

Ars Medica

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Editorial

The North American health care debate is deeply divided on issues such as costs, access to services, and even the fundamental definition of the basic humane relationships between health-care providers and the sick. What gets lost in such pragmatic debates are the unique stories of those who are ill or recovering and the invocation of the ancient yet enduring traditions of healing as an art.

The medical humanities, we argue, must not be lost or forgotten, since they offer a critical perspective that needs to be added to discussions of fiscal and technological “progress.”

Ars Medica seeks to both broaden and sharpen the focus of debate so that this essential perspective is not lost. As a literary journal we will provide a forum for the creative inquiring mind to consider what terms like *health*, *illness*, and *cure* mean. We will explore what patients signify within their mind–body torments and thrills just as we struggle to locate our own experience as patients and healers within the protean medical system.

The transformations wrought by illness—to sense of self, identity, relationships, the shape of the world—are profound and difficult to account for in the language of medicine, diagnosis and science. Our mission is to explore the ways in which art and narrative can, at least tentatively, approach such meaning and understanding.

We will publish poetry and prose by esteemed literary talent, like Katherine Govier and Michel Basilières, as well as first-time authors like Sarah Reynolds.

We will seek out eloquent clinicians like Mary Seeman to inform us of their healing encounters. We will attract artists from all disciplines—literature, painting, film, music, dance—to challenge us through word or image. We will explore the creative links that promote health and well-being and the dis-ease that results from the absence of such creativity.

We will also publish non-fiction, including personal, historical, and research papers, as exemplified in this issue by the work of Michael Bliss, Jean Mason, and Bob Maunder.

A venture such as this owes many debts long before the first copy sees light, and we would be remiss in not acknowledging the efforts of our international advisory board, our diligent publisher Ian MacKenzie, our legal consultants Stanley Kugelmass and Adrian Zahl (pro bono), and the exceptional dedication of our talented executive manager and general factotum, Liz Konigshaus. These selfless individuals bolstered our efforts in a year that saw SARS delay our first issue more than once.

On behalf of everyone at *Ars Medica* we offer our profound gratitude to the Mount Sinai Hospital Foundation for believing in this project long before it became a reality. Their generous financial support cannot be overstated.

Prepare to be delighted, provoked, informed, troubled—*Ars Medica* will do all this and more.

Growth, Progress, and the Quest for Salvation: *Confessions of a Medical Historian*

Michael Bliss

Not so long ago it was still fashionable to expect little boys to be able to say what they wanted to be when they grew up. In my case, from the time I could talk I would automatically say I wanted to grow up to be a doctor like my dad, a general practitioner in our little town of Kingsville, Ontario.

When I was twelve or thirteen my father started showing me a bit about the medical life. For years I had often gone along for the ride when he was making house calls in the country. Of course I couldn't get to see the living patients, but Dad was also the township coroner, so he began taking me to emergency calls, to car accidents and drownings, where I got to see the dead, the very fresh cadavers, which I found I viewed with much the same equanimity as Dad or any other budding medical student. There was no problem with squeamishness, and the whole experience was an unusual story of father-son bonding that I mean to write about at more length some Father's Day.

But there came a limit. A year or two on, when I was about fourteen, there was a Sunday afternoon when Dad's and my Scrabble game

was interrupted by the appearance at the office door of a policeman with a drunk in tow, the drunk having been in a fight and suffering a badly slashed face. Dad had to sew him up, suturing both inside and outside the cheek, and invited me to watch what would be a demonstration of his surgical skill. I did, and as I sat and watched on that Sunday afternoon in his consulting room, with blood and alcohol fumes everywhere, reflecting on my own complete disinterest in and lack of all manual skills, I decided that this was not what I wanted to do in life. And that was the end of my ambition to be a doctor.

I went to the University of Toronto a few years later, in 1958, with the vague idea of becoming a scientist, probably an astrophysicist. After a year of studying math, physics, and chemistry, I switched to philosophy, because I realized that I was interested in more fundamental or perhaps higher questions, the ultimate issues about the purpose of life and the possibilities of transcendence or salvation. For the next three years at the University of Toronto I was privileged to experience a rigorous, structured, and truly excellent honour course immersion in the main currents of philosophic thought and method. By the end of it I had reached some working conclusions that, whether or not they were well thought out, have more or less guided my intellectual life.

My philosophy training left me inclined to a deep-seated skepticism. Part of the skepticism was methodological, as I doubted the possibility of reaching more than highly tentative knowledge in most fundamental or sweeping matters. Influenced by British analytic philosophy, I concluded that the concepts and language of most traditional metaphysical inquiry were either meaningless or impossibly complex, and that for me these inquiries were dead or irrelevant ends. It also seemed clear that much traditional social theory, which tended to deal with vast generalizations about the course of history or the nature of man, or the evolution of communities, was based on shoddy use of evidence, shoddy definition, and shoddy language, and bordered on intellectual quackery.

My skepticism in the 1950s partly reflected a fairly widespread suspicion of almost all ideologies in those years, not least the old nineteenth-century liberal idea of progress, of the upward march of humanity towards a happy destiny characterized by ever-finer moral, intellectual, and technological achievement. In the aftermath of the two world wars,

and especially the Holocaust, and living in the shadow of nuclear annihilation, it seemed impossible, even risible, to talk about human progress. If the twentieth century had demonstrated anything, it seemed to be the human capacity for unspeakable evil. Most traditional faith and hope also seemed irrelevant or illusory in a secular, scientific world. The most fitting description of the human condition seemed to involve existential absurdity, and about the only feasible prescription for handling daily life, exemplified for some of us in those days by the French intellectual and activist Albert Camus, was to get on with it in an attitude of constant doubt, provisional commitment only, and questioning of authority.

Of course one had to make a living in the real world. After a bit of to'ing and fro'ing, I settled on teaching and writing history. Because I lived in Canada and was married and had no prospect of doing graduate work outside of Canada, and had no strong feelings about the subject of my work, I chose to teach and write Canadian history. The first area that curiosity happened to lead me into was economic or business history, a field in which I spent the first third of my professional life and wrote three books. My work was characterized from the beginning by large dollops of the skepticism I've mentioned. I liked to stay close to my sources, eschew generalization, and see the historian's quest as fundamentally humanistic rather than as a social science. I have always identified with R. G. Collingwood's suggestion that the historian's job is to recreate as closely as possible incidents, events, human lives in their existential (or Aristotelian) uniqueness. My sense of doing biography, for example, has always been modelled after Walt Whitman's injunction to the poet, to "drag the dead out of their coffins and stand them again on their feet . . . He says to the past, Rise and walk before me that I may realize you." My biographies are attempts to resurrect dead subjects, an image I'll return to.

