I'll have to charge her this time. I don't know what's a fair price."

"The thing is," said Rowan, brandishing the tape.

"Now hold on. You brought it by just when the segment was starting and you didn't say anything about fast-forwarding to the right spot. I'm really sorry, Rowan. I assumed you had it all cued up."

"I know. It's my fault."

"What do you want Brian to do?" said Gabriella. "What else can he do? He called them about the archive. You have to put this into perspective,

Rowan, don't you think?"

"It's all DVD now," said Danny. "That's deliberate, so nobody can record for free anymore. No more pirated movies."

"Oh, they're still doing that," said Orla.

"Maybe you could come get me when your guy arrives," said Brian.

"What if I can't get those minutes back? What if they're lost forever?"

"Poor you," said Orla. "How many minutes are we talking about? Be thankful you can see what's happening now, right in front of you."

"Danny was able to do it without erasing anything. I don't understand how you could . . ."

"He told you. You didn't give it to him in time." Gabriella bent down to tug a large dandelion out of the lawn. The woody root came away truncated and bleeding white sap. "He probably had barely enough time to pop it in and hit Record. I don't own a TV, you'll see that when you come upstairs, Brian, so I wouldn't have been much help to you in that department. Fifty-three? I was probably scooting hollyhocks across to Mrs. Gates, not that she appreciated it. I should just stop altogether, let the whole operation go to dog shit and weeds. Then they'd complain, the whole so-called neighbourhood. They think it happens all on its own. Come on, Tommy, where the blazes are you? He said he was coming directly here."

"Tell Linda to make more of those water chestnuts rolled in bacon," said Orla. "I could eat those till I burst. I thought you were going to have us over again, Brian, same as last year."

He said that they had been planning to hold the Christmas party for his wife's staff, but one of her sales clerks died and it didn't seem right to celebrate after that.

Gabriella's delivery arrived. A car was parked directly in front of the walk, so Tom, the used-furniture dealer, had to pull up behind it.

The woman who owned the parked car returned a minute later. She strapped a little girl into the back seat and closed the door. "Is there a problem?" she said.

"Why would there be a problem?" said Gabriella.

"You're all looking at my car. Is there something wrong with it? I've parked here before."

"Don't mind us. We tend to do this, stand around in the middle of the afternoon with nothing better to do with ourselves. I bet I know

what you're thinking: nobody in this neighbourhood has a job and my daughter spends all day here. Scary."

"I wasn't thinking anything of the sort," said the woman as she opened the driver-side door. "You have dirt on your nose, by the way."

"Jesus, I don't," said Gabriella, wiping the back of her hand down the bridge of her nose. "Did I get it? Will I live?"

The woman drove away.

Tom, a compact, solidly built man, said, "Who gets to be the horse's caboose with this pig?" He lowered the tailgate of his truck, climbed into the bed and began pulling a small but heavy sofa towards the back. He edged it past two gas-powered lawn mowers, a ride-on and a push model. Brian stepped forward to take hold of one end of the sofa, which was upholstered in light-blue bamboo leaves on a cream background.

"Watch your back," said Danny, passing a hand over his grey crewcut.

Brian led the way as he and Tom carried the piece up the narrow stairway to Gabriella's apartment. Brian walked backwards haltingly, raising one foot to the next step and bringing the other up to join it. They had to tip the sofa on an angle to get it through the door of the small room where she wanted it. The walls were khaki, almost the colour of Tom's work trousers.

"Put it down anywhere," said Gabriella from the hallway. "As you can see, I'm no housekeeper."

Soil littered the sill of the only window, which was small, opened, and not covered by a screen. A black cat jumped in and immediately out. The balcony beyond was filled with potted plants, replacements for the ones she had thrown to the ground one day the previous summer. Brian recalled the carnage: black dirt, red pottery shards, broken greenery, and burst root-balls strewn across sidewalk and street. When he'd asked her why she did it, she said she was simply mad at the world that day. Later he learned that the landlord had told her that she could not clutter the fire escape with plants, that it wasn't safe and she would have to remove them.

Back outside, after Tom drove away, she asked Brian, "Did you write that letter?"

"I'm still thinking about it," he said.

"If he buys up the entire block . . ."

"I know, but I can't stop them from selling to the guy."

"He already owns everything, Brian: this dump, yours and Linda's place, everything over on Warburton. Knocking down the porch, that was one thing; the entire block is another altogether."

"He's free to do whatever he wants with his property."

"I can't believe you're siding with him."

"I'm not. All I said was that I'm thinking it over."

"You and Linda can afford to buy one of the condos he'll build here after he tears everything down, but what about the rest of us? Rowan's unemployable. I don't know how he gets by. Money from his parents, I'm guessing, but they're like ninety years old. Danny's on a measly pension from the military. Orla makes do with Old Age and Disability. Me, I haven't been able to sit to do office-temp work since my back went out. I mean, shit, Brian, talk about unfair."

"You should get a job over at the nursery," said Orla. "You'd be perfect, the both of you, you and your green thumb."

"Do you ever not listen in on people's conversations?"

The old woman flipped her hand dismissively and blew a puff of air past pursed lips.

Danny handed Brian the videotape. "He said he had something he had to attend to."

"What does he want me to do with this?"

"Perform a miracle?"

"Unless Marco Marcello's mother keeps copies of all his interviews, the chances of that are long and slim."

"Long and slim. That was my first husband," said Orla.

"First? I thought you only had the one," said Gabriella.

"I like the way it sounds."

"I guess I'm off," said Brian. "Back to the grind."

"Write that letter."

He kept walking. Without turning around he said, "I'm thinking about it."

"Don't think. *Do*."

When he got home, he closed the door and locked it. He put the tape into the machine and watched Rowan being interviewed. It had been filmed in the room in the public library where the paintings were exhibited. None of the amateur artists was identified. Rowan responded

awkwardly to Marco Marcello's smoothly posed questions about the club, making it appear that the last place he wanted to be was standing in front of a camera.

Brian opened the phone book and found the number of the television station. Before he could dial, the phone rang in his hand. The number displayed wasn't one he recognized.

A man asked for Linda, and Brian offered to take a message for her.

"No, that's all right. This is Pete Porter. My wife used to work in the store, your wife's store. Mandy."

"Of course," said Brian. "We met at the funeral. I was so sorry to . . . How are you doing?"

"I'm not sure. Okay, I guess. There's this list here, she wrote down all the calls she made the day she, the day before she had her . . . She never did anything like that before, make a phone log. You know? I wasn't sure what to do when I found it. I only came across it today. It'd slipped down between the wall and the desk. I didn't know what to do with it except call each of these numbers one by one. Yours is the last one."

"I can give you Linda at the store."

"Yeah, no, I got that, it's in the phone. She always did that with new numbers. But, like, writing them down on paper? Every call? There's fifty-one of them. Everybody she ever knew—family, old friends, a bunch of people I never heard of before. It was like she knew something was going to happen to her."

"So now what? You've spoken to everyone on the list."

"That's what I'm not so sure about."

Brian heard footsteps climb the stairs to his front porch. A figure, vague through the sheer curtain covering the inner door's window, opened the aluminum storm door and knocked. He could see that it was Rowan.

"You're worried about the unknown," said Brian. "I'm your last call. You hang up, you've got a ton of uncertainty waiting for you out there."

"I guess I'm going to have to learn how to program the phone," said the voice.

"Yes, there's that."

"I'm not so sure I'm going to make it."

"Well then, here's the thing, Pete," he said, picking up the remote and pressing Rewind. "For now, don't think about it. Just keep talking.



Whatever you need to say, say it to me.”

“She made me crazy sometimes, but I’ll never find anybody like her.”

Rowan’s tape stopped rewinding at the beginning. Brian turned on the TV. His soap opera was on. He pressed Record.

“No, you might never, but that doesn’t mean you should give up, that there’s no one else out there for you.”

Rowan’s knocking quickened, became heavier and rhythmic. His face was close to the window as he peered in.

“We had a big fight that day,” said Pete. “In the hospital, before she went home. I wasn’t myself. I don’t even remember what we were pissed about.”

“Try. Try to remember,” said Brian. “I want to hear about it. Tell me everything. Don’t hang up.”

On the screen a beautiful young woman was saying something to a patrician older man. They wore formal evening attire. Brian had the sound turned off. He let the voice in his ear merge with the TV video, the slow, studied, almost bored expression of intensity on the actors’ faces. It made him want to laugh, the incongruity of what he was hearing and seeing. It was like a bad dubbing job. The knocking on his door stopped and he couldn’t see Rowan anymore.

Pete reminded him that Mandy had in fact been caring for Pete while he convalesced at home after heart-bypass surgery. She called Linda at work regularly, giving her updates on his condition. He was in his early forties, young to have required such a procedure. Mandy was thirty-seven, a real spitfire, said Pete, a firecracker, the kind to stand her ground with an abusive customer but know when to back off for the good of the business. She could be wry. “I feel like Barbie with Ken’s head stuck on me,” she might say when she felt so angry she could hardly walk.

The day she had her stroke, she left a message on Linda’s voicemail saying Pete was back in the ICU with complications, but he was stable now. She was home, she said, dog tired after having spent the past seventy-two hours at the hospital. She was going to put her head down for a nap. It was two-thirty in the afternoon. The message ended with, “Tell Donna to look for a refund from Steiller’s but not to enter it as a receivable. She gets mixed up sometimes.”

“I never knew that,” said Pete. “That would have been the very last thing she ever said.”



Her sister found her and called an ambulance. Mandy languished in a coma for over a month. When she came out of it she couldn't speak or move. Some of her fine-motor function returned. She could blink one eye yes and no and raise the fingers on one hand. Then Pete got an infection and they had to remove part of his ribcage. The two of them were in adjacent beds in the ICU for a spell, close enough that the nurse could bring their hands together to touch.

They did improve. Mandy became able to sit up, but she still couldn't speak, nor could she live without being connected to a heart-lung machine. The doctors reconstructed what they could of Pete's chest. The couple was transferred to a convalescent hospital and things were actually looking up when Mandy developed pneumonia.

"I was wondering," said Pete, "is there any chance Linda saved that voicemail? I'd really like to have a copy of it."

"I'll ask her. I don't know if she did or not."

"Those would have been her last words."

Brian felt the dry mouth and empty stomach of the man's request, the grasping need that would never be filled with a mere recording.

In the five minutes the men had been speaking, the actors had not changed location or expression. The man stood holding an amber-coloured drink in a crystal glass, while the woman sat simmering in a black-leather armchair. Brian heard heavy footsteps again and at first thought they were part of the TV show.

The glass window of his front door fell into the room and shattered. In the instant before he knew what was happening, he pictured Gabriella's potted plants exploding on the unforgiving concrete sidewalk. How he would have loved to see that happen and not simply stumble upon the aftermath. Too much of life, he felt, was lived second-hand.

The woman in the tight gown crossed her legs languidly. The man in the tux asked if everything was all right.

"No," said Brian, rising from the chair. He looked down at an iron poker in its stand beside the fireplace. In his mind he tested its weight. He looked up at his damaged entranceway. "I don't believe it is."

---

*Richard Cumyn is the author most recently of The Young in Their Country and Other Stories. His writing has appeared in such periodicals as the New Quarterly, the Fiddlehead, and the Literary Review of Canada.*

# The Wrath of a Leaky Heart

*Johanna Wald*

I never saw it coming. The irony is that I am the Queen of Worst Case Scenarios, notorious among friends and family for projecting the most disastrous spin possible on any situation. If there's lightning outside, I immediately imagine the tree in our yard crashing through the roof. If my husband is late, I see him lying in a ditch.

And yet I missed all the alarm bells that should have gone off. First, my doctor called and left several messages in the same afternoon. Second, he said only that he had the results of my echocardiogram without indicating what those results were. Third, his assistant paged him when I called back the next day.

Here I had been bracing for catastrophe my entire life, and when unexpectedly dire news finally arrived, I was looking the other way.

It was 9:30 on a January morning. Ten minutes before, I had breezed into my office, eager to place the call for the echocardiogram results, if only to tick that chore off my list. I was reasonably confident that my doctor would tell me exactly what he'd noted two weeks before during my annual checkup: the mitral valve prolapse was moderate to severe, no change, we'll keep an eye on it, get another echo next year.

So I was fiddling with a paper clip, glancing at my morning's "to do" list when the tone my doctor adopted over the phone immediately signalled this was not a pro forma announcement. I still had mitral valve prolapse, he dryly informed me, and the heart was still beating soundly.

“But” . . . and this was when I could feel tiny rough-edged knots scraping against my esophagus . . . the echocardiogram had revealed a “flailing leaflet” in my heart valve. He hesitated before launching into the next section. “I do not feel comfortable simply leaving this to wait for another year. I am referring you to a cardiologist,” he continued.

“What exactly does this mean?”

“Well, it’s a little bit like trying to row a leaky boat. Your heart is working harder than it should to keep you afloat. You can explore the options, but the doctor may recommend either repairing or replacing the heart valve.”

I now saw exactly where this conversation was headed and had to cut it off quickly. “Do you mean heart surgery?”

“Possibly.”

The word pressed—hard—against my skull. I became light-headed. The room around me started to swirl. I could hear voices outside my office, but their words had turned into gibberish.

I laid my head on my desk and sobbed. Then I called my husband and launched into a teary description of my conversation. He sounded concerned, but rational and reassuring, and his voice alone soothed me. The room stopped spinning. At that point, I needed to spring into motion, finding the very act of doing something, anything, to be calming. I called the cardiologist and spoke with an assistant who told me that the computers were down and he couldn’t make any appointments until Monday. In a voice reeking of desperation, I pleaded with him. I knew that I wouldn’t survive the weekend without a date. Otherwise, I would be haunted by images of my untethered leaflet, flapping furiously, on the verge of peeling off and drifting, unanchored and unmoored, through my body, further weakening my already soft and wobbly heart valve.

With admirable restraint and aplomb, the assistant assured me that he would find a date to squeeze me in. A half hour later, I had an appointment.

I was forty-seven years old and had never spent a night in a hospital except when delivering my two children. Many of my peers, siblings, and friends had started to develop chronic back, shoulder, and knee problems. Yet, until ten minutes ago, I appeared to be one of those blessed souls who, without too much effort, had managed to avoid serious medical problems.

Now within a nanosecond, a phone call had turned me into a “heart patient.” Why, I later mused, after a semblance of my sense of humour returned, couldn’t I have started off with an elbow, knee, or shoulder problem? Did I really need to leapfrog to the head of the class by requiring heart surgery?

Within weeks, I was squeezing hospital visits into a daily schedule already brimming with incongruities and disconnects. There was home, there was work, and, now, on either end or in the middle of those transitions, there were visits to one of Boston’s pre-eminent teaching hospitals. I met with cardiologists and surgeons. I underwent diagnostic tests to assess the severity of the prolapse, the likelihood that the valve could be repaired rather than replaced, and the condition of my surrounding arteries. In the middle of a work week, I would find myself at lunchtime, strapped down in a tunnel, staring up at paintings of blue clouds, listening to a technician direct me to breathe, all the while fighting off claustrophobic panic and the urge to bust through the straps and run, screeching, out of the hospital forever.

