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That Elusive Quality of Life *from the collection Across the River*

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The two doctors were angry with each other, but you could only tell it by the way they lifted or dropped their brows over the white surgical masks and beneath the white surgical caps. They were both relatively tall men, but the one holding an electric saw loosely in his slick gloved hand was younger than the other, and that was visible in his eyes as well. He had blue, bright, sympathetic eyes. The other doctor had a darker look, larger adult brows to draw down, and his choice of mannerism was to hold himself posed, speaking in a slow voice that simmered with distaste. Two nurses in blue-green surgical dresses and masks stood by the men's sides, looking downward and pretending not to hear the argument, which had moved on now to alternative points of entry. On the table between them lay the sheeted form of a boy, thirteen, only the shaved side of his head exposed where they had drawn dotted lines on the slightly swollen flesh so that it resembled a large baseball.

"Are we ready to do this, people?" the older doctor asked to the room in general, although it

was quite apparent he was speaking to the younger one. “While I appreciate the eagerness for change that comes with a new face on the staff, I think this is hardly the time for a protracted debate on methods. So can we cut now, or do we have to keep talking until this young fellow’s parents come back for him?”

He took the saw from the younger man and started making an incision along the dotted lines. The blade edge hummed against the bone, growing hot. Both the nurses were involved in suction, which meant they had to catch the blood, as it started to flow, in long plastic tubes that would not interfere with the surgeons’ hands. They stood next to a small machine called, quite unaffectedly, the *suction box*, and inserted these tubes like insect fingers. The operating room around them was beatifically white: where it was not sterilized formica and glass, it was hard bright steel, narrow aluminum poles supporting cloth-covered trays and cloth-lined tables. It looked something like a picnic with all the open containers spread neatly out and their contents exposed.

The younger doctor watched the procedure with his hands held relaxed in front of him, palms up, the thin rubber gloves making his fingers look plump and greenish. He was threatened by this older doctor, he felt patronized by him, he was uncertain as to how his position on the staff would be affected by the older man’s opinions. He had hurried himself from MCATs through to his postdoctoral, and now in actual practice he was finding he was still rather young. Cadavers

and blades were not breathing flesh and blades, and there had already been incidents—noted, he thought, among his peers—where his nerve fluttered briefly or his judgment was thought imprecise. Perhaps it was not too late, though, to win the other man’s respect, to gain him back onto his own side. He breathed in and the mask was cold against his mouth.

“This is just what I didn’t want to see,” the older doctor said, as if musing. He was examining the exposed inner side of the skull fragment, which was brown and pulpy-looking, like a slightly bad fruit. “This is supposed to be dry—it’s supposed to be chalky. That means the major arteries are distended. Swelling.” He pronounced the word as one might pronounce a diagnosis on an old car that confirms what an able mechanic should already have known before popping the hood.

“You’re right,” the younger doctor said, deferential. “Of course you were right.”

“You can see it here already. It looks like a blood orange in here.”

“Yes. I see that now.”

Together they segmented the *dura mater*, the thick skin which surrounds the brain, and the younger doctor took the flap from the other’s hands and secured it in an open position. The still-concealed organ underneath resembled a large purplish welt. Then the older one slit the *pia mater*, the subtler skin known as “little mother,” and it began to bleed. One of the nurses turned the suction box up so it made a louder whirring noise.

“It’s not bad,” the older doctor said, as if someone had asked. “I can mop it. It’s just fluid, some CSF. No problems. No sweat.”

When he spoke this way, the older doctor was trying to appear more youthful than he was. It was an affect he had adopted coincident with the loss of his frontal hair and the sparkling greys that were appearing in his proud moustache, and one of which he was unaware. He was a specialist in open brain surgery, in the profession for almost two decades because he hated death like an enemy and wanted to do away with it altogether. Of this he was also unaware. In brief and intermittent consultation with the irritatingly fresh-faced doctor he had seen himself being brought in as a “point man,” the quickest and most efficient surgeon on staff. How the parameters of disease had been determined, or where, in the course of its secret genesis, it could have been otherwise interrupted, were issues with which he was little concerned. He was the reliable one, the luminary. He had never met the boy under the sheet.