About 1978, I decided to indulge my curiosity in a new area and explore the history of the discovery of insulin—writing the biography, as it were, of a highly controversial and poorly understood medical discovery. My interest in this subject came in large part out of my family's medical background. It was also stimulated by my very early background in science (that first undergraduate year in math, physics, and chemistry hadn't been a total waste after all) and some reading I'd been doing in, of

all things, the history of polar exploration, which raised for me a methodological interest in the possibility of very detailed, day-to-day recreation of past discrete events. If you could virtually retrace the footsteps of Arctic explorers, could you virtually redo the insulin experiments?

I published two books on the insulin story, *The Discovery of Insulin* in 1982 and *Banting: A Biography* in 1984, and at first thought of my medical history excursion as just a kind of mid-life change of pace. I returned to previous interests in Canadian history, which by then also included a heavy emphasis on Canadian politics, which has always interested me as part of any citizen's or scholar's civic obligation. Nonetheless, the history of medicine proved to have a magnetic appeal, not least because of the response of students and readers to *The Discovery of Insulin*. By the late 1980s work in the history of medicine was taking control of my scholarly time. I've now written a total of four books in medical history, am working on a fifth, and consider that this area of history is my final scholarly resting place. (While I keep a hand in Canadian history and especially in writing about Canadian politics, I see my political and policy commentary as a different genre: it's journalistic, polemical, tentative, and intentionally controversial; also, in a phrase of Margaret Atwood's, a kind of intellectual knitting.)

It did not at first occur to me that three of my books in medical history would form a coherent body of work, supporting certain propositions about the modern history of medicine and its relationship to older ideas of progress. The books were not written for that purpose, or so I thought at the time; nor were they written according to any notion of logical or chronological design. Each was a study of a limited, discrete event or a single human life. But they now appear to me to form a trilogy in which key ideas about medicine and the human condition are developed.

Plague: A Story of Smallpox in Montreal, which I published in 1991, is a grim story of a terrible public health disaster. It recounts how smallpox raged out of control in Montreal in the summer and autumn of 1885, killing about three thousand people in the city and another three thousand in its suburbs. It is a story of huge ironies—the ravages of a horrible, loathsome, disfiguring, and often fatal disease that doctors were helpless to treat in patients, yet had the potential to completely pre-

vent, even eliminate, thanks to the marvellous breakthrough associated with Edward Jenner: the technique of vaccination. But in this year in Montreal the possibilities of vaccination were overcome by fear, ignorance, and fatalism in certain sections of the population, who did not allow their children to get vaccinated, and who, when the children died of smallpox, accepted the visitation as God's will—indeed, they were so terrified of vaccination and the public health authorities that they rioted against it, and sick patients had to be removed to hospital by force.

Mostly through devices highlighting the ironies of the epidemic, the pages of *Plague* are meant to convey contempt for that religious turn of mind that saw the spread of smallpox as a decision by the Divinity, for reasons good, bad, or mysterious, to take to Himself so many of the little children of Montreal. This is a book about death being able to ravage a city because of the overpowering of medical knowledge by other factors, religious ideology in particular, but also the fanaticism of ethnic nationalists, and the stupidities of those who challenge the rigour of scientific method. (It happened that the book ended on a hopeful note, with the apparent total elimination of smallpox in the 1970s through vaccination and quarantine. After being assured in 1991 that the last two strains of the virus, held in Moscow and Atlanta, were to be destroyed in just a few months, I ended the book with what has turned out to be a stunningly ironic sentence: "For smallpox, history has come to an end." *Plague* went out of print a few years after publication. This year my publisher is issuing a new edition, with a new preface.)

William Osler: A Life in Medicine, published in 1999, is, among many other things, a story of the empowerment of medicine, a story of the coming of what can still usefully be called modern medicine. *Osler* is the life of a minister's son, who abandoned his first thought of a churchly vocation like his father's, embraced medicine instead, had a spectacular career, which included writing a textbook that became the Bible of early modern medicine, and came to see medicine and its practitioners as offering to suffering, sinful humanity about the only form of salvation it could hope for—relief from the ills that plague us.

Young Osler gave up his faith in the supernatural and invested such hope as he had in the possibility of what he called "man's redemption of man," which was basically the improvements in the human condition

held out by medical progress—instancing not only the conquest of smallpox by vaccination (his first hospital appointment was as a smallpox doctor in Montreal in the 1870s), but such marvellous developments as the use of asepsis and anaesthesia in surgery, which led to a vast lessening in human suffering, and the gradual conquest of many infectious diseases through sanitation and other public health measures. Osler really did believe in medicine's ability to bring about progress (he thought it was just about the only profession that could), and in this sense he celebrated medicine as the hope of humanity—in effect preaching the good news, the gospel of what medicine and doctors could do: man's redemption of man.

“Some of the brightest hopes of humanity are with the medical profession,” Osler said in 1891. “To it, not to law or theology, belong the promises. Disease will always be with us, but we may look forward confidently to the time when epidemics shall be no more, when typhoid shall be as rare as typhus, and tuberculosis as leprosy . . . What has been done is but an earnest of the things that shall be done . . .”

Brave words, which only partially disguised the embarrassing fact of the ineffectiveness that beset Osler and his colleagues at almost every turn. In the 1890s and early 1900s there were not many disease conditions that doctors could treat with much hope of success. Much of medicine was still more promise than payoff, and there were times when about the best that Osler could do was to predict the great things that would be done in the future. He was able to do this on the basis of the proven, measurable progress of medical science. One glorious instance of this in his career was the introduction in the mid-1890s of thyroid extract as a replacement therapy for the thyroid secretory deficiency that causes myxoedema or cretinism. Osler liked to show before-and-after pictures of the amazing ability of this area of medicine to transform the lives of desperately ill children. He would go on to predict that the study of the secretions of other organs, such as the pancreas, would one day make it possible for medicine to treat other deadly diseases, such as diabetes.

Osler, who was a great and good man, died in 1919, so he just missed seeing his prediction about diabetes come spectacularly true in 1922. Here I come to the third in my trilogy of medical books—the detailed description of the events surrounding the discovery of insulin at the University

of Toronto, which produced results in diabetic children so spectacular that observers fell back on their spiritual heritage to use words like *miracle* and *resurrection*.

No wonder. The before-and-after pictures of the diabetic little children who had their lives saved by insulin are about as visually spectacular as any in the history of medicine, and the stories of the children's literal salvation immensely moving. It was an extraordinary personal experience to write *The Discovery of Insulin*, an odyssey that included meeting two of the original Toronto patients still alive some sixty years after they were first treated by Fred Banting. They're dead now, but twenty years after that book's publication I find myself still giving lectures on historical events that amount to an intensely moving story of salvation/redemption through medical research.