In a strange sort of way, though, I felt taken care of, cradled in the bosom of a network of physicians who had access to each other’s files, knew my medical history, and were communicating with each other about me. These were not cold, impersonal health-care providers. The surgeon was a burly, friendly, large man with a surprisingly high-pitched voice, a hearty grin and handshake, who joked about scheduling my surgery around the kids’ vacation schedule. My cardiologist was wiry and warm, gave me his e-mail address, responded immediately to my questions, and winked at me as I was being wheeled away to have dye shot up my groin. They pointed to three-dimensional diagrams of the heart to carefully explain how my “floppy” valve differed from healthy, tighter ones and how it produced a backflow that would ultimately endanger my heart. Though they couldn’t explain why in God’s name this leaflet had rather unexpectedly chosen to peel off at this particular time, whether this could happen again, or what the cosmic significance of my “leaky heart” might really be, they certainly did understand the mechanics of surgery and exuded a confident faith in its power to fix me up and make me whole again.

During the months prior to my surgery, I was gratefully distracted by my eleven-year old son’s championship basketball season, and by my

eight-year-old daughter's burgeoning piano-playing talents. I packed lunches for them every morning, attended parent-teacher meetings, edited reports at work, and argued passionately to whoever would listen about the excesses of the Bush Administration. In sum, I congratulated myself on my ability to stay cool, maintain my equilibrium, and stay focused on matters other than the heart.

Only in the middle of the night, when my body lay still, did my panic rise to the surface and force me to dwell on questions I tried hard to sublimate during the day: Could I die from this? Don't surgeons make mistakes and mess up? What if his hands shake at the moment that he's tying up my leaflet? I was haunted by the idea of waking up from surgery, arms strapped down, with a tube jammed down my throat and struggling to breathe. Will my children be damaged, their childhoods ravaged by having to cope with a frail, sick mother? Who will take care of them if I do die? It was in those early morning bouts that I could feel the chord holding together the disparate strands of my life fraying badly at the edges, and recognized that the balance I was struggling so hard to maintain was as fragile as the leaflet flailing about my heart.

By the time I went in for my surgery, in April, I had been living in this fractured, anxious state for three months. I had read all the manuals given to me by the surgeon's office about preparing for surgery; I had even meditated to a relaxation tape designed to make me receptive during the procedure itself. Yet, as prepared and prepped as I thought I was, as adept as I had become at believing that, by imagining the worst I could somehow fend it off, I simply had no language to express how I would feel in those first few days after surgery. For all of the competence and skill of the medical professionals I encountered, for all of their medical and technical expertise, for all of their helpfulness and care, there is this simple truth: they lied.

They lied by calling this procedure "minimally invasive." They lied about how much time I would spend in the intensive care unit. They lied about how normal I would feel when I got home. They lied about how quickly I could return to my regular activities. Mostly, though, they lied by omission.

What they omitted to mention before the surgery was that "minimally invasive" means we will rip apart your insides, crack open your

ribs if necessary, make your blood pressure plummet and your heart rate soar, shut down your bladder, bowels, and lungs. When you wake up, your face will be hideously bloated and black and blue. The sight of you will cause your husband extreme distress and to later confess that you looked as if you had been mauled by a truck. And that is exactly how you will feel: crushed and squashed.

They omitted to tell me that the anesthesia would make me nauseated, that the tube jammed into my mouth would leave my throat burning and sore, that I could not sleep, sit up, or cough without experiencing crushing pain from the wound on my side, that morphine offers only erratic relief, and that painkillers intensify the nausea. They neglected to warn me that, twenty-four hours after surgery, my most frequent thoughts were "If I ever have to go through this again, I'll tell them to shoot me instead."

Maybe I didn't really hear what they told me would happen, but I really think they lied. What I remember is, "You'll be fine, better than ever, in a few weeks." "We'll have you up and about the next day." "By the time you go home, you'll be walking up stairs." My cardiologist even said, "One of my patients had this operation and was on the beach four days later."

"They're selling a product," my husband later observed. "What do you think? They're going to tell you about the bad stuff?"

Somehow I thought that once the heart repair was complete, I would simply have to rest and heal. I figured I'd be tired and sore. But I didn't understand that my body reacted as it would to a hostile invasion: angry, betrayed, protective, worn down, and beaten up.

"You've been broken into. You'll get better, but you'll never be whole again," offered a friend who had recently endured her own operation. That's exactly how I felt: broken into and broken in two.

I reached an apex of misery on my second night in the intensive care unit. In the ICU, the nurses are your lifelines. The doctors are shadowy figures, making odd appearances, if at all, dictating the treatment from behind a curtain. It is the nurses who can offer the relief, comfort, and sense of continuity that you desperately need.

In the evening, the nurse who had been with me all day left and a new nurse took over. Everything about her appearance and manner

irked and scared me. She waddled, aimlessly in my mind, instead of bustling about briskly and purposefully. Her movements and responses seemed far too tentative and unsure for someone on whom I was utterly dependent. Most unforgivably, she fumbled with and entangled all the tubes that connected me to my medications.

I could sense that the ward was clearing out for the evening. The familiar faces were packing up to go home. I felt utterly abandoned and very frightened to be left alone with this woman. When I developed a sudden, throbbing headache, I became convinced that she was inadvertently feeding me medication that would cause my head to burst open. I felt nauseated. The pain in my side was agonizing, and any little movement caused me to wince. If I tried to cough, I felt as if my chest would explode. I was sweating profusely. My throat was burning. I felt trapped, helpless, and petrified for my life. I had no faith that I would make it through the night.

I did, with the aid of two anxiety pills, morphine, Percocet, and, finally, a sleeping pill that provided me with about three hours of uninterrupted rest. In the morning, my old nurse returned, bringing with her Dilaudid, a powerful narcotic, to replace the Percocet that made me nauseated. I could feel a tiny sliver of hope breaking through the dark curtains that had closed around my psyche. After removing the catheter from my bladder, I was a free woman, relatively speaking, able to relocate to the less restrictive heart ward.

That morning, the nurse wheeled me out of the claustrophobic and cramped ICU into a heart ward, where I had my own room, my own bathroom, and the freedom to walk around at will. I felt like I had been released from maximum security into a halfway house. I ate for the first time in three days; small cautious sips of saltless tomato soup and tiny bites of cottage cheese. With the Dilaudid, administered every five hours, magically, if temporarily, dissolving my aches, I was able to pass the hurdle required for release: walking up a flight of stairs.

During the next few days, I kept the television on in my room most of the day. I preferred listening to news programs rather than endless loops of *Full House* and *Roseanne* reruns. This was the week that the Abu Ghraib prison abuse scandal broke in the media. Throughout the day, these shows periodically blasted photographs of prisoners being



hideously abused across the screen. I observed flashes of naked bodies stacked on top of one another, one frightened man facing a menacing dog, and a guard walking a naked man around like an animal on a leash. Under any circumstances, I would have recoiled from these images, but I now found them excruciating. My assaulted body forged a direct link to those assaulted bodies. Every time I saw these pictures flashed across the television screen, I had to turn away. Otherwise, I felt as if a knife were ripping apart the fragile stitches sewn across my wound.

Five days after my surgery, I was released from the hospital, armed with a sheet filled with symptoms to watch out for (lightheadedness, fever, change in bowel or bladder habits, swelling in the ankles). For the next month, I lived in terror that my body was on the verge of imploding. Every drop in blood pressure, every increased heartbeat per minute, every day without a bowel movement, every time my temperature hovered near ninety-nine degrees, signalled imminent collapse.

It took a new crisis—the infection of my wound—a month after my surgery to break this spell. First I noted bloodstains on my blouse, then fresh pain, and, finally, a fever. Convinced that the infection would progress straight to my heart, I rushed to the hospital in a panic. I sat in the solarium of the ward where I had moved after the ICU, gazing out at the green lawn and the rushing cars, as a physician's assistant probed and scraped my wound, pulling out blood and yellow pus. At that moment, I thought to myself, "That's it. I'm done with this." I felt ready, finally, to let go of my love/hate relationship with the medical professionals who cared for me. It suddenly dawned on me that I no longer had to view myself as a frail soul permanently in danger of faltering. I could recover.

It has been almost five years since that moment. The only tangible physical evidence I retain of that dark period is a pink scar the shape of an inverted crescent moon, located right below my armpit. It has melted from an ugly, angry source of billowing blood, pus, and wincing pain into a relatively benign, surprisingly soft and smooth remnant of my journey. The last time I saw my surgeon and his assistants several years ago, they admired their handiwork and complimented me on how attractively I scar.

The doctors were right. I feel fine, arguably better than before. I have no activity limitations. I run—slowly—a mile five days a week; I shovel



snow; I lug large suitcases upstairs. Annual tests reveal no leakage at all from my heart. During my last visit, my cardiologist pronounced to me proudly, "Something else will get you first." New studies have confirmed that, by performing the surgery before my symptoms had grown more severe, my doctors had spared me a considerably worse outcome a few years down the road.

But my heart does not forgive or forget quite so easily. When it continued to beat faster than it should, six weeks after the surgery, a visiting nurse opined, "Your body is very protective of the heart and doesn't like it when they get so close. Its still angry." I imagined a furious lioness, fiercely expressing her rage at the predators who dared to move in close to her pups. For a very long time I felt as if my body and I were engaged in a wary courtship dance, trying to re-establish some trust in one another. I felt betrayed by the flailing leaflet, my heart by the forced invasion. Where we have found common ground is in our mutual commitment to explore every possible alternative to invasive surgery in the future. I will never again submit as willingly, or as blindly, to a process that cannot fix you until it first breaks you.

---

*Johanna Wald's stories have appeared in the Externalist, Pilgrimage, MotherVerse, the Boston Globe, and Slab. Most recently, her essay "Exorcising the Ghosts of Elections Past" was part of an anthology about the 2008 presidential campaign.*

# Vigil: An Interior Monologue

*Susan Cody*

so much depends  
upon

a red wheel  
barrow

glazed with rain  
water

beside the white  
chickens

—William Carlos Williams, “XXII” (now commonly called “The Red Wheelbarrow”)

Williams’s inspiration for this poem came from a scene that he witnessed while attending to a sick young girl in Passaic, New Jersey. Fearing for her life, Williams glanced through the window and saw the wheelbarrow and chickens.

## **The Mother of the Gravely Ill Girl**

And after his cool hands had taken the measure of heat from her forehead and grazed her hair, slightly—as if the hands themselves sought the coolness for their own comfort—his face was still. so I asked him. He had listened, privileged, at the inner walls of her world and the world’s remaining voice, tribulant heart. His drawing down the folded quilt, lifting her nightgown, was finished and then he restored the closest skin I could have wrapped her in that I had put her in.

All this that hands have touched differently, been shaped by; held, spread, folded. The bed linen pushed down surges up from the wash water, as if for air. A small child fights the night, bounding away from the empty nightgown you held as you walked, spent, towards her. But I cannot fix my mind to things of the day or the night. It goes after the bright shadowed thing.

He turned his face—not away—but to the wet light. And then everything—the angle of his face, his quiet movements before and now—fell on my sight, weak-shouldered, heavy as a cut of sod—

“I will come back tomorrow morning,” he said. Call for me, if in the night . . .”

And I made it into the beautiful bodice of a wedding dress, but its seams were ripped, threads standing zigzag, unnatural, from the memory of their place. Closing the door I was soft. I did not draw the bolt.

Eleven years ago. His hands had been vigorous, made then of sinews and muscle, as in a fight, not flannel, not pulse. Lifting, turning, the churning train of head, the rest, jointed like a cloth doll, the surge and slither and slop of the afterbirth, dragged behind, the shucked, still annealing house, bristling with veins and clots, knife-coloured. He had placed her, this small stubborn thief, prone on my angry heart. My fight was over; my mortal fight, my body against the body this birth made of me, a whirlwind—and I had shouted—*NO. I won't. I'll shun the baby unless—*. A twilight sleep? A border state: *she is beside herself*. But then there was the sting and surge and lovely ache of milk, seeking a tiny knowledgeable mouth. And then I fell in love, as they say, in each moment of the new body, cream, violet, pale: the luminous flesh of cry, yawn, sleep. Stopped my mouth as her mouth opened me.

---

*Susan Cody's poems have appeared in the Literary Review of Canada, Van Gogh's Ear, Barrow Street, and watchwordpress. She teaches in the Faculty of Communication and Design at Ryerson University.*

# Elegy for My Aunt

*Mihan Han*

When they told me that  
you had died,  
I tried to recall your face.

But time had stolen your features and  
left a haze  
shimmering like a mirage  
at the end of a scorched highway.

Still I knew  
the creature in the hospital bed  
couldn't possibly have been you,

gaunt yellow-eyed wretch,  
shrivelled arms curled around  
a swollen belly like dead branches  
cradling the sky.

Though I can't see you  
through the mist of my tears,  
I know your real body is  
crossing over Arirang pass,

singing a song that you taught me  
long ago

*Arirang, Arirang, Arariyo*

as you make your way to Baekdu Mountain  
where, even in winter, the flowers bloom.

---

*Mihan Han is a third-year medical student and aspiring internist at the University of Toronto.*

# Squeezed Tight

*Megan Radford*

I lift my Little Mermaid pyjama top and search my skin for fur, claws on my hands and feet. Something's up—my six-year-old body is going wacko. I saw a movie about a man whose body started doing all these weird things and then he howled at the full moon and then he grew fur and then he ate his whole family in one mouthful one night and didn't even swallow—

Jaret, five years old, leaps off the arm of the couch and cannonballs onto a stack of pillows on the floor.

"What are you doing?" Jaret points his plastic sword at me, in the process of stretching out my bellybutton.

"Just checking for fur."

"Oh. Are you still tired?"

I want to be Michelangelo in their game, the Nunchuk-wielding Ninja Turtle who says "Cowabunga!" but they make me April O'Neil, the wussy reporter. My frequent sojourns to the couch can be easily explained—she's just on assignment, covering a story.

"No! I'm good! Give me those Nunchuks!" I lift my leg for a side kick and fall flat on my face into the stack of pillows, dizzy from exhaustion. None of us can see the disease yet but it has been triggered. Severe ketoacidosis has flushed the flesh from my bones; cells can't absorb glucose into my tissues so it builds to toxic levels in the bloodstream. My body is slogged with fatigue, a foggy feeling sinks into my brain and takes up residence, redecorates—thick and tired and sore decor replaces the energy and giddy colours of childhood.

I have a stitch in my side. What I think is a muscle pull from a lapse

in my ninja training turns out to be the whine of my failing kidneys.

"You need to cover another story?" says Jaret.

"Guess so," I mumble and lie back down.

The boys yelp and hit each other with plastic weapons, and I curl up like I house the biological clock of a seventy-year-old man. I wrap a blanket around my skinny body, the bones starting to show pressed against my skin. I am always cold now. Grandma Nick knits me thick sweaters I wear on summer afternoons, and mittens that I slip on at night when everyone else is asleep.

"You look tired," says Jaret, poking me with his plastic sword. "Maybe there's fur on your back. I'll check." He climbs and inspects my back for new follicles. "You're just sick, maybe. This boy at school had the flu and he sneezed and there was boogers everywhere and everyone yelled and they were all green!" Jaret's blue eyes are wide beneath his mop of red curls as he looks up my nose for verification.

"My head hurts," I say and close my eyes.