The bare exposed side of the thirteen-year-old brain was pink and soft looking, rolled into tight whorls indicative of the cortex and higher cognitive functioning. It sat like an island in a small pool of blood and milky cerebro-spinal fluid that was constantly being drained away and replaced through suspended plastic bags. When the heart beat, the arteries that snaked across the top of the brain like fleshy vines swelled and contracted, and the blood puddle stirred. Under the sheets the boy flinched a leg.

“He’s awake,” the younger doctor said, alarmed. “Jesus. He’s coming out.”

“No, he isn’t,” the older doctor said, showing not even mild concern. He raised the large brows and peered into his work, delicately pressing around the moist flesh with his fingertips. “That’s a halothane spasm. If you were touching motor cortex I’d say you were causing it, but over in the parietal lobe as we now are—” He continued to speak to himself quietly as he worked, a habit that had always allowed him to concentrate and simultaneously lent to his actions the satisfying character of a demonstration. The younger doctor was much put in his place. He had heard of halothane spasm, knew they were using halothane narcotic in gas to keep the boy under, knew they couldn’t administer it directly into the blood because of transfusion and the danger of shock. He knew that under these draped sheets there was a plastic tube and a funnel taped directly to the boy’s face, through which he breathed in his chemical dreams. He knew the knees and lower abdomen were likely to shake. But he had forgotten. Why had he forgotten? He looked the fool.

The sheets were rather discolored now, taking on a pinkish stain near where they worked. “Cut here,” the older doctor said. Together they sliced a thin line through the cortex, following its ridges as much as possible, and the older man lifted the flesh up and suspended it. There was a darkness underneath. He sighed. “This is just what I didn’t want to see,” he repeated, standing straighter and looking across the operating table. Like the eye-

brows, his moustache was grown big and furry and bulged underneath the mask, giving his mouth an oddly puckered look. "If the tumour were contained, we would find it in a localized section of tissue, just nestled in there. The edges would be clean. But this ... " With his scalpel he gestured into the purpley blackness. "This is severely diffuse. The tumour doesn't have any breaks, it's diffuse through the brain. The preoperative strategy you laid out, I now see, will be wholly ineffective. We're going to have to cut as much as we can and see what we've got left."

He ordered another set of scalpels and started to work.

"Are you with me, young man?"

The dark eyes were on him and the younger doctor turned back to his own work. He would have to cut simultaneous with the other man because shifting position around the table was impossible: together they would be required to lift sections of growth away. But he burned with the knowledge that his analysis had been found deficient, and more so, that he had not even been consulted in this eleventh-hour alteration. The way the older man leaned down into his cutting was dismissive. He hadn't been consulted, he had been ordered to work. Unhappily, he took his blade.

The first few sections came easily, from the heart of the tumour: pale, almost plant-like cubes of toughened matter. They collected the pieces in a steel pan held out by one of the nurses, as if she were receiving charity. Then it became harder: there was more of the thick red material of human

brain, interspersed with the yellowy tendrils of cancer. It came up in bloody lumps, sometimes tearing. Soon it was necessary to start making thin slices, the action not unlike scooping out a gourd. Under the sheet the leg kicked and the younger doctor gasped.

“This goes all the way through,” the older doctor announced to the room, clattering his instruments down into another pan with a loud finality. He took on the air of a man who has discovered something defective from which he himself is immune, something almost morally wrong. “The tumour runs through into deep brain. I believe it crosses over not just moderately but significantly into the left parietal cavity, which is leaking. That would explain the pressure. And again, that would explain the swelling.” He stared across the table and the anger was back in his expression, the vindictiveness. “What on earth did late MRI show? Or didn’t you do one?”