The merging of the old prophetic supernaturalist religion into the new secular humanism, the old imagery into the new reality, becomes deeply beautiful and poignant, I think, when we consider Elliott Joslin, a gentle diabetes doctor and Osler protégé, telling of how by Christmas of 1922 he had seen so many "near resurrections" that it reminded him of the chapter in the Bible where the prophet Ezekiel goes into the valley of dry bones:

And, behold, there were very many in the open valley; and, lo, they were very dry.

And he said unto me, Son of Man, can these bones live?

And . . . lo, the sinews and the flesh came upon them, and the skin covered them above: but there was no breath in them.

Then said He unto me, Prophesy unto the wind, prophesy, Son of Man, and say to the wind, thus saith the Lord God: Come from the four winds, O breath, and breathe upon these slain, that they may live.

So I prophesied as he commanded me, and the breath came into them, and they lived, and stood up upon their feet, an exceeding great army.

Sometimes after I give my talk on the discovery of insulin—or its new version, a talk called "From Osler to Insulin"—I reflect on the ways in which this celebratory story, which I know can have a profound inspirational effect, is misleading. Everyone with a smattering of knowledge of the history of medicine knows that discoveries like insulin don't

happen very often; they hardly ever happen; they're atypical of how research proceeds. The whole idea of medical "progress" is very tricky. Medicine, both in theory and practice, moves very erratically, never in a straight line. As Osler perfectly well understood, sometimes it appears to go backwards, or in circles, or into dead ends. Medical "truths," like so many other kinds of truths, often turn out to be socially constructed, contingent, friable, and evanescent, which helps to explain why relativist, skeptical, cynical approaches to the study of doctors and disease are currently so much in vogue among graduate students in history of medicine programs—indeed perhaps also among medical students.

A certain amount of this cynicism and skepticism is sensible. One understands perfectly well the perilousness of turning physicians into a new priesthood, and investing blind faith in their rituals, and encouraging them to indulge further their temperamental inclination to infallibility. Like all other forms of science, medicine is very far from being a shield against mistake, against harm, against real evil—a lesson that, insofar as we needed to learn it (one imagines how horrified Osler would have been), was another of the many taught to us in the Nazi death camps. In the more mundane world of everyday practice, doctors have often screwed up very badly. (Indeed Osler himself made a major error in his lifetime in failing to foresee his own profession's ability to make inroads on what seemed to be old age, and compounded the error by proclaiming, only partly tongue-in-cheek, the virtues of euthanizing retirees.)

But still . . . A few years ago I was a member of a panel of historians put together by CBC Radio to discuss an apparently fascinating proposition: when in all of human history was the very best time to be alive? If you could choose any century, any era, when would you most prefer to live? What terrific scope for discussion this will be, the producers must have thought to themselves, only to find themselves completely discomfited when all four members of the panel instantly agreed: each of us would prefer to live in the present. Why? Because of health care, we all instantly agreed, because in the present you stand a better chance of leading a long, pain-free, healthy life than at any time in the past.

Osler was right. Here in health care is human progress, literally the improvement of the human condition. And while historians and oth-

ers may deny the fact of progress, they belie their ideas when asked to choose when they would prefer to live, just as the great historian Roy Porter belied his fashionable cynicism by entitling his general history of medicine *The Greatest Benefit to Mankind* after a remark about the profession by the great man of common sense, Samuel Johnson.

While understanding perfectly well the shortcomings of medicine and health care, and the problems of garnering real knowledge in the realm of medical history, I have no trouble with the basic notion that at times in looking at the history of medicine we are studying, revealing, and, when it is appropriate, celebrating human achievement aimed at the redemption and salvation of humankind. This is the great satisfaction I find in doing medical history. If, as another historian once put it, most of what we do is hold a damn dim candle over a damn dark abyss, sometimes the light shines on truly beautiful formations.

It ought to be even more satisfying to be doing medicine itself—unless, of course, one does it badly, as I would have done trying to sew up bleeding drunkards on a Sunday afternoon. And even at its best, at its most triumphant, whether in micro- or macrocosm, medical progress leaves us less than satisfied. There is the immensely frustrating fact that health care offers only temporary salvation. It buys time, but the time always runs out—even for those virtually resurrected children who outlived every one of the discoverers of insulin. They're all dead now. We can assault morbidity, we can postpone mortality, but we can't change the absolute mortality rate, which is permanently stuck at 100 per cent. Which means, of course, that the deal Osler offers us, of salvation through physical health and health care—he called it a “ministry of health”—is hugely unsatisfactory compared to what Osler's father peddled, which was life everlasting.

Profound historical insights may be in short supply, but I think one of them is the proposition that the secularization of our societies in the last 150 years has meant a collapse in human life expectancy, from eternity to less than a hundred years. That's why, like snowmen desperate to stave off melting, the more successes we have with health care, the more of our resources we are determined to devote to it. It's not the Reverend Featherstone Osler's game, but in postmodern, post-Christian societies it's the only game in town, and it remains existentially absurd.

Osler also taught us, however—doctors, historians, and laypeople as well—that the best way to handle all of the absurdities of life—medical, sacred, and secular—is to do the best we can to maintain our equanimity. When we grow up, we probably should want to be like Osler.

Michael Bliss is a professor at the University of Toronto. He has made many contributions to Canadian history, and in mid-career switched his academic interest to the history of medicine. He also comments frequently in the media on Canadian issues.

Lie Down

Katherine Govier

As soon as I heard, I called Maxine. And she said, “If you want to join this death watch, you are welcome.” I know it sounds bitter, but it wasn’t really; it was just her vintage candor.

I said, “I will come to visit. What can I bring?”

And Maxine said, “*An explanation.*”

Of all the old friends, some will be reconciled, with or without a prognosis of death. Of all the dead, some will lie down and others will not. Maxine will not. After being given eighteen weeks and no hope, she lasted eighteen months in a remission so convincing that people took her for a liar. It was embarrassing because a wake had been planned. She was a terrific organizer, and this got organized right back at her. The date was set, and the invitations were out. They were raising money for a memorial award in her name. Maxine not only lived to attend her wake, looking fabulous, and gave a fine speech, but she has continued to live right through the next winter. She’s pretty funny on the subject. Now when certain names come up she says, “Oh yeah, Bill gave money and now he’s mad at me because I didn’t die. He thinks I’m faking.”

For a while it did appear that Maxine wasn’t dying after all, at least not on that particular speeded-up schedule. She was offered a counsellor. But she emerged from the process claiming she’d been told she was doing so well in denial that she might as well stay there. We could be with her, but we couldn’t have a say. We couldn’t pity and we couldn’t protest.

Maxine doesn’t like being talked about and she doesn’t like dying. I

play by her rules, for now. Still, she won't escape either, much as she'd like to.