Jaret unwraps the silk handkerchief from his forehead and tucks it over my eyes. It smells of Mum's perfume. My tummy makes a loud gurgling sound that ends with the whine of a wounded animal. Every time it cries out, I lift my shirt, pat the little trail of downy fuzz around the belly, and wonder if there is something lurking inside waiting for its moment to jump out. Jaret giggles and pats my tummy with a small hand, pokes the skin so his fingers leave round white imprints around the belly button.

"Sounds like a bear," he says and growls back.

The boys return to their epic battle and I sleep, waking only when my muscles burn a strip down the side of my abdomen in hyperglycaemic brushfire, or a wayward plastic Nunchuk bonks my prone frame.

A TEENAGE MUTANT NINJA TURTLE action figure on loan from Jaret stabs the sink in the bathroom with its sword. Mum sits on the edge of the bathtub and rubs my back as I hold my head between my knobbly knees and stare at the bottom of the white plastic bucket. She spells out words for me, fingertips lighting on vertebrae. *Happy. I love you. Sick.*

"We need to go to the hospital and get some blood tests, and if they come back yes, then we have to go stay at the hospital for awhile." There is a slight pucker at the centre of her mouth where her teeth bite the back

of her lip. Dad taught me one night while playing gin rummy that this is her tell. "You just watch," Dad said. "Study a person's face when they go to play. Not the things they want you to see. The things they try to hide."

Mum takes me to the hospital, where scrubs-wearing strangers speak slowly and stick needles in me. I squirm and jump to escape. Mum holds me down, looks into my eyes. "You need to sit still. We need to figure out what is wrong so we can fix you." Pucker at the centre of her lip. I squirm more.

"You're being very brave," says the nurse.

She's lying, but I sit still, tired from struggling. Mum holds my hand. Her fingernails are all bitten off.

They take my blood.

The results are yes.

THE NURSE TAKES MY BLOOD with a soothing smile on her pretty face, which I memorize for future litigation purposes. False imprisonment. There's a blur of compressed time. Waiting room music, electronic disco beep of monitors. Squeak of white orthopaedic shoes, soothing voices, and calm reassurance as they stick IVs in my hands and tell me everything is all right when it clearly isn't.

"Hold tight, luv." The nurse inches up the sleeve of my pink Rainbow Brite T-shirt. "Just a couple of tests, then you and your Mum can leave." She speaks slowly, eerie calm of the eye in a storm. When everything maintains a film of normalcy, but your house is in the middle of the twister, swirling through the clouds and dodging floating packs of mobile homes.

The nurse comes back with a sheet of graph paper showing spiky lines. "I'm sorry, luv, you're very sick. We're sending you to a hospital for sick kids. You get to go in a helicopter! Won't that be fun? It's a tiny helicopter so your Mum will meet you there."

That pucker in Mum's lip. She won't let them get rid of her so easy. I see her hanging from the helicopter struts, biceps clenching like Arnold Schwarzenegger. The pilots swerve and dip, fly low over towering buildings to scrape her off. She flips into the copter, grabs me under her arm, tucked in a roll of tubes and hospital blankets. "See you in Hell," she says to the stunned ex-Soviet fighter pilots. She lights a cigar, blows a thick

cloud of Cuban smoke in their faces before jumping from the copter. She flicks the cigar behind her through the door. “Noooooooooooo!” yell the pilots as the copter explodes and we leave, flying through the sky on a hot backdraft.

“I’m going home,” I say. The nurse lowers her gaze. My eyes blur, breathing labours, organs shut down beneath the weight of attacking disease. Mum wraps me in her arms, squeezing gently. “Calm down, Meg. Deep breaths.”

Lungs wheeze, collapsing. Mum traces words on my forearm with light fingers.

*Once upon a time . . .*

I sink into her arms, limbs weak from the sugar sentries goose-stepping through my blood at the command of this new disease. Type 1 diabetes. I breathe deep Mum’s perfume, flowers and freesia that edge out the nostril-burning clean of the hospital. Then the world is black.

THE PARAMEDIC LEANS OVER ME in the cramped ambulance, thick treetrunk arms checking connections on IV drips and insulin levels. The Maori tattoos cut into brown-bark skin beneath his mouth crease at the sight of my elevated numbers.

“Where’s my mum?” I demand.

“Upstairs getting fresh air,” says Treetrunk. “We had a change of plans, princess. You get to go in an ambulance, not a helicopter.” Organs shutting down mean it was a gamble whether I’d survive the flight. The world smells of motor oil and salt.

“Why the hell does she get to leave and I’m stuck here with you?”

“Such a little girl shouldn’t swear.”

Mum drinks coarse drip coffee from the ferry’s cafeteria, bolstering insomnia with caffeine. Days spent with me in hospitals has poufed her curly red hair to Medusa proportions and rimmed her bloodshot eyes in black sacks. She rubs her skin in the ship’s head, a spontaneous paper-towel shower that won’t erase the stench of sterility and ER disinfectant. But I picture her gallivanting around, sipping from her Styrofoam cup like some debutante broad on a riverboat while I am stuck waiting for her to come back.

“I want to go upstairs.”



"Sorry doll. We have to stay down here."

"Why?"

"We have to."

"But why?"

"We just have to stay down here awhile, all right?"

"How many minutes?"

"Awhile."

"Why?"

"Because after awhile you can leave."

Nuts to that. I'm leaving *now*. I will not take this pediatric snuff job without a fight. I yelp at the bite of IV drips in my hands.

"Don't do that sweetie, there are needles in there attached to your IV lines. You don't want to rip them out."

Oh yes I do.

"Don't even think about it." Treetrunk pushes me back with a hefty hand. I think if I really am turning into a werewolf that he is next on the menu. He reaches above my head and grabs a black teddy bear in a blue T-shirt. "Here, this is for you." He winks. Every time I am in an ambulance for the next ten years, I will be given a similar bear, until I have a teddy army. Dozens of black button eyes shining in wait for my command to spring me from the ambulance and march on the Pentagon.

"I'm squeezed too much. I want to leave."

"You will, you will, it'll be all right," he says absently. He tucks the bear beneath my immobile arms. He pushes a button and I feel cold drips course through my hand.

"It's not fair," I say.

"Life's not fair, princess."

THEY WHEEL ME into the cacophony of the sick, lying flat and folded beneath tight straps and stiff starched sheets. My entourage circles the metal struts of the gurney, hands gripping tight as if afraid I'll try to bolt, a six-year-old fugitive on the lam from the ICU.

People in white coats ask me questions. Stupid ones.

"What's your name?"

"Do you have a mum?"

I point to the fringe of red hair bobbing over Treetrunk, steering the

gurney around hairpin turns. There is a big bureaucratic racket and I suspect all the doctors, nurses, and orderlies have a big choreographed dance routine that freezes when I turn my head to catch them. There are cries and the fringe of red hair disappears and passes out on the floor from exhaustion.

“How old are you?”

I should know. I don’t know.

“Do you have a mum?”

I don’t know.

“What’s your name?”

“None of your business,” I cry, confused.

Treerunk parks my ride to face the hospital wall, walks to the administration desk in a flurry of white coats, charts, and tubes. Smiling teddy bears and rainbows on the walls spin and whirl before my eyes.

Mum leans over the gurney and I’m relieved she’s still here, still part of our impromptu tag team.

“Lots of questions,” I say.

“They want to make sure you don’t leave. That you don’t slip away.”

“Where would I go?”

Mum squeezes my hand, careful to avoid the lines and tubes between my knuckles. She squeezes tight. I tag out.

THEY ARE THE EQUIVALENT of lifers in this ICU Big House. My roommate and her mother circle the halls with authority and know everyone by first name. They get fresh fruit on their meal trays instead of bruised cafeteria stock. The girl tells me your sob story is your ticket. As good as cigarettes in prison for getting stuff.

“My uncle gave me a new doll when he visited ’cause I told him I had to get some blood tests. Tell them you almost died cause of that diabetes thingy.” Her eyes are wide. She covers her blistered skin with a thin blanket and gives me a hug that is just hands and elbows, no embrace—the way she has been taught by her doctors. Our tubes get crossed and our mums must move in to untangle us.

The girl has bright red hair the colour of strawberries left to mush in the rain, with a matching rash on her back. The rash walks on blistering tiptoes from the base of her neck down her back to the tops of her thighs,

physical manifestation of the unknown autoimmune disease crippling her body.

Mum barely finds the strength or inclination to change out of pyjamas in the morning. My colour-blind fashion-victim dad sends her changes of clothes long banished to the cobwebbed recesses of the closet. The polka dot, plaid, and bell-bottoms he sends her are bringing disco fever to the ICU.

From beneath her bed, my roommate pulls an indexed plastic container filled with cardboard, felt pens, scissors, glue, ribbons, beads—pure amphetamines for six-year-olds. I draw a picture of five people in front of a house on fire on a piece of orange construction paper. All five people have stars on their foreheads: my interstellar, combustible family.

"That's weird," says the girl, pointing at the star on Jaret's curly melon.

"No, that's just Jaret. But he is weird."

"Can you draw me?" she asks.

I do.

"Why don't I get a star? Draw me one too."

"It's just for *my* family."

When I was four years old, I popped a wheelie going down a hill on my tricycle and fell on my face screaming, blood coursing from the gash on my forehead. Now I have a tiny dent in my forehead where I hit the asphalt. Every human likeness my fingers sketch bears a forehead marked by my twinkle-cut brand.

"Well I have *this*," she sputters, pointing to her scarlet rash, rough and chafed as if rubbed with a cheese grater. We go to great lengths to outdo each other in these battle royales of illness, germ smackdowns. To the victor go the bragging rights in our quarantined universe.

She always wins.

"Come on! Gimme a star, I'm sick!" she says.

I relent, marking her likeness with a star on the forehead. Our mums sit erect in cushioned chairs against the wall, reading outdated fashion magazines and trying to keep thoughts of juvenile mortality at bay while learning "How to Get Fab Abs for a Hot Bikini Bod!"

My roommate shuffles the stack of cards on my end table. *Sorry you're sick. Get well soon.* Lean-to lettering poking out behind crayon sketches of upside-down smiles, rainbows, and more than one evil-looking clown.

She asks if she can spruce them up with some glitter and ribbon. Her mum takes her down to the Gift Shop where they buy stickers and gel pens. I sulk. When you are there as long as my roommate, the cards stop coming. When you are sick, you get better. People don't like to acknowledge that sometimes there is an entrance and no exit. They force themselves to forget.

My roommate returns and gets to work sprucing up my cards. We fall asleep elbow-deep in glitter and non-toxic glue.

VOICES FLOAT THROUGH THE ROOM, muffled as the quality of sound underwater. Mum's hands press over my ears; I move to brush them off but the IVs bite and sting my hands.

Then the screams start.

My roommate wails. Her glittery hands and forearms writhe in the air above her bed. A team of night-watch nurses and doctors swoops into the room like scrubbed superheroes. They are rough with her, programmed for necessity rather than compassion or reassurance. She would see right through it at any rate, with acuity foreign to most grade-schoolers. Her mother files behind them from the room, the plastic container with craft supplies tucked beneath her arm.

They don't come back.

In the morning, Mum and I munch on breakfast and I'm mad my roommate got to leave.

I'm a patient so long at this point that I attend a school for sick kids. Doctors and nurses keep an eye on our vitals through glass walls as we play, close facsimiles of normal children but for the shaved heads, IV towers, and needle marks. Mum holds my hand and grasps my IV tower with her other hand, dragging it behind us as we walk down the fluorescent-lit corridor.

My former roommate rounds the corner on the other side of the hallway. She sits in a wheelchair pushed by her mother, red hair in orderly plaits, biting into a crisp, spotless ruby apple. I wave. She doesn't wave back. Her arms are scrubbed clean; no more glitter. She had a spinal tap in the middle of the night after the unknown illness attacked the organs in her body, but they still can't figure out what is crippling her.

The doctors, nurses, people who walk these halls and know the

minutiae of illness; the ones who fix what's broken, the junk that falters in these stupid mortal bodies; the ones who seek to paint the walls and dispositions with sunshine and rainbows—

They can't fix everything.

They can't fix her.

I wave again. Her hands clasp in her lap, folded around the apple core already turning brown in the sterile air.

This is the last time I see her. I can't remember her name.

Mum squeezes my hand, forgetting for the moment about the lines that pierce the skin across my fingers and drip into my veins.

"How come . . . how come only some people get to leave?" I ask Mum.

She squeezes my hand tight.

---

*Megan Radford was diagnosed with Type 1 diabetes at the age of six. Now twenty-five, she works as a freelance writer from her home on Vancouver Island, British Columbia.*

# Artist's Statement

*Diana Bennett*

A year ago, I was in my studio, setting up a series of panels—lilies, irises, peonies, gladiola, and sunflowers from our farm garden. The phone rang. It was my son, Cameron.

He was on the way to Emergency with his two-year-old daughter, Olivia. The SickKid's team admitted her. Within hours we received the news that she had a large mass in her abdomen.

As I write this, I realize I've blocked details and time sequences.

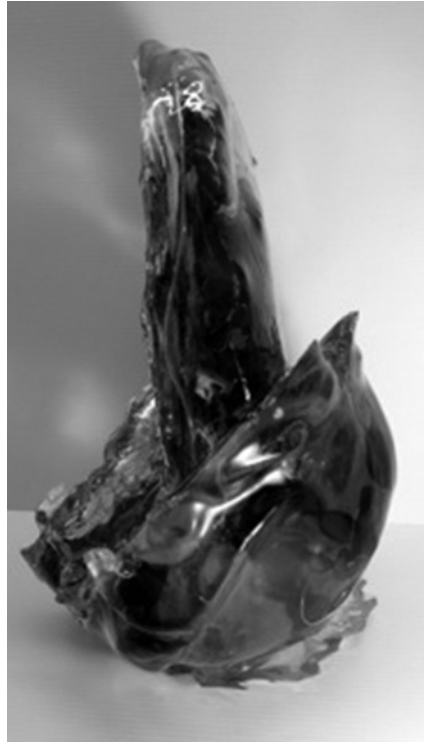
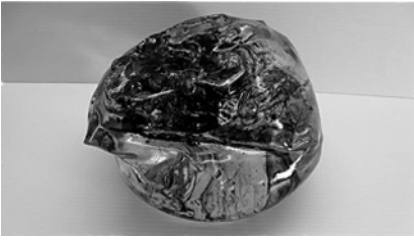
What I remember clearly is that I began to experience a low-frequency tremor. It diminished only when I managed to sleep.

Over the months that followed, the diagnosis of a malignant tumour on her kidney, the chemotherapy, the surgery, and the final rounds of chemo treatment, I put most of my life on hold to be of assistance. But I knew that for me to deal with my own stress, I needed to return to my studio after the four-month hiatus.

The image of the surgeon's drawings of the grapefruit-sized mass kept echoing. I suppose I believed if I could capture a likeness in a resin casting, I could exorcise that image.

What began as a reasonable, if gruesome, ovoid grew into a series of ten sculptures I created from castings in rubber moulds. Embedded in these structures are photo transfers from aquatic creatures, seeds, beads, snake sloughings, and wire—materials that explore the juxtaposition of the scalpel with organic forms.

As Olivia's condition improved, my pieces reflected her healing. The culmination of the removal of the access port from her little chest is a celebratory work with is a cascade of crystal rounds that resemble a cake. Her third birthday is in a few weeks.



NOTE: The exhibition of ten sculptural pieces was held at the Engine Gallery—Distillery, in Toronto, during June and July.