“The cavity was compact,” the younger doctor said. His hands were slicked with blood and for a second he found himself clenching them, had to remember to hold them upright and free. He could see the magnetic resonance scan in his mind, the glowing silver cloud of cancer in the midst of the computerized indigos and reds. He knew the rough parameters of the tumour, knew about the leakage in the lateral ventricle. But somehow he had not pictured the edges of the problem. How could he not have seen?

But in the exam room, when he had sat the child down and spoken with him, he *had* seen the

mounting incapacity. He saw the dumb crookedness of the boy's left eye, as if it had been poked. He was aware of the constant swallowing, the complaint of odd tastes. How could he have misjudged that information? But he himself had compensated for the boy. He had wanted the boy to be better off than he was.

"The lateral ventricle was compacted. I could see that. But verbal skill was all right. Motor skills were all right."

"All right?"

"They were *intact*."

"Could he walk?"

"Yes. Yes, he could walk fine. I examined him on several ... "

"Could he *talk*?"

"Yes. I told you, I didn't see any ... much of any ..."

"This patient is going to die. You understand that, don't you? Now what you're telling *me*, it seems, is that a brain that contains a diffuse parietal cancer, which, as we now see, extends well over seventy millimetres—let us say, for the sake of comparison, roughly the size of a golf ball—was not apparent to you."

There was a quiet in the room. The nurses looked at each other, bright quick eyes under caps. One of them spoke.

"Dr. Malamut, don't you think ..."

The older doctor turned on her. "Is pressure steady?" She glanced at him for a second, looked away.

"Yes, doctor."

“Is suction steady?”

“Yes, doctor.”

“Then shut your mouth. You’re in surgery.”

The older doctor returned to the blackening mess with a slow shake of his head. The blood was thickening where he bent and needed to be cleaned off but he began to cut again anyway.

“Suction here.”

“Look, Dr. Malamut,” the younger doctor said. “If we go any farther, we risk hitting motor cortex. You could leave him with nothing.”

“The brain, young man, is a surprisingly resilient thing. Now I need you here.”

“If he doesn’t go into coma, he could still be totally unresponsive. He could be paralyzed, or mute. He’ll have nothing.” Then, as if it were relevant: “He’s only thirteen.”

The old doctor looked up again, furious and calm. He spoke in a precise tone, highlighting each syllable slowly, as if to a non-native speaker in the language of rationality. “And if we leave it, as you seem to suggest, the outer rim of this cancer will eat away the rest of this brain until it is completely gone. The patient will die within the year. Now, I don’t know what they were teaching you up in Chicago, but I don’t look on that as a positive result. Do you?”

The young doctor thought to himself, the images moving with ferocious speed behind his eyes. He saw the accepting face of the mother he had met in the front room, a previous-generation widower who still looked on doctors as if they were little deities, whose face already accepted the worst even

before he had given it to her. The wrinkled mouth holding in the pain, the solid and unflinching eyes. She would understand completely; that was the terror. She would not blame him or the institution or God or the gods. She would understand that surgeons had to make these choices, that they weren't trained as philosophers, that they only knew brute facts: it lives, it dies, it enjoys or it enjoys not those strange idiosyncratic elements they were told to preserve. She would touch his wrist with both her hands and squeeze it and press her lips together again and again. He would explain to her how the catheter bag worked, how to operate the wheelchair, and discounts the family could have on parts for the future. He would explain it all to her. He would explain it all.

“His name was Randy,” the young doctor said.
“What?”

“His name was Randy. Short for Andrew. When he was in here, we tossed baseballs in my office. He was pretty good. A lefty. He wanted to pitch for his high school team in a year or two.

“His favourite season was fall, because of all the smells. He hated school, but he said he knew how to get the grades. He was good at English and history and art. He'd just become aware of girls. There was one in particular, but I shouldn't tell his mom about her. That's about it. That's about all I remember. Except that when he went under, he still had all these things, and he fully expected to come back up to them. I think we should all know that.”

The old doctor waited, his eyes uneventful.

“All right,” the young doctor said finally. “All right, then. Proceed.”

“Are you quite sure? Really quite sure? Because we have all day.”

“Yes,” the young doctor said. “Yes, I see it now.”

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