OUTSIDE a wind whips up the discarded donut wrappers and cigarette foil and makes them dance around tree trunks in front of the street-level window where I sit drinking coffee. A lot of sick people die just before the spring. They make it through the winter, but the warmth is so slow in coming they just wither.

People go by with their hands in their pockets and hair flying; they look in as if checking to see if I am real. For reasons not entirely within my control, the city is for me a fishbowl. I signal for the bill; passersby take note. I push back my chair carefully. It reminds me of a certain e.e. cummings poem where he says spring is the hand in the window moving things but not breaking anything. I can identify with window dressing.

I head down to her house. I'm going to take her out for lunch.

After that first call, I appeared, I brought a casserole. There was, however, no explanation for the fact we'd fallen out of touch. Maxine let me off the hook. "We don't need to talk about all that, do we?" she said. I listened instead.

Pretty well my favourite phrase—and this has nothing to do with Celine Dion—is, *It's all coming back to me*. You know that wonderful rush you get when some big lost chunk of your life swings back into view? Hearing Maxine's caustic voice brought back the following: 1975, feeling sophisticated, eating fettucine alfredo at Luigi's beside the Morrissey. Riding our bikes up Jarvis Street from our smart jobs in television. Discovering an actual outdoor café on Markham Street. Seeing Toronto Dance Theatre's nude males crawl out of black sacks on the lawn in front of Hart House. Always coming home to the third floor and calling the answering service for messages. Back then, there was no voice mail. This service was manned by out-of-work actors. "Hi there, did ya' have an okay day? A bunch of your friends called you," the star of tomorrow would say.

Maxine tells me that her tumour has reappeared (*all coming back to me*). The remission is over.

The news has made her angry. She insists, as she has before on occasion, that Rick, her ex-, gave her the cancer. She considers giving up. "A

small sneaking part of me," she actually says, "welcomes the chance to lay down my responsibilities."

I listen. Once before, she admitted to me that she was frightened. Only once. We talk about Auschwitz, why do people carry on? Hope, she says. Hope of a last-minute rescue. And sometimes it comes.

When we first met, she'd had a miraculous recovery from a car accident. I walked into a party; she was there in two casts, propped up on pillows in a corner, with various men dancing attendance. While she was still on crutches we had meal after cheap meal on Bloor, at the Blue Cellar, exchanging intimacies. Her place on Palmerston was just a block over from mine. There was a schnitzel joint we called "the Hungarian"; the owner was a tuberous giant of a man who we were convinced was a Nazi war criminal. Once a year he stood on each of the little tables in his restaurant, one after another, hanging Christmas tinsel from the ceiling. It was a terrible thing to watch him climb on those spindly Formica numbers with screw-on aluminum legs. We feared the legs would give out, that he would topple, pulling down all the acoustic tiles into our breaded veal cutlets.

When people sink into illness their voices are the last thing to go. Hers is a bit raspy, surprisingly low for her tiny size. I could listen as long as she could talk. Certain remarks of hers, simple sentences uttered over nearly thirty years, stay with me as if the conversation took place only hours ago. "It was the real thing," she said of our friendship in a valedictory way when she considered our estrangement to be final. And, "You know I am on your side," once when a friend of hers made off with my serious lover. In the old days a group of us borrowed play sets from the Yorkville Library and did readings. I was always the ingenue. Maxine was the dowager.

"I guess you got that out of your system," I quipped on our last lunch.

She shot me a sharp glance. "I may have style, but I do not mean to make this look easy."

The dying are allowed to joke about it; we others are not.

FROM HER BEDSIDE, my eyes rove to the sunshine that I can see paving the normally grey street with a line of purest yellow. Spring is a perhaps hand in a window, the poet said, "carefully to and fro moving New and

Old Things.” Which are we? Not new but not yet old, each spring a tad more faded, but we do have style; spry does not yet apply. We are light and loose, compared to the heavy furniture of the aged. Perhaps we always will be, we who live.

Although the hand does its stealthy damage. For instance, when did it arrange the free radicals and the cancer cells so delicately in Maxine’s pancreas as to begin the slow destruction? No one saw. Perhaps for years no one knew. A year ago the disease blossomed; in summer it was mowed under; in winter it slept, and now with the season it wakes, ravenous.

She is tired. But she wants to come to lunch, so I help her dress. “Perhaps it’s time to accept the inevitable,” says Maxine, partway through getting the sweater on.

“Out of the question,” I say. I put myself on the dream team from the start. “You’ll see your fiftieth birthday,” I say. “We’re going to go to Mexico as soon as you’re on your feet.”

This too is a Toronto thing. Flight. I’m thinking I’ll drive her down the highway that runs along the east coast. The A1A, it’s called. It is a slow, two-lane highway that cars must share with bicycles. Driving, one is descended upon by flocks of aggressive cyclists with their lozenge-shaped, shiny, insect-like helmets. They swerve around you and curse and shake their fists so that you are glad air conditioning forces you to keep the windows rolled up.

I feel the lure of that road. When you get to the north of Florida you can turn off inland to Orlando. At Universal Studios there is a King Kong ride. An almost genial ape looms over the skyline and picks up the subway car you’re riding in and threatens to peel it like a banana. Farther south the highway winds past the mansions of the very rich, and the stacked-up high-rise condominiums of the middle-class elder-folk who likewise flock there, and even past the trailer community of Briny Breezes, with its hair salon adorably called Briny Hair. The road is sometimes in sight of the beach, but more often the beach is hidden by wrought-iron gates, golf clubhouses, town bathing pavilions, and some of the few remaining natural dunes in the state. You can take this highway all the way to Miami, the Keys, to jump off for points south. I want to drive down it slowly, down, down to a place of easy long stupid days and

no painful annual struggles to come back from the dead. Just me and Maxine and her intravenous.

WE SET OFF up the sidewalk, heading for Bloor Street and lunch. Maxine wears a morphine-dispensing box on her side that she punches when she feels pain, and a colostomy bag under her overalls. Her post-chemo hair is a khaki ruffle like the feathers on a baby chick. Her feet are so swollen she can't wear shoes: they are stuffed into a pair of clogs. She clings to my arm and stumbles. She looks down at her legs as she walks, and of course mine hove into view as well. "Your tights are navy," she says, "but you think they're black because you didn't look carefully."

At lunch she eats nothing. "You starve to death with this thing, that's what happens, did I tell you?" she says. She is so thin her spine stands out several inches from the flesh of her back and feels as hard as a row of nails. She wants me to touch it in the restaurant, just as, while she dressed, she wanted to show me the bag attached to her navel. She can't sit on chairs without cushions. In the sunlight I can see a fine white down on her face that is the same as the down my babies had when they were born, *lanugo*. When the morphine makes her lose the thread of the conversation she charges, "Bring me back!"