---

*Diana Bennett is a sculptor and a grandmother. She has also been a teacher, principal, and senior executive at both TVOntario and the Toronto Zoo.*

# My Star of Hope

Caroline Fei-Yeng Kwok

*Postpartum depression is a type of depression that affects some women shortly after childbirth. It is not uncommon for women to experience temporary mood disorders or “blues” after giving birth. If it goes on for more than a few days, however, it is called postpartum depression . . .*

*Symptoms usually occur within six months after childbirth, though they may begin during the pregnancy, and may last from a few weeks to a few months. Symptoms may range from mild depression to severe psychosis (in very rare cases).*

—New York University Langone Medical Center

“Don’t let others know that you have seen a psychiatrist. Keep it to yourself.”

“You should not go out. Look after the baby.”

“When I had my baby, I did not have any emotional problems as you.”

“Your husband has a job to support you. You don’t have to work. Aren’t you lucky?”

Some of my husband’s relatives would often say this to me, after I gave birth and after they knew that I had seen a psychiatrist at Mount Sinai Hospital in Toronto for postpartum depression.

Unlike them, I do not live in well-off Richmond Hill, but in a small one-bedroom apartment in downtown Chinatown on Spadina Avenue.

Unlike them, as a new immigrant from a remote village near Sichuan, I had to struggle to learn English and to adapt to a new lifestyle with my husband Cheong and his mother Li.

I only came to Toronto in February 2007—the coldest winter month.



I had never seen such heavy snow in my life!

Unlike them, I am married to a man twenty-two years older than I, a man who came to my village to look for a wife, a man whom I had talked to only a very few times. He was quiet and passive, and on his forehead was a big scar.

It was not my choice, but rather my parents'. They had hoped for a better future for me, better than having to live in the village all my life, doing farm work.

Unlike them, I am miles away from my village, away from my parents, my sister, and friends whom I grew up with. I miss them very much. All alone in Toronto, I have no friends at all.

I was about three months pregnant when the earthquake came to Sichuan in May, 2008. Pictures of the dead, the missing, and the injured were on the news every day. I could not contact my parents. What had happened to them? Were they dead or alive?

Frustrated, helpless, I lived in fear and in tears. I couldn't eat. Nightmares of my family dead in the rubble were on my mind all the time.

"Jen, what's wrong with you, crying in the middle of the night? I thought that pregnancy only gives you morning sickness," my husband said, annoyed.

"Nothing. Don't worry. Go back to sleep now."

I hid my fears inside me. I did not want to burden my husband. He had to have a good night's sleep. He had to work all day as a truck driver.

When he was home, he would either watch television or read the newspaper. There were little common topics between us to talk about.

About two weeks after the earthquake I received a call from my mother telling me that nobody in the family had been hurt. I was relieved and my mood settled.

The ultrasound showed that the baby is a girl.

"I had hoped it was a boy who could inherit our family name," said my mother-in-law Li. Her eyes stared at me coldly as if I were to blame.

"Why not a son?" said Cheong, disappointed.

I did not answer. To me, whether the baby was a boy or a girl was all the same. It would still be my child.

I could understand their disappointment, though. My husband was already fifty-five years old. Perhaps this was his last chance to have a

child. To have a child was the main purpose of his getting married.

The baby was to arrive on December 1, 2008—the Year of the Rat.

According to the Chinese lunar calendar, people born in this year are optimistic, cheerful, do not fall into low spirits no matter how hard the circumstances, and will always fight for their lives.

Secretly I was glad. My baby girl was going to have character traits opposite to mine—she would be happy, with no depressed moods, and with a healthy fighting spirit.

My middle got bigger every day. I had problems with sleep, kept awake by my husband's loud snores.

Often my eyes stayed wide open, thinking of the happy days when I was a child in my village, running freely in the field, playing in our hut with my sisters.

What would happen to my baby? Would she be able to survive in Toronto? Would she do well in school? How would I communicate with her in my broken English? What if my husband lost his job? Who will support us? What if he passes away? What if he leaves me?

Silently, I cried.

During the day, I often felt tired. Here I was, alone in the apartment, with the cradle, the bottles, and baby's clothes. Ready, but for what? I felt as if I were an outsider to the world around me, a prisoner locked in a cell.

I wanted to talk to someone who could understand my aloneness, my anxiety, and my worries. Where could I find that person?

The nurses and the doctor who examined me for my monthly checkup were brisk and efficient. I did not tell them my feelings. At every visit, the hospital gave me a different interpreter so I felt our conversations were not connected.

By the seventh month, things got worse. I did not feel like doing anything.

"Jen, how come you are so lazy? You stay at home all day and do not even prepare dinner for me. You think you are a queen, just because you are pregnant with a girl," Cheong yelled at me.

Often, he would storm out of the apartment without a word, only to return home late.

All at once, I *hated* the baby. Why this baby with someone whom I

had little feeling for? Was this my fate? How was I going to take care of this baby?

The baby arrived two months early—on October 1, the National Day of China. When I heard her first cry, saw her face, tiny feet and hands, and her eyes, the exhaustion of over twenty hours of labour in the delivery room was worth it.

Cheong beamed with joy. I had never seen him so happy before. For the first time, my mother-in-law Li touched my hands with gratitude.

The baby is my beacon of hope—hope for a better family feeling and more emotional support.

“Your baby is born premature. Weighs only three pounds. We have to put her in an incubator for observation,” said the nurse.

“Don’t take my baby away! I want to nurse her. She is *my* baby.”

Loudly I cried, but it was no use. I only had a glimpse of my baby girl. Then she was taken away.

We named the baby Hope. Cheong, his mother Li, and I saw Hope every day when I was in the hospital. Parents usually can hold their newborns. But we could see Hope only through the window of the neonatal intensive care unit. It was daunting to see Hope with machines and tubes hooked onto her tiny body in the incubator.

“It’s so awful to see her suffer like this. Is she going to live?” I cried.

“Don’t worry, Jen,” my mother-in-law Li consoled me. “Hope is in a good Canadian hospital. I was at the Buddhist temple yesterday. The monk predicts that my granddaughter will live a happy life.”

“Yes, just trust the doctors and the nurses. And also Hope,” echoed Cheong. He gave me an encouraging look. He was so confident that Hope was going to be all right.

“Just rest well when you are home. I have made some ginger vinegar soup and ginger rice for you. And chicken too. But you know that, after giving birth, a mother cannot wash her hair or go outside for a month. You have to stay home.”

“I will for sure not wash my hair. But, Mom, the nurse wants me to go to the hospital every morning to pump milk to feed Hope.”

“Why? It was not like this in China.” She was surprised. “Who will take you there? I don’t live in Chinatown. And Cheong has to work.”

“I’ll give you a ride before I go to work,” said Cheong “You can walk

back home later, can't you?"

Perhaps Hope had already brought some positive changes to my life. For the first time, Cheong and his mother showed concern for me. Should I not be grateful?

It was six or seven blocks to the hospital. How could I walk such a distance in the first month, my mother-in-law wondered. But this was Canada. It was an order from the doctor and it had to be obeyed.

"Make sure that you dress warm. Don't catch a cold," she said.

On the third day, I was released from the hospital. Cheong gave me a ride home, but then he had to leave for work. I was left alone again.

When I looked at the empty cradle, all of a sudden I became panicky.

Hope would stop breathing. She would not survive. Even if she lived, she would be a slow learner.

No, these are irrational thoughts. Stop it. Hope will be fine and healthy.

I started to blame myself.

Why had I not joined the prenatal education course that the doctor had suggested? I would have learned more about diet and managed my pregnancy better. Then, my Hope would not have been born premature.

I had to admit that I was afraid of going to those courses without my husband. I wouldn't have been able to understand much. They were given in English and I knew only a few words of English.

All at once, tears rolled down my cheek. A strange sense of guilt. Images of the intimidating neonatal intensive care, my Hope with her tiny body, fighting for life among all those machines.

The only consolation was the ginger vinegar soup, the ginger rice, and the chicken that my mother-in-law prepared for me. I felt as if I were back in my village in Sichuan.

Every morning, I went to the seventh floor of the hospital to pump milk and to see Hope. The pumping machine was new to me, let alone the somewhat painful experience of expressing the milk. Often, I would lose patience and cry uncontrollably.

"What's the matter?" asked the nurse.

I just stared at her, did not utter a word. How could I explain to her the pain of every squeeze of my breast, the fear for my daughter's life, and the frustration of my sleepless nights? *I did not know English!*

“Don’t worry. I will get you an interpreter.”

Through the interpreter, I learned how to handle the pumping procedures much better. I was relieved. At least it was nice to have someone from my own country to talk to.

With every squeeze, I thought of Hope, of all the struggles her young life had to endure. That was what kept me going. Yes, to give milk to my daughter. She would gain her weight, would breathe on her own, and come home soon.

“Your daughter weighs five and a half pounds now. No damage to the brain or anywhere else. Well done! You can take her home,” said the nurse.

That was four weeks after Hope was born.

“But the social worker would like to talk to you and your husband first.”

On the first floor of the hospital, Cheong and I sat in the Chinese Patients Office with the social worker.

“The nurses suspect that you may be suffering from postpartum depression.”

“It could not be! They must be wrong. They are not Chinese!” Loudly I denied it.

“There is nothing to be afraid of. Postpartum depression is very common in women of all races after birth. It affects 5 per cent to 25 per cent of women. So you are not alone.”

“Why did the nurses come to such a conclusion about me?”

“You told them through the interpreter that you were extremely worried and panicky about Hope, that you had problems sleeping, and that you sometimes feel angry and frustrated. You also tend to cry quite a bit.”

The social worker continued, “The nurses think that you may have had these kinds of feelings before the baby was born, right? Postpartum depression is different from baby blues—it can last for up to a year after birth. Hope is now a month old.”

I could not deny the diagnosis. After all, what she said was 100 per cent true.

“The nurses suggest that you see one of the psychiatrists in our perinatal mental health program.”

“What? To see a psychiatrist? I would not. I am not crazy!” I was frightened.

In China, psychiatrists are only for the mentally ill—those who display weird, unacceptable behaviour. Not for a new mother like me. What would the relatives of my husband think of me? Would my mother-in-law think that I was bringing shame to the family?

“Yes. My wife is fine. She can take care of the baby,” said Cheong, equally appalled by the idea.

“We know that your wife is fine physically. But do you know the emotional stress of taking care of a newborn, especially as Hope is your first child? Diaper change, breastfeeding every two to three hours day and night, and the baby crying at any time. Your wife already had symptoms of depression during her pregnancy and postpartum stress. You have to be at work all day. And she is alone in the house with no friends. Her mental well-being is important for the baby. It is better to seek help while the symptoms are still not very severe.” The social worker paused.

Cheong nodded his head as if he agreed.

“A psychiatrist is just someone your wife can get emotional support from, and some medical advice. The nurses suggest that she see the psychiatrist only once every week. She may see her less often as time goes by.”

“But Jen does not speak English.”

“We have interpreters. Or I can do the translation. Oh, the nurses also suggest that your wife join our mothers peer support group when she comes to see the psychiatrist. We pair mothers of the same culture so that they can give each other support. Your wife could meet some Chinese women and make new friends.”

Cheong looked at me, concerned. “What do you think?”

“If it helps Hope, then I am going to listen to the nurses’ suggestions. But what would your mother think of me? Who would look after the baby when I see the psychiatrist?”

“Don’t worry. I will explain the situation to her.”

For the first time, I felt that Cheong cared about me. Like me, he was trying his best to understand the issue and his new role as a father. I felt relieved.

My mother-in-law Li came to take care of the baby when I went to see the psychiatrist. She no longer cared that Hope was not a boy. She just loved to cuddle her granddaughter.

She did not treat me as a second-class citizen, the way some relatives

did, just because I had to see a psychiatrist. In fact, she was the one who told me to be resilient and to simply brush off the ignorant comments of those relatives. I think she saw me in a different light now, as a person who was learning to smile more, who was more positive about her life in Canada, as a wife whose affection for her son grew deeper every day, and of course, as a caring mother to Hope.

Hope was one year old last October. She weighed fourteen pounds, seldom cried, but often made funny faces to make us laugh.

Cheong and I watched the fireworks in Beijing for the celebration of the National Day on television with my mother-in-law Li and Hope.

I felt a sense of pain when I thought of my parents and sister in China. I still missed them after all.

But at the same time, I said thank you in my heart to the team of health professionals at Mount Sinai Hospital—psychiatrists, interpreters, social worker, nurses—for their support and understanding, without which I would probably be lost as a new immigrant mother, lost in this large, impersonal city.

And of course, I said thank you to my husband Cheong, and my mother-in-law Li.

Hope, you are the star of hope in my life. You have brought us together. I was a stranger. Now I am family.

---

*Caroline Fei-Yeng Kwok is the author of Free to Fly: A Story of Manic Depression (Inclusion). She attended the creative writing program at Yale University and presents at international conferences on recovery and immigrant health.*

# At the Sports Club

*Marian Kaplun Shapiro*

A recent poll published in *Time* magazine revealed that 69 per cent of Americans believe in angels, and 46 per cent of that group believe they have a personal guardian angel.

—About.com

I, however,  
believe in the electric eye. He  
(or she) silent and invisible,  
senses my body's presence before  
I have to ask for help. By magic, she  
(or he) opens the heaviest of doors  
as I approach. By magic I am just  
like you. By magic I escape  
the difference between *now* and *once*,  
when there was nothing to take into account,  
nothing to "accept," nothing to  
"get used to."

Taking the stairs I'm grateful  
for the elevator that will come  
if rung for. The ramp that I don't need  
just yet. The Hoyer lift for swimmers who  
can walk no longer. Maybe for me someday . . .  
Blessings on the shower stall with fold-down  
seat, that lets me wash my hair when standing



made me weep. For the Jacuzzi where,  
for a whole five minutes I feel good.  
For the parking spaces where there's room  
to open car doors wide as the mouth  
of Jonah's whale.

There they go, the young, the fit  
working out on their elliptical  
machines, panting and gasping on their treadmills,  
wearing out their knees, hoping to fit  
into their skinny sequinned jeans in time  
for New Year's Eve. Maybe, seeing me,  
they'll think of *someday*. But then, I hope,  
they'll go right on grunting, lifting their weights,  
trying out the latest diets, signing  
up for a new tattoo to show  
the latest boyfriend. It isn't time  
for them to be so grateful for their daily-ness.  
It's time for them to have the times  
they *will* be grateful for, those lovely years  
when their guardian angels were still  
watching out for them.

---

*Marian Kaplun Shapiro, thrice senior poet laureate of Massachusetts, is the author of a professional book, many journal articles, about 180 published poems, and three books of poetry. She practises as a psychologist in Lexington.*

# Sailing out of the Pain

*Donna D'Amour*

It was summertime in Sydney, Nova Scotia, the first time I met Bill Keeping. The cruise ships were in the harbour and Bill and his wife Mary had a table at the Dockside Craft Market. My husband Tony had a drawing of the ship, the *Zenobi*, that brought his grandfather from France in 1876. Bill was intrigued. He asked to make a photocopy of the sketch, saying he always wanted to build a brig. Bill was showing his schooners that day—beautifully built works of art. We couldn't afford to order a ship but Tony asked if Bill ever did make it, would he give him a call. Several months later we got a call from Bill.