"Come back!" I say.

"I loved my body," she says.

I note the past tense.

She wants to talk about sex. She starts by telling me about a book written by a gay man, giving sex tips for women. "Don't bother with all that fancy stuff when you give a blow job," she says, "they just like it hard and deep." Her lover still climbs into bed with her; she needs to know that he desires her, that he is not put off by the bag of shit on her belly. Maxine avers that she has never been sure that men actually liked going down on women. But her lover now actually does. "It's a big mysterious organ, and making it move gives him a sense of power," she says.

I remember this sex talk from the seventies. Penis size, predilections, who lasted longer. It stopped for a couple of decades. But we are at it again. Marriage, loyalty to the fathers of our children, dropped the curtain of silence on this subject. It will take more than husbands to shut Maxine

down. She can say what she wants. She is facing the distinguished thing, as Edith Wharton calls death, quoting Henry James.

When I take her home she is exhausted and lies on the bed. She thumps her morphine purse angrily until finally she slides into another place from which I do not bring her back. I look at her closed eyes and tell her how strong and brave she is and how our friendship is the real thing and that I am on her side.

As I leave she raises her eyelids. “Next time we’ll go shopping to l’Elegance.” That’s a designer resale place on Yorkville. All her dresses are too big. She wants something smaller to be buried in. And will I take her for a facial and a body wax? Yes, I say. I’m pretty sure this will not happen. The nurse in charge of this campaign, Maxine’s best—because we’ve arrived at the stage, finally, where people other than Maxine herself are in charge—will never allow it.

I walk downstairs and through her kitchen to the door. People are gathering, people who have been more consistent, people who never fell out, or who, I suppose, brought the explanations they were asked for. These custodians are talking about her fondly, marvelling at her every gesture and word, as if she is, as if she *were* a precocious child. I will not do it.

The wind whips my hair into my face as I say goodbye. I turn right and walk back up to Bloor. It happened while I was at her bedside; the wind took away the last of the cold. The half-concrete snow, the crust laced with black that lay along the curb so long this year, has vanished. Spring is so short here. By the time she’s gone, a fine dust, the dust of summer, will be rising.

Katherine Govier is a Toronto novelist and short story writer. Her latest novel, *Creation*, was named a New York Times Notable book of 2003.

Bedridden

John Grey

You tell me you feel alone
no matter how many people
gather at your bedside.
And you're half-naked,
despite the sheets
that sponge your sweat,
blankets like sentries
that shoot whatever warmth
tries to escape your body.

And the walls are white,
not this familiar blue-gold paper.
And friends don't take your hand
but sneak off flakes of skin
for biopsies, or run tubes
into your arm, to feed, to drain.

And those aren't roses
on the dresser,
merely bloody packing,
no cool clear glass of water
but a specimen freshly extracted.

You say the conscious world
is sickness,
the fantasy is memory.
These voices soothe themselves,
not you.
They speak your name
like popping more pills down your throat.

For an hour or two,
it's one-way conversation,
a gurney of words
to strap you on,
push you along
to the theatre of their eventual leaving,
where they will operate with silence
long into the restless night.

Keeping Watch

Sickness has some notion of you
that I don't share.
To it, you're a kind of template,
or host, the current buzzword for dwelling.
It doesn't know you.
To that disease you could be
the killer imprisoned for his natural life,
the guy who cut me off in traffic this morning.
It can infest but it can't know what it's infesting.
It can be inside you
but it can't sit beside you.

John Grey is an Australian-born poet, playwright, musician. His latest book is "What Else Is There" from *Main Street Rag*. Recently published in *Wisconsin Review*, *Concho River Review*, and *Brilliant Corners*.

Tuberculosis as Muse: *Three Poets on North America's "Magic Mountain"*

Jean Mason

Saranac Lake, a small hamlet nestled deep in the Adirondack Mountains of northern New York, led North America in tuberculosis treatment and research before the advent of successful drug therapy. Faced with months and sometimes years of enforced passivity in this isolated mountain community, many patients turned intuitively to the healing power of writing. Poetry, in particular, counteracted long hours of boredom and anxiety, and attracted the deeply expressive heart that often beats within the body of illness.

As a University of Toronto researcher, I am conducting a four-year study of writing by tuberculosis patients who cured in Saranac Lake sanatoria from 1884 to 1954. These dates mark the opening of the first successful institutionalized sanatorium in North America at Saranac Lake, and the closing of the famous Trudeau Sanatorium at Saranac Lake as a result of the recently discovered "wonder drug" streptomycin. My research explores the therapeutic value of writing, the discourse of disease, and the social history of tuberculosis from the patient's perspective. Among the writers I've encountered, three poets stand out—Herbert Scholfield, Adelaide Crapsey, and John Theodore Dalton—for what their

verses reveal about the power of “poetic medicine.” But first, a bit of history for those of you who may not know the remarkable story of Saranac Lake.

In 1873, Dr. Edward Livingston Trudeau, recently graduated from the College of Physicians and Surgeons in New York City and diagnosed with terminal tuberculosis, discovered the Adirondack Mountains’ health-giving properties. Dr. Trudeau travelled to Saranac Lake that year to die surrounded by memories of youthful vacations spent fishing, hunting, and exploring in the Adirondack region. Instead of dying, Trudeau revived and regained health. Trudeau returned to New York City to take up his medical practice. Once back in the city, however, Trudeau suffered a relapse. The young doctor returned, once again, to the Adirondacks. Similar recurrences over the next three years, and knowledge of the emergent sanatoria movement in Europe, convinced Trudeau of the mountains’ curative powers. In 1876 he relocated permanently to the remote wilderness of Saranac Lake along with his wife, their two infants, and his medical practice.

In 1884, Trudeau founded North America’s first successful TB sanatorium in Saranac Lake modelled on similar initiatives in Europe. The first building, called “Little Red,” consisted of “one room, fourteen by eighteen, and a porch so small that only one patient could sit out at a time. Little Red was furnished with a wood stove, two cot-beds, a washstand, two chairs and a kerosene lamp.” Local helpers hauled water up the hill from the Saranac River. By 1930, the Trudeau Sanatorium consisted of sixty-three buildings on ninety acres.