"Would you like to see the *Zenobi*?" his excited voice asked. Tony's health had deteriorated since our first meeting. He had two operations for colon cancer and several months of chemotherapy, and had lost at least thirty pounds. He walked with a cane, and it took all his strength to walk from the bedroom to the bathroom. But nothing could stop him from making the hour-and-a-half drive to Sydney to look at that ship. His sister Julie was visiting us and came along for the ride.

Tony took one long look at that model ship. It was a sight to behold. A hand-carved hull painted a royal blue, white, and milk chocolate, just like the photo. Sails rigged to meet the strongest gale. Every little detail, every line, every pulley was there in miniature. This *Zenobi* measured forty inches long.

TONY WAS TIRED FROM THE DRIVE and had to lie down. Mary showed us to their bedroom where Tony rested. I asked Bill about his work. He said he learned to make model ships from his father. The

local Coast Guard College has a replica of the icebreaker *Sir John A. MacDonald* made by his dad, Bill Sr.

"The first one I made was out of popsicle sticks. It had everything, it was all rigged out. It was the *Lady Shippegan*, a hundred-foot stern trawler that sailed out of Louisbourg," Bill knows these ships well; he sailed for nine years on the draggers. When his dad passed away, Bill did some research to make sure he would build the models just right. And he's come a long way from popsicle sticks. Bill has just finished a ship for a man in Hong Kong and two more for gentlemen in the United States. He and Mary get cards from Mexico, Great Britain, many parts of Canada, and the United States, either from people they've met at the craft market or from people who own his ships.

"Boats are a passion," he says. "They were for my father and they are for me." He describes the *Zenobi* for me like a proud craftsman.

"The hull and the deck are pine," he tells me. "The blocks, spars, and booms are oak, hardwood. Mary makes the sails out of unbleached cotton, since canvas is too heavy for a model ship. She also adds the reef line. I carve a basic hull by hand and then work the details from the drawing." He puts a lot of work into shaping the hull, using wood planes, a rasp, and the heaviest sandpaper he can get.

"You've got to use hand tools to feel the hull," he says. "Each side has to be exactly even. If you were to put my boats in the water, they would sail straight."

ONCE THE HULL IS COMPLETE he makes the deck and railing, the rubrails, the gunnel rails, the bowsprit, the cabins, dories, pinrails, and anchors. He makes the wenches and removable hatches. He says the *Zenobi* took about three hundred hours to complete.

And that time doesn't come easily to Bill. He has a disability called idiopathic muscle-cramping syndrome. It affects only one in 700,000 people. It means he can work for only ten or twenty minutes at a time. This syndrome has been described as an epilepsy of the muscles. The muscles contract constantly, causing involuntary movements such as an opening and a closing of the hand. Sometimes if Bill wants to open his hand, he can't. "My muscles are jumping all the time. It's very painful, very tiring. They don't even want me to pick up a sharp butter knife," he says.

It was a long road to diagnosis, and the treatment he is taking is Botox shots to numb the nerve endings and give his muscles some rest. He needs the shots every three months or so. It's too early yet to see if he's gained any muscle strength from the treatment. He says he often has to lie down, and at other times he has to move to reduce the pain. "There's a lot that Mary helps me with. God help me, I wouldn't be anywhere without her. There are times when she has to come into the workshop and hold me and get a chair under me so I can sit down. Sometimes you hurt but you just keep going because you're working on a project you don't want to put down," Bill says.

His workshop is his therapy. He says he knows older ladies in wheelchairs who knit, others who can work canvas, a couple of men in wheelchairs who whittle wood. "You just have to try," he says.

Bill's efforts produce treasures with their own kind of therapy. When I went up to check on Tony, he said he wasn't leaving without that ship. Between his sister Julie, my daughter Andrea, a little money from us, and a very good price from Bill, we took the *Zenobi* home.

Tony spent his final days in a hospital bed in our living room looking at that ship. He loved to show it to his many friends and family who dropped by. He told stories about his grandfather and dreamed of being on board through rough seas and calm. His friend in France, Christian-Pierre, sent him a French flag just the right size to fly from the rigging. We made one more trip to Sydney, despite Tony's even more weakened condition, and Bill added the lines so that the flag would be flown as it had been. Both he and Bill got so much joy from that one little ship and the care that went into its creation. Each in his own way, for a few precious moments, sailed out of the pain.

---

*Donna D'Amour lives in Halifax. Her book of essays on everyday life, Colouring the Road, was published by Lancelot in 1995. Her work has appeared in Saltscapes and Living Healthy in Atlantic Canada magazines.*

# Seeking Agnew

*A. Lawrence Rubin*

There is Dr. Agnew; in the amphitheatre's gloom, he is bathed in light. He has stepped away from the bloody body of his patient to offer his insight to the medical students crowded above and beside him. Still holding his scalpel by his side, his white gown flecked by blood, he stares towards his students as he speaks. Agnew is a man of science and the healing arts. Through his skill and knowledge he appears to transcend the anarchy of fear and the corruption of disease. I passed beneath this scene, *The Agnew Clinic*, painted by Thomas Eakins, on my way into the auditorium at the University of Pennsylvania Medical School, for the first time in 1976.

I took my place in the auditorium that day, alongside my classmates. The auditorium was connected to the anatomy lab, with its rows of grey, clay-like cadavers. During lectures that first year, the lab door would fly open and send gusts of formaldehyde and death wafting through the room.

I yearned for Dr. Agnew's illumination and clarity. Before entering medical school, I had studied ethical philosophy and epistemology. But it had been something inchoate that had brought me to medicine. I was a twenty-six-year-old atheist ascending the circular stairwell that winds from the floor of the central lobby of the Guggenheim toward the light streaming from the circular eye above. As I continued up the stairs, the journey morphed into the map of my life: walking around and around but always arriving at the same point, just at a higher level of maturation. What was I to do with my life?

Looking down I could see the pool at the centre of the museum floor growing smaller as I climbed higher, as well as the smooth white curves

of the preceding levels as they receded below me. I remember thinking at that moment that without a purpose I might as well take the plunge to the bottom. By the time I reached the top, I had made a resolution: I would become a doctor.

But my first year of medical school was hardly inspirational. I spent hours staring at pale patterns of diseased tissue under microscopes and learning the body's chemical pathways, always at arm's length from the real-world tragedies to which these data alluded.

By the end of the second year, plodding after our assigned residents, we had our first glimpses of wretched pain, our first experiences of the foul smells of shit and vomit and corrupted flesh, the sight of red wounds and creamy pus. And we had our first sense of how late nights on call could dull a man's judgment; we saw the ruins of failed treatments and became reluctant witnesses to the mistakes of our superiors. Emotions sometimes trumped medical reason in strange, unsettling scenes: a neurosurgeon had hysterics after being handed the wrong instrument, throwing it across the surgery suite, then sat on a stool, sulking, while his patient's brain lay naked beside him. I assisted a surgeon as he operated on the pancreatic cancer of his own father, the patient's blood on our shoes as I stood by the old man's side, straining at the metal retractor that spread apart his belly.

But except for these occasional harbingers of doubt and disorder, my clinical rotations were steeped in Enlightenment faith in the power of reason. It was this belief, that reason can conquer chaos, that was made manifest in Eakin's portrait of Dr. Agnew's case presentation, that paradigm of medical communication.

The case presentation was, for me, a crash course in applying reason to calamity. After observing a man with pneumonia coughing green sputum, we students would gather in the hallway outside his door. With the pockets of our short white jackets bulging with ophthalmoscopes and reflex hammers and our stethoscopes around our necks, we encircled our resident as she offered her case presentation to her attending physician. An exercise in cool, deductive logic, her presentation began with the patient's complaints, then a summary of his symptoms and how they evolved, and concluded by naming the illness wracking the patient's lungs, proving its existence by physical findings and laboratory results.

The disintegration of the human body, and its possible death, had been tamed under the dispassionate gaze of medical wisdom. The resident had shown that the patient's illness bore its own cruel order, the workings of the disease process itself. Out of experiences like this, I came to understand that the supreme command was, Above all, stay calm, use your reason.

But as I peered out from behind the supervising physician during rounds and gawked at the patients along with a group of other medical students, I was still free from any responsibility for delivering care. I had been taught the medical ideal: to stand like Agnew, calm in the midst of turmoil, to restore order and to heal. But I had not yet been tested.

AFTER GRADUATING FROM MEDICAL SCHOOL in 1980, I moved, along with my wife, Reva, and our three children, to New Haven, where I began a general medical internship at a community hospital. I remember no sense of apprehension. The hospital was cheerful; everything was new and clean, its wide corridors filled with sunlight.

My first day revealed to me how skimpy my fund of medical wisdom was. I was entirely dependent on my senior resident, a thin, mild-tempered man with a shy smile and the slow, flat speech of his home in the Midwest. He patiently assigned me tasks and, later in the afternoon, we would meet and review my progress. Most of my time was spent chasing down laboratory values for blood tests, X-ray reports, and the culture results of blood, sputum, and urine. My days were long but manageable.

Within the first month, though, the comforting illusion of predictability and control abruptly shattered. A woman about forty years of age was admitted with advanced colon cancer. A former teacher, she was now almost skeletal as a result of her inability to eat as the cancer closed off her bowels. I was so busy with my chores that I did not speak to her.

That evening before leaving, I checked her laboratory values and noted that her potassium was elevated. I asked my supervising resident how I should treat the increased potassium, ordered the recommended medication, and went home for some sleep.

The following morning the woman was dead. When I arrived at the hospital, her enraged attending physician confronted me at the nurses' station.

"She's dead because of you," he screamed. "You killed her!"

The nursing station was an island of low desks, open and exposed on all sides to the surrounding crowd—the roughly fifty patients, and the doctors, residents, interns, nurses, aids, technicians, and therapists who tended to them. This being the height of morning rounds, all the teams had assembled in the corridors surrounding the nursing station. At the attending's first shout, they all stopped to watch the scene.

I looked over at my resident, the man who had recommended the medication I had given the woman. He shrugged and smiled apologetically, but said nothing.

I had attempted, ineffectually, to treat a laboratory finding without thinking about its likely cause. The woman's high potassium was due to leakage from dying tissue. During the night the potassium level probably continued to climb, unchecked, until it poisoned her heart.

It didn't occur to me to blame my resident. I made no excuses. I said nothing. I left the nurses' station and entered the patient's room alone. I looked down at her body. She lay naked on the rumpled sheets, pale-grey with purplish bruises dotting her skin. She seemed to accuse me of failing her.

I stood by her bed and silently asked for her forgiveness as my eyes welled with tears. My ignorance of the meaning of a single laboratory value, one of several hundred I must have reviewed in my twelve-hour day, had led to her death. I remember wishing that I could undo what I had done, that I could try again. But the lifeless body sprawled in front of me told me there was no second chance. I played over the sequence of my actions. I searched my motives. Had I been too eager to leave for a night's rest? Had I betrayed a helpless woman through stupidity—or worse, through indifference?

A middle-aged nurse followed me into the room and stood beside me. "I've watched you work and I see you care for your patients," she said softly. "You'll be a good doctor." Her voice startled me. She had called me "Doctor." Yes. I was a doctor, on morning rounds, and my team was waiting for me. I had no more time to plague myself with my accusations or to wallow in guilt. I was still carrying my clipboard with a fresh sheet for the day, with the names of eighteen patients and the tasks I had been assigned for each: physical exams to give, hundreds more lab tests to track down.



I took my place with my team. No one mentioned her death again. But that night, and every night after, as I was lying in bed on the verge of sleep I reviewed the laboratory results of the patients I had seen that day. Some values seemed so clear and precise I could have been reading them. I re-examined those numbers, thought how they may relate to others I had seen, checking them, over and over, for a sign, a secret warning, of another catastrophe.

For months after, I would startle awake in the middle of the night. The man with the internal bleeding: Had I left him without checking his hematocrit? The woman with kidney failure: What were her electrolytes? The girl with asthma: What dose of theophylline did I give? Had I ordered the blood level? Sometimes, after a night's fitful sleep I would awaken with a clear conviction: the diabetic man—I must check his latest fasting blood sugar.

I felt that my patients were being held by a net above the abyss of death. I was responsible for weaving that web from isolated facts, from the threads of associations that I crammed into my head. But I was only an untrained apprentice. I felt far removed from the painted promise of the "Agnew Clinic": so lacking the insight of the triumphant Dr. Agnew.

FIVE MONTHS LATER, I had acquired those basic skills expected of the medical interns and I took on their swagger. We would gather together around a table in the hospital dining room after morning rounds and eat cold breakfast leftovers and drink cups of steaming coffee—the whole lot of us—in our blue scrubs, our stained lab coats, laughing about the woman who had requested to see the groin-acologist.

Despite my bravado, however, my total fund of medical wisdom was still meagre. I still had no training in the more esoteric procedures required for treatment of the life-threatening emergencies caused by acute organ failure. In fact, I had never seen them performed. Nevertheless, for my next rotation I was transferred to the medical intensive care unit, and on my first day there, I was assigned night call.

I quickly discovered that I was to be the sole nominal-physician present. As the result of some faulty logic that to this day I find hard to comprehend, the neophyte doctors treating the sickest patients at this hospital received the least supervision. The MICU was like an isolated outpost

in the war on disease. I remember the gnawing fear that first night, as night fell and the other interns and residents began to drift away.

During my shift I had to admit, evaluate, and begin treatment on seven new patients, all of whom were in the throes of medical disasters. At the same time, I had to run back and forth between the rooms of the twelve original occupants. These patients were mostly comatose, unwashed, their limbs splayed, their flesh uncovered and vulnerable. They were enveloped in a spider's web of plastic tubing, with hoses protruding from their mouths and necks, their veins and arteries punctured by needles; they were nearing death.

From time to time a jarring wail sounded, as a respirator or EKG signalled that a patient's vital system had failed and that we, the nursing staff and I, the designated guardians of life, had just a few minutes to intervene before the patient would be gone forever.

Throughout the night, orderlies wheeled in a growing backup of arrivals, placed in a line like cabbies at a taxi stand, which wove around the nursing station toward the ICU's door. They were all urgently in need of treatments, of which I was only vaguely familiar. Of course the nurses knew far more than I did: they knew it and so did I. But adhering to medical protocol, neither of us could openly admit the obvious. It was just too shameful, so their suggestions would come as questions.

"Doctor, can I hang another bag of fluids?"

"Oh, yes."

"Doctor, can I give the patient quinidine?" An older nurse in scrubs and a flowered surgical cap offered up the long EKG tape with authority and pointed to the squiggles weaving erratically over its surface.

I fought back my panic. Then I would go back to scribbling some history in a new patient's chart before new alarms would sound and set me to jumping up again and racing off into yet another patient's room.

Urgent calls for backup went unheeded. Finally, at about three a.m., a senior resident ambled in, bringing with him another patient on a gurney.

"There's a guy here with a blood pressure of 270 over 180. You know how to start a nitroprusside drip?"

"No."

"Then learn." He left.

That night an elderly, well-respected physician, once a head of cardiology, died of end-stage heart failure. So did a man whom I knew only as the owner of a wet, malodorous body and a penis I had unsuccessfully attempted to catheterize. The next morning, as my team assembled for rounds, I was sitting by the gurney of a man, just completing his admission, though he had been lying there for several hours. My eyes were bleary, and failure and fatigue had made me nauseated.

ONE OF THE PATIENTS I treated during that nightmarish night was assigned to me for my continued care. George was a middle-aged man with a bony face. He was long and thin and filled his bed from head to foot. I had been told that he was an alcoholic who had come to the emergency room with a heart attack, had seized, and had never recovered. He'd been comatose since his arrival. Since then, his heart, lungs, kidneys, and liver had all failed. His heart had stopped beating more than once, and it was impossible to determine the extent of his brain damage.

It was also hard to connect him to the world of the living. I knew him only as a barely living body with only the remotest possibility of one day rising from his bed. I treated George though there was no sign of recovery; he never so much as twitched a muscle. But I felt I was George's last chance.

I tried. And I learned on the go. At night after work, I would read up on what I needed to do for George the following day. I shadowed the senior physicians as they took care of their private patients, and then I mimicked their procedures on George. I began each day at his bedside, and I would stay late to catch the evening chemistry reports and adjust his fluids before leaving. I didn't know what the outcome would be but I felt I was coming closer to the Agnew ideal.

After two months, my MICU rotation came to an end and I left George, who still had not fluttered an eyelid, to return to the general medical wards. I didn't have much time to think of him after leaving the MICU, until one day, about two months later, when I got a page that told me to report back there.

It was about noon, the time when patients were discharged. When I entered the MICU, the midday light was flooding through its windows. I was greeted by some smiling nurses with whom I had worked, as they

escorted me to an unfamiliar group waiting timidly by the nursing station.

“You remember George? He’s here to say good-bye.”

There was George, barely recognizable by his bony face and long slim limbs, now slumped, cradled in a wheelchair, a blanket across his lap, surrounded by his wife and children, waiting to go home. In a slow, halting speech he said, “Thank you for saving my life.”

His wife smiled at me, a worn woman in a plain dress. A young man in his twenties and an adolescent boy shifted awkwardly by her side. I looked again at my patient. It was strange seeing this familiar body, now animated, moving, speaking, endowed with a personality; it was as if a corpse had come to life.

I was now encircled by my own grateful assembly under the bright stream of daylight. This was my Agnew moment to savour. But I hesitated. I felt embarrassed by this sudden applause—as if I were still an Agnew imposter.

I was no spotlight-illuminated star. I knew I was no medical seer. It wasn’t a stroke of transcendent inspiration, but methodical, work-a-day plodding that had saved George’s life. I realized that what I had to offer George, and what I have tried to give to all my patients since, are just these plain promises—to be loyal, to learn, and to persevere.

---

*Lawrence Rubin has practised psychiatry in New York City for twenty-six years and is a faculty member of Columbia University. He is married with five children and two grandchildren. He enjoys painting and sculpting.*

# Don't Look Down

Marilyn Hillman

She's huddled over a book at her neighbourhood diner, but she can't focus. She mulls over her theory that under the subway there's a secret distribution centre supplying all the Greek diners in Manhattan with the same tired Greek salads and murky coffee. Wondering how many Greek diners exist in Manhattan, she tries to calculate the economies of scale each diner would reap in her imaginary business model. Her husband—a once-formidable marketing strategist—would have known immediately, back before dementia began to fog his brain.

While she's pondering diners and dementia, her husband's geriatric psychiatrist slides into the seat opposite her. Dr. White has generously consented to meet her in a neutral place to discuss her anxieties about caregiving—her newest unwanted vocation for which she feels particularly ill-suited. In her life she's been good at some things, superb at nothing. Chances are she won't excel in this new role either. *Frankly*, she thinks, *I do not wish to become an ace caregiver. That would imply many years ahead in which to polish my skills while losing my life.*

Dr. White listens patiently while she details her fears. He then enumerates the problems she'll be facing as her husband's vascular dementia progresses. She's dumbfounded as she tries to absorb all the bad news at once. Swallowing problems. Oh yes, her husband already has that, but who knew that swallowing skills could be gobbled up by a deteriorating brain? Dr. White advises her to put her husband's pills in applesauce or mashed potatoes to make the swallowing easier. Another interesting little-known fact—it's harder to swallow liquids than mashed up stuff.

And here's the kicker: when swallowing becomes impossible they can use a feeding tube. She's flummoxed. *Oh my God. Is he serious?*

Then there's the twenty-four-hour care her husband will require when he becomes oblivious to her and the rest of the world. Dr. White counsels her that a nursing home is not the only solution if she chooses to keep him at home. Well of course she does. Many families manage this, he tells her, despite the incontinence and possible aggressive behaviour that can accompany severe dementia. Is she kidding herself? *Can she really handle incontinence and aggression? Can anyone?*

While Dr. White intones the worst, she studies his quasi-professorial look—bow tie, neatly trimmed short grey beard, and tweed jacket. What is there about this guy she finds so comforting? Maybe, as her therapist thinks, Dr. White is a stand-in for her loved and lost father. Or maybe not. Her father didn't have a soft Texas accent. He hated bow ties. And he was never the bearer of consistently depressing forecasts. But he *was* available to her in a crisis and so is Dr. White. This guy is going to walk her down the aisle, right up to the altar where her husband awaits her with his increasingly dishevelled mind.

Dr. White is like the TV weather guy you trust but refuse to believe as he describes the approaching perfect storm. He's direct. He doesn't paint rosy pictures. And he makes house calls. *House calls?* Yes, this dedicated and incisive physician actually visits them in their apartment a few times a month. This is *his* suggestion after they schlep to the Bronx in a monsoon to meet him at his office. Perhaps taking pity on them, he mentions that he's their neighbour in Manhattan, his parking garage is near their apartment, and he can see them at home. *Kill me now*, she thinks. *Life doesn't get much better than this.*

She listens to herself—thrilled about psychiatric house calls instead of an upcoming trip to Rome. *How pathetic is that?* Equally pathetic—she's memorized the phone numbers of her husband's cardiologist and her local pharmacy. And she has more than a nodding acquaintance with Head Nurse Christine on the cardiology floor at the hospital. Her husband has had three go-rounds of heart failure in the past two years—more than enough time for her to be on *hi-how've-you-been* terms with Four North's cardiology staff.

This is her life? Well it doesn't have to be your life, her friends tell her

as they pile on the advice. Get help. Get a life. Have an affair. *An affair? Who has the time or energy for that?* Take classes. Get more help. Write. Write? *Assemble a coherent narrative out of the chaos of my life*, she thinks. *This will keep me sane?* Decathect. Decathect? That's the stopper her friend the social work professor throws out one day at lunch. Her online dictionary tells her that to decathect is to stop investing emotional energy in a person. She considers this advice. *Is she kidding? Just coldly stop caring about my husband of thirty-four years? How do I do that?* Another friend advises her to accept her losses. Grieve. Mourn. And move on. *Excuse me? Mourn my husband while I'm making his breakfast?*

And here's the advice that makes her the craziest—join a support group. *Do what? Spend my precious outside time trading tips on caring for a spouse with cognitive impairment?* She'd rather join a writers' group and trade tips on getting published.

So here's one of her favourite things about Dr. White—he hasn't raised the dreaded support group thing, hasn't even dropped the most casual hint. Maybe in his extensive experience he's learned that support groups don't suit everyone—that they might even do more harm than good, as beginners like her hear their darkest fears spelled out by caregivers handling worse cases. Or maybe Dr. White figures she's already got a handle on staying afloat on a boat about to be sucked up in a dementia tsunami. *Well that makes one of us*, she decides.

She learns that Dr. White has written a book on geriatric mental health care for primary caregivers. She assumes he means her, but after reading the introduction to the book, she realizes that primary caregivers are family physicians. She reads his book anyway, finding it accessible and helpful, particularly on the delineation and progression of the different dementias. Dr. White writes in his usual straight-talking style, and while she has to look up *aphasia*, *apraxia*, and *agnosia*—she thinks of them as the three A's of dementia—she finishes the book, skipping the scariest nursing home stuff.

Armed with the new words in her vocabulary, she imagines herself as a contestant on *Jeopardy*. Alex Trebek announces, "The answer is—partial or total loss of the ability to articulate ideas or comprehend spoken or written language resulting from damage to the brain caused by injury or disease." Quick. She's got it. "What is aphasia?" she belts out with confidence.



She learns that her husband's dementia is proceeding in stepwise fashion, with occasional plateaus where he can hang on to what he still has in the cognition department before the next drop-off, unlike an Alzheimer's patient whose progression is a steep slope downward without benefit of rest stops.

Dr. White explains that her husband, who occasionally "presents"—as they say in medical speak—as normal but repetitious, is drawing on his intellectual reserves, and those reserves are about to give out. He tells her that her husband, who occasionally looks on target when it comes to simple routine tasks, could get into major trouble—lost or hurt—out on his own in Manhattan. This comes as a blow to her, but Dr. White has a way of presenting alarming news with a you-can-handle-this approach. Hell, she doesn't know. *Maybe she can. Or maybe she can't.*

After delivering about as much bad news as she can absorb, Dr. White leaves. She's bereft. Scared. Overwhelmed. Who said knowledge is power? She now has entirely too much knowledge about her husband's inexorable slide into oblivion, and she's totally powerless. Before leaving, Dr. White tactfully points out that her husband has underlying health issues that may claim him before oblivion sets in. *Right, she thinks. He's screwed, whichever comes first.* And *she* no longer knows what to hope for. *Death, or oblivion? Oh God.*

After their excruciating little chat she decides to walk thirty blocks to her Italian class in a rainstorm. Not a smart choice. Her shoes quickly become little boats taking on water, so she stops and hopes for a bus to arrive before she drowns. Suddenly she spots an available cab headed in the opposite direction. She runs like hell—dodging oncoming traffic—and manages to hail the cab, then closes her umbrella and jumps in the back seat in one motion. Once she's settled, she considers her desire to keep up her fitness by fast walking in a rainstorm in heels. A working umbrella, yes. Boots, no. If her husband pulled something stupid like that, she'd think about permanently grounding him.

Finally after warming up, she starts fantasizing about spending the entire day cruising around Manhattan in this cozy taxi. She does a lot of fantasizing these days. Sometimes she's getting massages in an Arizona health spa. Or she's travelling in Italy, checking out the Pieros in Arezzo and Urbino while speaking fantastically fluent Italian. In some per-



versely ironic way, the more her husband needs her, the more she invents alternative narratives for herself.

She wonders about Dr. White. What kind of saint is this guy? His patients are elderly Medicare or Medicaid clients headed nowhere but downhill. There are no success stories on the horizon. Just oblivion. What are his psychic rewards? *How does he do it? Can I do it?*

She doesn't know. What she does know is that some days she's in way over her head, slogging through the responsibilities and hassles of daily caregiving. *Look at that*, she thinks. *You're shameless, tossing caregiving and hassles into the same sentence like it's some kind of chopped salad.* Then instead of oil and vinegar, she throws in a pinch of anger. And a teaspoon of disappointment. Yes, she admits it. Because, unlike Dr. White, she is not a saint. And there are days when her patience wears thin. But since she's now the grown-up, she tries to lose the anger, reminding herself that hey, her husband is no longer dealing from a full deck. Not his fault. *Get over yourself.*

And what about her husband? They skirt around the subject of his cognitive deterioration, but she knows he feels like he's caught in a rip-tide pulling him farther and farther away from the safety of the beach. No lifeguards in sight. Just her, Dr. White, and an assortment of other medical professionals cheering her husband on and throwing him a life raft during an occasional crisis.

One day her husband tells Dr. White, "My mind was my weapon. I used it with precision, and it always served me well. And now it's gone. I've got holes where ideas used to be." This is the first time he's named his losses, and she's suddenly flooded with compassion for her husband. She tells him he's brave. And sweet. And she wishes she could fix it for him. But she's also thinking, *Please God, do not let this happen to me.*

Then a hotshot author on PBS scares her with the fact that alcohol—even the smallest amount of wine—shrinks brain cells. *Oh no, not that.* So she gives up her glass of wine with dinner. Because no way does she want to be dealing with her own dementia down the road. Then she reads another expert's research stating that moderate wine drinkers lose 2 per cent of their brain cells every ten years. She imagines a tiny fragment of her brain breaking loose and waving good-bye. She waves back, regretting all those lovely French Bordeaux wines she's indulged in for

years. *So long, my vanishing thought cells.*

Hoping to prevent any further cognitive losses, she engages in mental gymnastics, like counting back from 100 by sevens. Or trying to recall as many words as she can starting with the letter F. Or S. Or any other letter she can still remember. But sometimes, depending on how much she lets her fears shape her thoughts, she skips the mental judo and just lets anxiety take her over, as she teeters on the edge of the abyss. *Don't look down, she thinks. You don't want to know.*

She wishes she could make this part of her life disappear—make her husband whole again. And while she's at it, she wishes she could write an upbeat ending to this narrative. But this story will not end well. And it will be endless until it ends. Meanwhile, she and her husband are just trying to put one foot in front of the other and keep moving. In her husband's case, this will become increasingly difficult—and finally impossible.

---

*Marilyn Hillman is a photographer and writer whose work has appeared in the Healing Muse and the Yale Journal for Humanities in Medicine. She is working on a book about her husband's dementia and their journey.*

# Eulogy for My Father

*Thomas McConnell*

**T**he truth is this: when Mama told me I should begin to think about a eulogy, I had already started one. Months before the end finally came—and it was nearly a year coming—I had known that she would ask, and so in that space behind the eyes where the voices live that we call the mind, a voice was already at work for you. One morning while I was making that long drive to see you again, it spoke.

Until X, my father was a survivor. As this world goes, that's no small feat.

That was to be the beginning. Like a dutiful newspaper clerk charged with composing obituaries in advance, I would replace the X, when the time came, with the time that had come.

*Eulogy:* from the Greek *eu-* plus *logos*, meaning “good word” then. I had long thought of eulogies as occasions when the living perjure themselves on behalf of the dead, and I was determined not to be guilty. I tried to make a fair job of it. Most of it, of course, I wrote only after it became necessary, in the day I had at home after the day I watched you die. I sat with my fragments of thought and blank paper and the virtual page with its two narrow sentences on the monitor while beyond the window your grandson, my limber little boy of eight, capered through the grass in his backyard.

I had a good idea what I was to say. I told some stories to describe the man I'd known for more than forty years. I made nothing up. I tried to be whole. But there was much of you I left out in my ten minutes. They sat there expectant, more than two hundred gathered along the pews. I told them how you had known the lacks of the Great Depression and the

rationing of the war that followed. How when cancer claimed the other, you survived a quarter century with one kidney. I told them you met your end with your eyes open. And I told them—despite such determination—you couldn't live a week into your seventy-sixth year.

I didn't tell them that dying was hard work.

I didn't tell them how when I was young you tried to make a scientist of me but we both failed. From that time I did learn, though, that looking through a telescope or a microscope amounted to the same experience—gazing into the infinite. I didn't know that looking at you, I had the same experience. You inhabited whole worlds outside the Depression, before the war and after, that I would never know. I saw you on your deathbed journey to yet another.

I hinted that we had the tensions of every parent and every child, the tensions of centrifugal force like those between the home planet and the satellite moon straining at its orbit. I knew from my childish picture books what happened at Saturn when the strain became too great: the beautiful rainbow rings, the dust of destruction. Now I was about to find out something the books never told me: what happens to the moon when the planet explodes?