Trudeau’s initiative soon spread, and an entire community grew from six hundred loggers and wilderness guides to six thousand inhabitants comprising mainly tuberculosis patients and caregivers, many filling both roles at different times during their stay. Trudeau also established the first research facility devoted solely to tuberculosis, and became the first person in North America to isolate the tubercle bacillus. By 1920, a community devoted to curing the “white plague” had evolved to include patient care, scientific research, medical training, and patient rehabilitation. Saranac Lake became known as “America’s magic mountain,” and supported a booming local economy built, literally, on air. Even today, most Saranac Lake homes reflect a special architectural heritage related to tuberculosis. The “village of a thousand porches” bears witness to the many



Adelaide Crapsey on the porch. *Courtesy of the Department of Rare Books & Special Collections, University of Rochester Library*



John Theodore Dalton. *Courtesy of Trudeau Institute Archives*



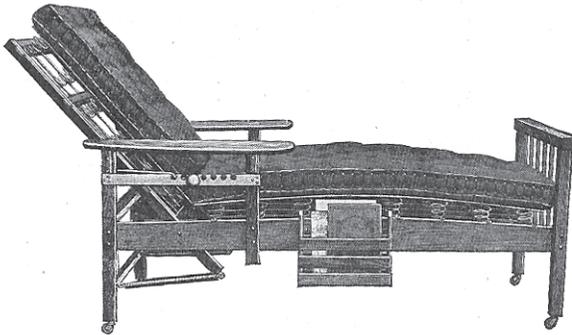
Herbert Scholfield. *Courtesy of Adirondack Collection, Saranac Lake Free Library*

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Cure chair advertisement. Journal of Outdoor Life 28, no. 5 (May 1931).

patients who spent a large portion of their days, and even nights, lying out on these porches breathing the (often frigid) air in specially designed "cure

chairs” in the belief that mountain air had curative properties.

One feature of these chairs was a flat, extra-large wooden armrest constructed to accommodate writing. I like to imagine the three poets to whom I’m about to introduce you penning their verses while lying back in one of these chairs, inhaling the resinous air, gazing out over the Adirondack high peaks, reflecting on their plight and the practice of poetry.

In 1892, Herbert Scholfield had recently begun his career as a young teacher in New Jersey when he contracted tuberculosis and left for Saranac Lake. Scholfield lived there as a semi-invalid for 30 years, taking up poetry as a pastime. In 1919 he published *Sonnets of Herbert Scholfield*—133 sonnets in all. Each sonnet displays a remarkable level of technical accomplishment. Scholfield’s sonnets conform to the Elizabethan tradition of metre and rhyme, form a complete sequence on a single theme, employ typical literary conventions such as the quest, the guide, the dream, and the idealized female, and exemplify the narrative development of a sonnet sequence. The narrative development in Scholfield’s *Sonnets* traces the speaker’s process of coming to terms with tuberculosis, thus giving voice to the patient’s unique experience and revealing the role that writing poetry played in this process. Stating his purpose to offer cheer and comfort in the prologue, the speaker of part 1 imagines his life had he not contracted TB. Fantasies of courting, marriage, family, and old age are rendered in heart-breaking detail. Part 2 explores the reality of a life half-lived. Part 3 examines the speaker’s diminished options and declares a commitment to writing. The final part 4 embraces resolution through the immortality of verse. It is, however, “Sonnet XCI” in part 3 that clearly depicts the role of the poetic muse in Scholfield’s process of curing:

O poesy, thou art a path for me
Through the dark forest tangle of my days;
Thou art a stream and I am borne by thee,
Thy life my pain of loneliness allays;
Thou art a hidden cleft deep in the earth
Through which the waters of my love are led
In yearning hope that they may yet find birth
And some far vale may yet by them be fed.
Why must my path the lonely forest keep?

Why winds my stream through endless solitude?
 Why must my love be ever buried deep
 And my own heart its tenderness seclude?
 Nature hath willed it thus; yet kind was she
 Giving thy way for an escape to me.

Herbert Scholfield died in Saranac Lake two years after publishing his sonnets and thirty years after contracting TB.

Like Herbert Scholfield, thirty-five-year-old Adelaide Crapsey wrote poetry to counteract the long hours of unwelcome passivity. In contrast to her letters that disguised distress beneath a veneer of sophisticated *bons mots*, Crapsey's poetry provided a private outlet where this atypically liberated woman could confide her fears and frustrations. Crapsey graduated from Vassar in 1901 and taught poetics at Smith College when tuberculosis forced her to seek the cure in Saranac Lake in 1913. Writing poetry was not new to Adelaide. She had earlier invented a highly compressed verse form she called the cinquain and had written a number of poems, but published only a single poem before contracting TB. As a technically minded English professor, Crapsey approached poetry more from a critical than an expressive perspective. Considered her more serious life work, Crapsey left two-thirds of *Analysis of English Metrics* complete at the time of her death. When faced with tuberculosis, however, Crapsey turned to the expressiveness of poetry. Although she considered many of her poems works in progress, Crapsey arranged them in careful order as she sensed the end approaching. Crapsey's seventy poems were published posthumously as a collection eight years after her death. Near the end of her collection, she placed "The Lonely Death":

In the cold I will rise, I will bathe
 In waters of ice; myself
 Will shiver, and shrive myself,
 Alone in the dawn, and anoint
 Forehead and feet and hands;
 I will shutter the windows from light,
 I will place in their sockets the four
 Tall candles and set them a-flame
 In the grey of the dawn; and myself
 Will lay myself straight in my bed,
 And draw the sheet under my chin.

As sad as we may find this poem, we can see how it expresses the inexpressible, and how it likely provided emotional release. The collection's final poem, "The Immortal Residue," suggests more explicitly the palliative value Crapsey placed on her poetry:

Wouldst thou find my ashes? Look
In the pages of my book;
And, as these thy hand doth turn,
Know here is my funeral urn.

Adelaide Crapsey died in 1914, the year following her arrival in Saranac Lake.

John Theodore Dalton arrived in Saranac Lake seven years after Adelaide Crapsey had come and gone. Dalton read and admired Crapsey's poems while curing at Trudeau. Dalton's health problems had begun when he could not seem to recover fully from the influenza epidemic of 1918. Friends said it was his training in the Students' Army Corps during the Great War that sapped John's health. But John graduated from Dartmouth and went abroad to study classics at Cambridge. By 1923 he tested positive for tuberculosis and left Cambridge for Saranac Lake. Perhaps it was John's admiration of Adelaide's poetry or his love of classics that prompted him to write poems, plays, and songs to pass the time and amuse fellow patients. But Dalton did not place much literary value on his own poetry. Friends often rescued poems written on scraps of paper that Dalton tossed into the wastebasket. It was obviously the writing process that John Dalton valued. When he died at Saranac Lake, John's friends prepared and published a small volume of forty-nine poems he scribbled while curing there. They called it *Land of Dreams*.

Dalton's verses display a gentle bantering of the personnel and paraphernalia attached to curing, and depict a delicate mockery of his own suffering. The poem "Write Verse"—beginning with its ironic title—shows an understanding of the therapeutic value of both laughter and writing poetry:

In summer things are all my way;
It's flower growing time.
For, when I want a big bouquet,
I've always got a dime.