This little story I didn't tell them. We were the only two in the car. I don't recall where we were going, but I can direct anyone how to get to that intersection. We were climbing a hill to a stop sign at a T-junction. I don't know what the problems were then. There were always problems. The neglected eaves spilled rainwater and fell down around the ears of the house. Probably a car wouldn't run. There was always a car that wouldn't run, that needed tires or transmission work or brakes, just like the three children who always needed glasses or ballet shoes, braces or cleats or shots. It is a common story and it included all of us in its telling.

As we creaked to a stop you said, "Don't ever be poor, son." And that was about the only piece of general advice I remember you ever giving me.

Like so many human conditions (like so much of the human condition), what seemed to be killing you quickest had a name but no cure. Your bones wouldn't make the right stuff. The shot you took in the belly every Monday to bring your red cells back to their proper life, its efficiency faded, over time, as the doctor said it would. Your corpuscles deserted you, like so much else. I didn't tell the people in the pews that,

while your nerve never failed you, your nerves did and so that last twelve months you never dropped a tear but the last eight you kept to a catheter because your bladder gave up voiding.

The procedures mounted. They feared for your gall bladder and took it before it went hot. They cut your neck at the throat to scrape your spine that you might walk again, but you never did. Your cord was freed from its spurs of bone but your legs didn't respond with any strength. And in delirious curiosity at this new appendage you pulled the feeding tube all the way out. Your throat too parched to swallow, too swollen to admit the tube again, you lived the last seventy-odd days without one bite of food or one sip of water. So they bored into your belly with a new one, you who'd always liked nothing better than meat in slabs and solid corn all your toothsome life. And all this meant that the last three days the richest blue green algae bubbled from your stomach through the tube into another bag you now wore.

By then you were in hospice care. Hospice care really means that no matter how soft the fingertips that press for the decayed waves of your pulse, no matter how gentle the words that tell you to lift or turn or open, no matter how easy the hired and adjustable hospital bed, beneath the mattress the pyre is steadily building and waits only for the torch to be passed to it. But I didn't tell them this either.

I didn't tell them all our secret grievance: that we each inhabit death row with an indefinite reprieve. We don't know our executioner, but the thought that he might turn up tomorrow—the purpled tumour, the gorged heart, blood dripping down a car window or fanning across a floor—is too nauseatingly hurtful to bring a picture to our minds. I learned that in the right circumstances it is no easier to imagine another's death than my own.

I had not imagined your death, you see. Or I had not imagined it recently.

We all imagine, when we are honest with ourselves, the death of our loved ones, even those closest to us. Especially those. We need no psychologists to tell us this. Perhaps we do it to prepare for the real thing, as close to a dress rehearsal for loss and grief as propriety will grant us. So my imaginings of your death, which I know must have occurred, though I don't recall any in particular, had abandoned me as your real death

came on—just when I needed them most. I did not imagine your death, and so on no level, not even the frigidly rational one, could I see its actually happening. And not only could I not see your dying, but I couldn't see me witnessing your dying.

The past should have been some help. In museums I have seen the carvings on Greek tombstones from Asia Minor. The dead and the bereaved shake hands. With several figures, it is impossible to know who is dead and who living. Their white stone heads bowed, they appear equally grieved. Chiselled over the door of a Capuchin crypt runs this Latin: *Tu Fui Ego Eris*: I was You will be. Beyond the grate in the door, through the gloom, the monks lie together as they have for centuries, on the dirt floor, grey bones in brown robes. Their hollow sockets staring out at the living who come to gape through the bars, their wrist points mingle, chapfallen every one. I have seen an eighteenth-century engraving of a dying man, his bed surrounded by half a dozen formal friends, one a doctor marked by his instruments. The man himself is propped with pillows so he sits against the headboard. I would have wondered why, before. Now I know. That is the only posture in which the truly dying can still breathe.

As a boy I heard other boys say "croak." I thought they used it to describe the death of frogs they captured. Or some other distant creature. What happened to his dog, a boy in the neighbourhood might ask. Oh, he croaked. Or it might be an uncle or a movie villain, the same response: oh, he croaked. Now I know what it means and why we say it. The dictionary tells me we have been using it this way since at least 1812. A terrible gargle from the throat's abyss, the harsh choke of the whole system grating to a stop, that's why we say, "He croaked." That's the last sound you made in life, the only sound you made in dying. I don't think I'll ever use the word again.

The most horrid thought is not that someday I'll be propped like this, drowning in my lungs, but that my own long-lashed boy will come to this end. The dread view of that future prompts me to wonder: is it because I failed to imagine your death that I am condemned now to revisit it so often in memory?

Your eyes were open and almost unglazed. But if they saw anything beyond their own lenses there was no sign to us. If there was pain, the

morphine kept it at bay, I hope. As it had nearly twenty-eight thousand times before, in the east all along the seaboard the tired old sun climbed out of the black Atlantic and spread another dawn for you, your last, but the rays hadn't yet reached where we kept watch. The birds must have been singing, as they had been all night. I don't know. All I heard came from your throat, and then silence. I rested my arms on your borrowed bed. I laid my head there too and cried with a force I could not abandon.

Until that moment, you understand, the last moment, I had never believed that you were ever going to die. For the only creatures on the planet with a sense of history we human beings forget the lessons of the past with remarkable ease and thoroughness. Whole civilizations can misplace the most basic and significant details. We had calculated the earth was round long before Columbus, but somehow we forgot. That there was a continent westward between Europe and Asia we knew, at least once, but somehow Christendom lost a whole land somewhere along the way to Cathay.

I simply didn't remember that you were going to die. Somehow I had silently told myself, without words, without even shadows of words, that death was far off, even while I talked with Mama about whether you could know the end was only weeks at most away. And so when that lost horrid gargle tore up from the corrupted mucous of your lungs and then you were perfectly still, even your eyes and lids completely unmoved, I put down my head and sobbed.

On Tuesday afternoon you had smiled at me for the last time. You couldn't speak, but it wasn't from joy. All joy was long gone. Thursday night you didn't know me when I got to the bedside after midnight. Your eyes roved a little before sinking. That was all. Mama dropped the amber sleep in your cheek every fifteen minutes. The window was still dark Friday morning when your eyes opened wide on the end and then that harshest gasp for any breath. I reached to feel but there was no more pulse, I said, I can't find a pulse. And in fifteen minutes you went nearly as cold as you were two days later when I bent into the coffin to kiss your forehead for the very last time. We were both turned to stone.

I had looked at the digital clock standing on the dresser, the big one I'd given you for Christmas because knowing the time had always been important to you. Friday, June 3, 5:08 a.m. Before they couldn't see any-

more, my wet eyes squinted to remember. The disregarded future had come all the same and it gave me no good word but only the time necessary to replace my X.

---

*Thomas McConnell's work has appeared in the Connecticut Review, the Cortland Review, Calabash, Yemassee, and the Emrys Journal, among other publications. His story collection A Picture Book of Hell and Other Landscapes was published by Texas Tech University Press in 2005.*



# Dying, with Doubt

*Rhonda Palmer*

## **Podiatry**

Feet are an unknown landscape,  
hiding for a lifetime from everyone—  
pretending to be birds or horses or  
blooming dahlias.

On dying,  
the old woman's feet were  
exposed for the first time to her  
unbelieving family.

Years of anguish and quiet suffering  
were writ large,  
with toes curled into unbelievable glyphs  
proclaiming worthiness and pain.

The granddaughters took off their shoes  
to read the softness of youth,  
while their mothers sat on silent feet,  
hoping for more years of painful walking—  
for enough years to learn  
if it was worth the cost.

## Dying, with Doubt

Do I just need to go out the door? asked the blue-eyed man.  
He stroked his face, his leg, my hand.

Do I need to pay a bill first? he asked me to tell him.

Are there papers to be signed? he turned anxiously to his wife.

His eyes closed halfway then popped open to let more blue light drain.

Do I just need to go out the door?

## Flow Sheet

(form used by nurses at hospice)

1. Time

2. Pain Rating

3. Analgesic

4. Level of Arousal

5. Plan

1. Time being a matter of the fourth dimension, it becomes essential that we have a firm grounding in the first three dimensions: that we understand the depth and breadth and height of binding and unbinding and everything that lieth between them—or that we at least understand the time it takes to walk across a busy street. We start. We stop. We become a stain on the highway—or not. We go on.

2. Pain is a horse riding across all dimensions hotly pursued by love. Pain is a map of ourselves in three dimensions when time is lost, pain being timeless. We rate pain from 0 to 10, with 0 representing an amorphous blob of jelly swimming in primordial stew and 10 being the half second before an orgasm. With no orgasm. Still, love stays close behind, and pain keeps running on four gleaming legs.

3. Analgesic is a grey dove on the lowest branch of a quiet tree. It sings mournfully and low in a soft rain. The grass 'neath this tree is long and untrammelled.

4. Level of arousal refers in particular to one morning at the beach

when waves created a sandy vibration in all created things inhabiting three and occasionally four dimensions. On this summer morning a right whale thought about beaching itself but was persuaded away from lifeless land back toward the kinder sea where it continued to sing mournfully and low.

5. Plan—involving a boy and a girl who find themselves holding hands on the beach, heads leaning toward each other and singing a soft duet to the God who inhabits more than twenty-three dimensions and who discusses sweet and mournful music with whales, doves, and all who understand the equine nature of love.

### **The Hospice Nurse, Remembering**

One death in the city.

Two in the country.

Three by the light of the silvery moon.

Four crying peace.

Five hearing angels.

Six hearing gunfire.

Seven never born.

Eight never lived.

Nine holding tight.

Ten letting go.

Letting go.

---

*Rhonda Palmer is a poet and hospice nurse from Ann Arbor, Michigan. She has poems in several print and online journals and was the recipient of the 2008 William Redding Poetry Award.*

# Belly Flowers

*Carol J. Arnold*

As the sun scraped the spine of the Vallecitos Mountains, it released its blistering hold on the desert floor. A cooling breeze drifted down the wash where I lay flat on my stomach, peering through a magnifying glass at a flower the size of a pea. The wash was alive with colour, a palette of miniscule blooms known to desert naturalists as belly flowers. As diverse and abundant as their larger brethren, belly flowers require a little more effort to see. If you really want to get to know them, you must lie in the sand like a snake.

It had rained twelve inches in Anza Borrego State Park the previous winter, a virtual deluge in the Southern California desert. Flowers that hadn't been seen in years were carpeting the sand. Like pilgrims seeking the shrine of spring, my husband and I had fled our troubled lives in San Francisco to lose ourselves in vernal glory.

Few flowers had graced my life over the previous months, and those had been sent to my hospital room. It began with a routine visit to my family doctor. Recently retired, I was anxious to get my annual physical over with so we could take off on a planned hiking trip to the Grand Canyon.

My doctor recommended a chest X-ray. I hadn't had one in years. When it came back blurry along one edge, he advised me to get a CT scan. While he was scrutinizing the scan the following week, a slight furrow in his brow gave him away. "I think you should see a specialist," he said. "I'll refer you to one of the best in Northern California."

"He's just being overly cautious," I told my husband, trying to calm the butterflies in my stomach. "There's nothing wrong. How could there

be?" With the exception of colds and flu, I had hardly been sick in my life. Andy nodded in agreement, but his anxious eyes told me to make an appointment anyway.

Blessed with the good looks and demeanour of a movie star, the thoracic surgeon entered the examining room in a hurry. He looked at the blurriness in the scan and agreed with me. "This is nothing," he said. "Only a little congenital malformation." But just as I expected him to rush out the door, he dropped the bomb. "There's something else though," he announced, his broad smile revealing perfect white teeth that glistered under the florescent lights. "It only showed up in the CT scan. It's a small tumour in your right lung; malignant, I'm certain. Fortunately, it's operable. We'll have to remove the right lower lobe of your lung, but there's an excellent prognosis."

All I heard were the words *tumour, lung, malignant, and remove. Excellent prognosis* flew over my head like a frightened bird.

Two weeks later, with the help of family and friends, I managed to get myself to the hospital on the scheduled day for the 6:00 a.m. surgery. But my doctor was called into emergency and we were relegated to the waiting room for the next eight hours. When he finally emerged, he asked if I would postpone the surgery for another two weeks. "I won't survive another two weeks," I told him, recalling my fragile mental state of the previous days. Obviously tired, he nevertheless agreed to go ahead.

When I awoke in the ICU to groaning roommates and pulsing machines early the next morning, my first thought was that I shouldn't be there. Lung cancer kills people. I should be dead. Closing my eyes, I drifted off again until I heard my doctor's voice. "You're cured," he announced, his movie star smile now wider than ever. "The tumour was in the earliest possible stage. You won't need chemo or radiation. You'll be back on your feet in no time." Floating in the warm embrace of powerful drugs, I summoned a small smile. "I'm not dead," I murmured, as the white coat bustled out the door.

But shortly after my release from the hospital, my chest cavity filled with fluid, requiring several more hospitalizations to drain it. When the fluid returned, my doctor threw up his hands in frustration. "I've never seen this before," he declared, his movie star smile morphing into an angry grimace. I felt like it was my fault, that I wasn't going along with

the plan. "But I'm sure it will be absorbed eventually," he said, his way of getting me out the door.

He was wrong. Months after that office visit, I awoke one night to excruciating pain, my back a collage of black and blue. With my doctor on vacation, his partner admitted me to the hospital and took over my case. After a week of unproductive treatments, he finally told me what was on his mind.

"I suspect you have an infection," he said. "Physician induced."

"Physician induced?" I screeched. "What's that?" I imagined my surgeon rushing into the operating room after eating his lunch and forgetting to wash his hands. I remembered how tired he had been when he had asked me to postpone the surgery.

"Acquired during surgery," he said casually, as if it happened every day. "We'll have to go back in and clean it up."

*Clean it up?* My stomach fell to the floor.

Ten months after the first surgery, I underwent a second to remove a mass of infected tissue deep in my chest. "As big as a grapefruit," the surgeon told me. "A staph infection. Luckily, it was contained within a membrane. Otherwise it could have spread throughout your body. That would have been a problem." A *problem*? I learned later that staph infections like this could be fatal.

The wound was left open to drain, a cavernous hole in my back. When my husband took a look he nearly passed out. "I've never seen your insides before," he said. I refused to look at it.

Twice a day, a nurse came into my room to stuff four feet of gauze in the wound. Each time the old gauze was removed I felt my insides being pulled out as old tissue was sloughed off to make room for the new. The first few times, I shrieked so loud that another patient down the hall later told me she thought I was either crazy or being tortured. After the first few days, the pain diminished slightly and I was able to suppress the urge to scream.

I went home with the hole in my back, requiring weeks of nursing visits to change the dressing before my husband was comfortable enough to take over the job. When it finally healed, I was left with a gash across my back the shape of a ragged smile. My first surgeon had become mysteriously unavailable during this time, but his angry grimace lingered on my body.

A physician friend recoiled in horror when she took a look. "That could become infected," she said. "Go see a plastic surgeon."

I followed her advice. "You'll need another operation to repair it," the plastic surgeon announced as I sat in his examining room surrounded by posters of face-lifts and breast jobs. "We'd have to move tissue and muscles around to fill in the gap. It'll probably be fine, but it's hard to tell. It's your decision."

Sitting motionless on the examining table, I watched his face fade into the breast diagrams on the wall. I decided only one thing. "I can't do this," I said.