But when the snow begins to fly
I haven't got a chance;
The other fellow's flower-talk
Still breathes the same romance.

Oh, daffodils and crocus buds
And orchids pink and blue!
Oh, roses red and violets
And white carnations too!

The other fellow sends her these:
I've but an empty purse.
Aw gee! What can a fellow do
But write her flowery verse?

Dalton's ironic sense of life did not fail him even when he chose to invoke his muse. Dalton acknowledged his bond with Crapsey's experience in "You've Shown the Way," subtitled "To Adelaide Crapsey—Once of Saranac":

Thanks, Adelaide, you showed the way;
I'm sorry you're not here to-day.
Perhaps I'd make your verse less sad,
And you could make mine far less bad.

John Dalton's fellow-patient Bob Davis sums up his friend's reliance on poetry while curing: "Valiantly he fought the white plague with song and story." John Dalton died in 1927 at age twenty-nine, after spending four years curing in Saranac Lake.

Increasingly, formal studies attest to the therapeutic value of writing in general and to the particular expressiveness of poetry. Herbert Scholfield, Adelaide Crapsey, and John Dalton responded intuitively to the muse of illness, and articulated eloquently what recent research affirms: poetry is powerful medicine.

Jean S. Mason is an assistant professor at the University of Toronto and OISE. Dr. Mason's research into tuberculosis narratives and medical communication is funded by the Social Sciences and Humanities Research Council of Canada.

Glass Factories

Punam Mony Singh

Machines that
forge glass eyes
& test tubes
are operated by
men & women

who dream of glass.
They imagine
licking molasses
in their sleep;
the glass brings

the taste of root
beer to their
mouths,
the texture of
Turkish delight.

Hitchhikers in February

I am barefoot in the car.

I have a blanket, fraying at the edges,
books and pencils spread out around me.
I draw shapes on the smoked windows
and grow sleepy from the highway
taking us towards Corner Brook;
towards a hospital in that centre of white.
My father's in the driver's seat; my mother asleep
beside him, her stomach a round balloon in her lap.
Together we streak past the farms, the hurtling telephone poles,
closer to the city where my brother will be born.

Both my father and I see it: two specks transforming
into people, their arms held out, self-conscious.
My father slows down, and then unlocks the doors.
Two girls duck themselves
into the back seat, sitting on top of each other,
heads bent under the roof. They smell like highway;
they have wet bangs, cold skin, tight jeans with gravel stuck at their
ankles.

The cold air reaches my mother's forehead, stirs her hair,
and she wakes to offer them chewing gum.
My father turns up the heat and soon
the car is too hot, smells like cigarettes.

To leave a space between us, I move my things.
I look out at the fogged trees and count
the lines of telephone wire as they swell and fall,
always curving up, in spite of the weight of snow.
The radio announcer says there will be flurries again tomorrow,
hard winds; he says everyone should stay indoors.

My Pickled Little Ones

I.

Even now the news is silent wildfire
down the street. Unextinguished,

the reports of the recent
twitching, of uncontrollable tics

fiercely astonishing to nurses,
to families who thought they knew

the repertoire of expressions on
a loved one's face, begins to grow a myth.

It might be a millimetre movement,
or the contraction of a whole muscle in the face,

the eyes blinking like shifting black beetles.
The persistent whine in a young man's throat,

a compulsive click or swallow before every word.
A girl's nails are thistly, toothed. Ragged, she eats

her ossified self. Hair, nails, collect
like remnants of a meal in her stomach.

II.

I am privy to the most gruesome
details of the lives of my friends;

I examine their scars, their nails,
searching for a recognizable symptom.

I see the constant sniff, hands twisting
napkins, the small noise of a throat being cleared;

I see the knots in their shoelaces,
I see what they don't put on their plates.

Their tiredness, their lust, their
insecurities trouble them like stomach aches;

I watch their teeth as they tell me
about their families in a lonely voice;

Like a dragon, a rough squall, there is always
a bedlam of talk, of rage against bodies, mothers.

Arti at the Ganges River

During the auto ride over to the Ganga, black smoke spewed from the back into the front. We covered our faces with *dupattas* and coughed out conversation through cloth; the driver kept looking back at us, our language seducing him away from the road.

In the market, men were pissing into sewers; the air smelled heavy with incense, rotting vegetables, sandalwood mixed into the smell of cows; I kept my mouth closed. My sandals were open and I wished my feet were covered, in spite of the heat. I bought some bracelets, pears, and banana leaves folded into boats. By the side of the Ganga I watched people, skinny and pious, releasing boats into the current.

As the sky dimmed, each clay lamp on the *arti*-boats flickered something—it was either beautiful or not enough. Already the bottom of the river was a shipwreck cemetery.

We dropped coins into the beggars' cans. I looked steadily into the air where their arms should have been. They slid up to us in their coasters, squirming the remnants of limbs, their legs apparently sunk into the earth.

As everyone prayed and released their boats, I could see the little boys

beyond the worst of the current as they swooped up boats that had not yet capsized. They collected them; to save; to sell again the same humble prayer vehicle.

Punam Mony Singh is a third-year internal medicine resident. Her dreams are to edit a medical journal, publish a novel, and be offered a monthly column writing about experiences in medicine for a major newspaper or journal.

Window

Jenifer Sutherland

When she stood at the kitchen window, sometimes she forgot to be on guard, to turn her eyes away from the apartment across from hers, up over the green rooftop with its clay chimney pot to the weed tree Owen had called a tree of heaven. If she wasn't careful and let her gaze go out at eye level, Lucy saw the lit screen and shifting colour of the neighbour's television. At night when the kitchen light was on, the thing was to focus on the pots and pans reflected in the window's upper panes, or there it was again, through the pale form of her face, the bright screen, figures jerking against shifting coloured backgrounds. She told herself it was merely annoying, this unchanging view through the window of shifting change.

This morning, like every other morning, Lucy measured coffee beans into the little German coffee grinder Owen had left behind and gave them a whirl, then another, till they were finely ground. She measured them out then wiped the inside surface with a paper towel, carefully, as Owen had taught her to. Lucy wanted him to see how attentively she followed his instructions, wanted him to be present at the ritual, to be present in it. But there was no presence. None at all. Her life was a game of x's and o's, and the neighbours were winning.