As I stumbled through the door, the terror of the last eighteen months washed over me like a tsunami. Pressing into the crowded elevator, I hiccupped my way to the lobby as other patients and staff averted their eyes. In the parking lot, the hiccups turned to howls. It wasn't just my own medical horrors that finally overwhelmed me. Six months before, my sister-in-law and good friend had been diagnosed with brain cancer and was dying a horrible, wasting death. Two months later, another family member passed away and my oldest friend was told she had breast cancer. Finally, my beloved shepherd dog, the creature whose funny antics had helped me get through all of this, died from an unsuspected illness. As she lay fading in my arms, I wailed my protest to the sky. "This can't be happening!"

Starting the car, I made a second decision—to escape. I called my husband and told him there was nothing more to do, that all that was left was to "blow this joint." I actually used those words. When I got home, Andy was waiting for me at the door, his puzzled expression revealing his angst over my disjointed phone call. "I need to get out of here," I cried, as I rushed down the hall to find our box of maps in the closet. Opening *Southern California Deserts*, the big blank spot of Anza Borrego State Park looked perfect, over 600,000 acres of pristine terrain near the Mexican border. Not only would it be beautiful and full of spring flowers, even during peak season it is possible to wander off and never be found. Supportive as usual, Andy agreed to go.

But once there, no matter how many remote washes I tried to lose myself in, the desert eluded me. The flowers seemed garish, and the landscape too vast. One morning, exhausted from days of running around

checking off each new plant in my guidebook, I lay down in the sand and drifted off to sleep. When I awoke, a tiny flower tickled my nose. Opening my eyes, I saw that I was surrounded with them—purple, fuchsia, creamy white, orange—none bigger than the end of my thumb. Rolling over on my stomach, I marvelled at the fairy garden before me. In my rush to find the grand display, I had ignored the humble one at my feet.

Days passed with nothing more to do than hang out with minuscule blooms. Staying put in a single wash, I spent hours studying them, as if doing so would answer some monumental question. Finally, during a rare trip to town I bought a magnifying glass. As I examined them under the thick lens of the glass, the belly flowers slowly revealed their secrets. All their requisite components were there in miniature—pistil, stamen, ovary, and sepal—but they seemed so much more than a mere sum of their parts. Rising up from their stems in luxuriant curves, their brilliantly coloured petals shimmered in the morning sun as if telling the world, *I am here, I am here*. A multitude of spicy scents wafted up from their centres, also announcing a special presence. Cushions of yellow pollen offered a soft place to land to whoever came their way, with a promise of nourishment to boot. Faced with the harshness of their desert home, these tiny flowers were doing all they could to stay alive. They didn't wilt, nor did they beseech. They merely opened themselves fully and hoped for the best. *We live, we go forward. That is all*.

When we returned home, I called the doctor and scheduled my third surgery. The wound healed in days, a pale line replacing the angry smile.

---

*Carol J. Arnold was awarded New Millennium Journal's 2009 first prize for flash fiction. Her work has appeared Traveler's Tales Best Women's Travel Writing as well as in numerous literary journals and on public radio.*



# The Day After

Mary McIntyre

Many fingers reach into the casket. Dad covers Mum's hands. He trembles, dropping his head. I stand beside him, one hand pressed against the brown wool of his best suit, the other touching the smooth wood rim of the casket. *Will I leave a fingerprint if I press hard?* My eyes drag away from the creamy satin froth puckered around the lid to look at Mum's face.

Together, my sister Elizabeth and I chose the navy suit she's laid out in. We pinned a gold brooch in the design of a wheat sheaf on the lapel. It is tasteful, as if the occasion calls for fashion sense. We didn't consider any of the bolder pieces she loved and collected like coloured candy in a jar. My eyes trace the delicate gold spray of wheat. It will go with her to the grave. No light to sparkle down there. I close the lid on the grim thought.

"She looks beautiful, Dad."

"Does she, really?"

He has macular degeneration. He can't see if her hair is the way she likes it styled, or if she's wearing her glasses, if her face is like a mask, if she looks natural.

"Is she wearing her rings?" he asks.

"Yes, they're on."

He reaches a hand into his pocket and pulls out a square blue and white hanky. I'd ironed it only days before. Before and after, that's how I measure things now. I changed our bedding before Mum died. It will need changing after the funeral. I'd watered her plants before she died. They'd be okay until after. I wish I'd remembered to set out a plain white

hanky for him. She would have liked that better.

Elaine comes to stand with us. He turns to my sister and clutches at her hand, wiping his nose again.

"Are you okay, Dad?" she asks.

"I can't believe it," he sobs. "My one and only."

We are quiet then, embarrassed. He turns and we guide him to a chair. He lifts his hands to cover the sorrow on his face. My daughter walks away from a cluster of grandchildren to sit with him.

My other sister, Elizabeth, joins Elaine and me at the coffin.

"They did a good job," said Elizabeth. "Not false looking."

"Yeah. She looks peaceful," says Elaine. "Her hair looks nice, too."

I am relieved. I'd cut her hair only three weeks before in the hospital. It was impossible to see the back of her head around the hospital bed. She was too sick to sit up. I hacked it off in clumps and rolled it up in pink sponge curlers. The nurses teased her about how good she looked. She picked up her hand mirror from her tray, and for the first time in months, she looked pleased. These were gifts—my haircut, her smile.

I watch my daughter leave her grandfather's side and walk toward me. She's never been close to death or a casket before. I block her view and ask her how Grandpa is now.

"He's upset," she says, reaching for my hand. "How're you, Mum?"

Months of care giving have carved me thin and haggard. Last October, when the fall leaves erupted in colour, I moved into my parents' house. Mum was dying of kidney disease and I didn't know it. For two weeks, she and I trained at a clinic to learn procedures for administering peritoneal dialysis at home. Four times a day we sterilized our hands, weighed her, calculated blood pressure readings, filled in charts, cleaned the insertion wound, hooked up dialysis bags, clipped tubes to drain the cavity, clipped tubes to replace the fluids, emptied the discharge in the toilet, and put away the instruments. Six hours later we repeated the process—four sessions every day for the rest of her life. A mountain of dialysis supplies covered the bedroom floor and stacked up the walls of the spare room where I slept. It felt like a cave.

In early November it was clear to me that she was too sick to manage the procedure without supervision. We hired nurses for two of the four daily treatments. I stayed on to do the two others and that meant

staying overnight. I still couldn't go home to my partner, Ben. He was all right with that until Christmas—then the complaints started.

I became my parents' housekeeper: cleaning, shopping, cooking, laundry, and nursing. I reacted to Mum's bouts of dangerous low blood pressure by serving up salty soup. She stopped coming downstairs. She ate less and less. She grumbled when we harped about protein intake and pills. When in late November her legs swelled into solid blocks, we took her to the emergency room: six hours of waiting before she was admitted. No nurse was available to give her the long-overdue dialysis treatment. They found me a room and supplies and I administered it for the last time. Relief washed over Dad and me when the doctor said he recommended a longer stay for observation. He must have seen our exhaustion. I didn't know she wouldn't come home again.

"I'm okay," I say to my daughter.

I keep saying I am okay. Is numb okay? Is hidden anger okay?

"Do you want to see Grandma?" I ask.

She squeezes my hand and says, "Yeah."

My sisters leave us alone. My daughter and I link our arms around each other. We pull tissues out of our pockets and I listen to her quiet words of praise for her grandmother.

"I'm wearing her bracelet," she says, turning the silver band on her wrist.

I smile. We daughters and granddaughters had selected pieces of jewellery from Mum's jewellery box to wear today. Why had we done that? Did we think she would see it, see our sharing of her inexpensive trinkets?

"She'd like that," I say.

She comments on the gold and amethyst pendant I wear: an engagement gift from my father to my mother sixty-two years before.

I stayed at the house with Dad and took him to visit Mum at the hospital every day. Part housekeeper, part entertainer. On Sunday nights we watched reruns of Lawrence Welk until I wanted to scream. *Lights out at nine*, he said. I'd read in bed and take sleeping pills. In mid-January, we learned from the doctor that Mum would need long-term care. My duties expanded into clearing out a houseful of possessions: Mum's secret hoarding for every decade of the last eight.

When Dad told her they'd have to sell the house and find a place to accommodate both of them, she flagged. I made countless phone calls to community services, retirement homes, and nursing homes. Dad and I toured a few nursing homes willing to administer dialysis, terrible-smelling places of cramped rooms and mindless cadavers shuffling the hallways. I reviewed their finances, brought in a financial planner. Everyone had an opinion. The sky was not the limit. But the situation was better than I'd thought. We toured better places.

I excavated the crawl space under the garage and retrieved childhood memories from cracked, dusty boxes. Each opening unveiled startling discoveries. The family room was set up like a store. Every weekend, my siblings and I divvied up what we wanted and set aside the rest: a bewildering heap of memorabilia I knew I would have to dispose of later. We promised Mum we wouldn't have a garage sale, so everything had to find a home. I phoned auction houses, jewellery dealers, vinyl record enthusiasts, theatre groups, furniture buyers, crafters, and government agencies. Everything smelled damp, like the cottage, or my grandparents' basement. A man took the worst of it and paid Dad two hundred and sixty-three dollars. I would have paid the man that much to take it away. Dad was insulted.

The funeral home fills with aunts and uncles, cousins, church friends and neighbours. Buzzing conversation pushes aside the subdued reverence of an hour before. People reunite and the atmosphere becomes almost festive, except for the respects paid beside the casket with Mum inside. So much hugging, hand holding, and kind words. My legs ache. I am thirsty. I want to sit. I want to go home, but home is Dad's house and I don't want to go there anymore.

"Where's Ben?" someone asks, then another.

Ben is my partner of five years. I'd abandoned him for months, or so he thought. He'd booked a golfing trip to Florida for himself. When it was obvious my mother would die soon, he asked me if he should cancel it. I figured if he didn't know the answer to that without asking, I didn't want him around. He wasn't saying the words I needed to hear. He left and now everyone looks worried when I say he is in Florida.

In the months before Mum died, my sister Elaine came from out of town for days at a time to give me a break. She rode the train. I still

stayed overnight because we needed my car for hospital visits and haulage. My other sister, Elizabeth, came to help too. She worked in the daytime and visited the hospital at night. My brother showed up on weekends. We'd load my van with bags and boxes of garbage and he'd drive to the transfer station and dump it.

That winter was one of the coldest and snowiest on record. I couldn't put my car in the garage because it was filled with boxes of garbage. I resented shovelling the driveway and scraping snow off my car but used the excuse to get out of the house. One bitter cold February day, Dad and I drove eleven heavy boxes of paper to an outdoor recycling station. Brilliant sun hurt my eyes. Fingers frozen, I lifted the heavy boxes over the edge of the dumpster. Dad, not wanting me to do all the work, and not seeing what he was doing, let slip a heavy box of Christmas cards from Christmases past. Hundreds of red and green, gold and silver leaves of cheery messages fluttered to the snow. Swirling bells and wreaths and reindeer flapped around our feet. I stooped and grabbed at them and scrambled on my knees to keep them from blowing under the car. Dad cursed his vision for making him helpless and dependent. It was a low point. His children's help was a necessary invasion, all this tearing apart, hauling away and strangers in the house. He had no future.

I continued to look for a place for my parents to be together, but the limited availability of qualified attendants for dialysis treatments blocked us every step of the way. Mum had a stroke. The doctor asked if we wanted heroic gestures if she failed. No. The social worker said I needed a rest. How? Would she come and stay at the house?

The visitation at the funeral home ends at nine o'clock. Strangely we say good night to Mum. We collect our purses and coats and head out to a frozen black night. The anger brewing inside me all evening becomes a resentment I can't show and can't shed. In the frosty air, I clamp my jaw and make a decision. I will go home to my condo tonight. Elaine and her family can take care of my father at his house. Ben is in Florida and I can be alone. No one needing a meal cooked or laundry done or boxes hauled. No scrubbing or vacuuming. Someone else can decide on Dad's clothes and hanky for the funeral. No phone calls to accept, no polite talking.

I feel too empty to explain how much I need my own shower stall, my cupboard where clothes hang on hangers, not stuffed in sport bags on

the floor. I'd lived out of sport bags all winter, never unpacking because I thought I was going home soon. Jeans and sweaters, all winter. But on the ride home tonight, I will listen to whatever I choose on my car radio. I will rattle through the hangers in my closet until I find something different to wear—something to give me back my identity.

"I'm okay," I repeat in crisp white breaths.

"Well, call us when you get home."

"I'm going to bed early. Don't worry about me."

"Call us in the morning. Are you sure you're all right?"

"I'm okay."

I unlock the door to my condo. I shut it behind me and lean against it. I breathe in the scent of my place and drop my bags. With deliberate slowness I shed my clothes and open the shower door. I bend my head under hot streams of water, hands pressed against the wall, willing exhaustion to slip off my shoulders and swirl down the drain. I look in the fridge, but Ben is gone and there is nothing left to eat. I flick on the TV and flick it off again. I sit on the couch like a plastic figure. I feel thick and lumpy, without a soul.

A dusty grey film covers my computer. My hand rubs the screen and I wipe the dust on my robe. I sit down. It all drains away then: the anger, the resentment, the sorrow, and the words. A tribute replaces the emotions I feel for a lost mother. It flows through me like the tears washing down my cheeks. I find Mum again. I cry for the Mum I'd been too busy helping to see. I remember my Mum on paper and find my peace.

---

*Mary E. McIntyre, member of Life Writers Ink and Writers' Community of Durham Region appears in several publications. She is writing a family memoir, "Washburn Island: Memoir of a Childhood," [maryemcintyre.wordpress.com](http://maryemcintyre.wordpress.com).*

# Discussion Guide

## **Evacuation**

As you were reading the recounting of a medical emergency, did you anticipate a positive or negative outcome? What information influenced you in either direction, and what knowledge did you provide to arrive at your impression of how the situation would evolve?

## **Benevolence**

In the dialogue between the potential donor, Arthur Rae, and the transplant team psychiatrist, Ben Wasserman, who seems to be more beset by conflict? Does this situation ring true as a plausible situation that could develop in a transplant case?

## **Going Away and Coming Back**

What aspects of human experience does the title refer to? The poet plays with the notion of mockery—how do you understand this theme? Who is being mocked or laughed at?

## **Stone Hands**

A grandmother baking bread. What is the significance of bread-making in this memoir? The author narrates a recipe to bake bread but indicates that it is not simply baking she is learning. How does the reader view this generational challenge?

## **Vigil**

In this response to William Carlos Williams's "The Red Wheelbarrow," if you think of Williams as the doctor in "Vigil," how does it change your reading of the poem?

## **Dick Wong**

The narrator acts by not acting. How do you feel about his decision? Does our society judge health-care actions and non-actions differently? Do you think it should?

# *Ars Medica*

## Subscriptions

2011–2012 (four issues)

\$45 (CDN/US) individual

\$65 (CDN/US) institution

### **After January 1, 2011**

\$65 (CDN/US) individual

\$90 (CDN) institution

\$110 (US) institution

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please make check or money order payable to

*Ars Medica*

Attn. Liz Konigshaus, Room 925

Mount Sinai Hospital

600 University Avenue, Toronto, Canada M5G 1X5

Subscribe online at [www.utpjournals.com/subscribe](http://www.utpjournals.com/subscribe).

Donations towards *Ars Medica* are also welcome, through the Mount Sinai Hospital Foundation. Please contact [arsmedica@mtsinai.on.ca](mailto:arsmedica@mtsinai.on.ca). All donations are tax deductible, and receipts will be provided.