Today was Thursday, a day with no session with Dr. O. It would be nice if tomorrow she talked to him about something different for a change. He would shift slightly forward in the grey armchair where he sat every day in an office bizarrely decorated with gifts from grateful patients, while his not-yet-grateful patients came and went like boats and barges, never meeting due to an elaborate system of lift locks. Lift locks

was how Lucy thought of the different spaces channelling you from the street to the vestibule to the hallway to the door leading to another smaller vestibule and the passage to the waiting room where, after the clock had moved to five minutes past the hour that was supposedly yours, a door opened to the inner passage and then, at last, Dr. O, astonishingly upright, simian hands dangling at the bagged knees of his colourless trousers, escorted you through a door into his chamber. Yesterday, during a sustained period of silence, Lucy imagined a freak fire sweeping through the building, forcing them to evacuate through the window. Instead of slowly decompressing through the various channels, lifts and locks, they smashed their way through the glass directly to the street. Would they get the bends? Not her. She'd been under less than an hour. But Dr. O—poor man. He made little popping sounds as he lay on the sidewalk, his blood bubbling. Lucy decided he was beyond mouth-to-mouth, gave a sharp jab to his rib cage with the heel of her boot, and throwing herself on him pummelled his heart with her fists.

The water was boiling. Who could she call tonight after work? At the beginning when she seemed desperate, people phoned regularly. Now she bored them. Maybe she should call that guy from the want ads. Or go to a movie. Escape from the television. No, she would not look. She refused to look.

"It's like I'm hypnotized," she told Dr. O the next day. "I have to look." The gold hands of the black clock on Dr. O's desk jerked through the minutes. Her words spun round like coffee beans, empty of presence. There's nothing I haven't said. There's something I haven't said. What something would he want to hear? Something that would help him write a paper for one of the conferences he was forever disappearing to, leaving her to dine alone on Lorazepam and wine. She stared intently at the slatted blind. Through the corner of her eye she saw him scratching away in his notebook, his wedding band crawling like a tank across the page.

Change. She could talk about change. Some change was good. She didn't miss her daughter, although when Gabby came home to visit it was lovely to walk along Bloor Street arm in arm, laughing and chattering as though they'd always been this cozy, as though she'd never dragged the girl out from under her covers, screaming, "Go, get out, go and live with your father, I don't want you here. *Get out!*" She'd screamed at Owen, too,

but when he left she believed he would come back. Gabby she didn't want back. She didn't suffer every time she passed the empty bedroom, didn't buy over-priced chocolate wrapped in pictures of adorable baby animals from endangered species like some other mothers did when their daughters left for university. She was happy that Gabby was fine without her, that she had survived her childhood and was playing through the minutes of her day on another stage to another audience who laughed on cue. When Lucy looked through the door at the end of the hall and saw a tidy room instead of the old disaster site, the floor and furniture bare of clothing flung, heaped, and draped, she felt intense relief, like after a root canal. So what if the pain gets worse as the anaesthetic wears off? You are no longer being excavated. Somewhere else Gabby's life unfolded, illegible, like frost on a window.

Dr O had stopped writing and was watching her look through the shutters at the traffic lights on the corner going through their loop—green, caution, red. He had barely any neck and a large flat round face with a stubby nose. At her first sessions he resembled an orangutan, so ludicrously hideous she couldn't look at him. Then one night she dreamed he was the man-in-the-moon, shedding oracular statements that fell soundlessly into craters. Strangely, afterwards he had undergone a transformation, the circle formed by his sideburns and beard changing from orange to grey, his eyes, once an opaque animal brown, now so pale blue they seemed silver. She understood he could see in the dark.

It was December and the street lights came on before her so-called hour began. The darkness of the early night trapped her in the room. No longer could she slide out from under Dr. O's gaze through the slatted shutters to walk invisible in the streets, leaving her double behind to negotiate the silence. Yet now the downtown streets were brighter than ever. Glitze glatze up and down the avenue. The huge tree outside the Manulife Centre gold, like the wings of the archangel. She chewed her lip. "I had coffee with X5 after work yesterday."

Ex-One was Gabby's father. Ex-Two was Owen. Now all men were extracts of Ex. X3 she encountered at the local park when his arthritic black Lab crouched in a prolonged and quivering squat in front of the bench where she sat reading a magazine. His apology was abject. Weeks later in the produce section of the local supermarket she recognized him

labouring unsuccessfully to open a thin plastic bag torn from the roll above the tomatoes. Lucy licked her thumb, snapped vigorously, and handed him an open bag. X₃'s eyes filled up with tears. "Lord Chumley has passed," he said, his voice quivering like the old dog's tormented rear end. Her momentary confusion was dispelled by the details that followed—the lump he had ignored, the blocked bowels, the vomit with bile, the spasms, the bill from the vet who had been so decent, so incredibly human through all of it, the urn of ashes by his bedside. Lucy snapped open plastic bags, murmuring polite expressions of horror.

X₄ she met at the Latin dance classes she signed up for with a friend from work. When Dr. O asked Lucy to describe X₄ she said, "He has your build." The lie was so cruel she had to force herself to look him in the eye. Sound this darkness, she dared him. He had a bulbous body and spidery legs that dangled on the floor, unnecessary, like tonsils or wisdom teeth, whereas X₄ was a perfectly formed black man from Haiti with a voice so deep it made your feet dance—slow quick quick, slow quick quick. Lucy was required by the rules of Latin dance to rest her left hand on X₄'s right biceps and to follow his lead. She looked forward to her Friday session with Dr. O because afterwards she was in X₄'s hands, submitting to their warmth, obeying their slight pressures and tipping movements. Once during an underarm turn Lucy caught him on the back of the neck with her fingernail, drawing blood. "No worries," X₄ laughed, "I got plenty of scars." Alone in bed she probed his old wounds with her fingers. She swooned, he caught her, spun her around. She gasped, shuddered, wept. On Valentine's Day he mentioned a wife and daughter in Montreal.

X₅ she had met as Lucinda through the *Globe and Mail* personals. Lucinda attracted a stream of male admirers who were either semi-literate or incapable of asking a question. They sent megabyte-sized digital photos of themselves: "Me in my blue sweater"; "My daughter and I last summer in Rome." Lucy dragged each man into the trash, listening for the thwack of teeth against metal. From such as these X₅ distinguished himself by avoiding sentence fragments, using conventional orthography, and asking about her work, her daughter, her views on global warming.

She called from work and they met at the café across the street. She forced herself not to stare at his crooked incisors, at the puddle of slush

spreading out from under his shoes. He seemed anxious, restless, his attention drifting towards the glass separating the café from the bookstore. Or was it she who had drifted away? How long had she been watching the shoppers ascending and descending the escalators? Gabby once had a temper tantrum at the bottom of a department-store escalator on a Saturday afternoon because Lucy refused to buy her moonwalker boots—expensive, impractical, and clumsy looking on the girl’s thin legs. She was four or five, too old for tantrums. Lucy yanked her off the floor hissing, “Shut up or I’ll feed you to the Big Black Oily Machine.” Gabby believed in the Big Black Oily Machine because she and Lucy had watched a maintenance crew climb inside the escalator at the College subway stop. For years afterwards Gabby refused to ride any escalator at all, although Owen patiently explained that her feet wouldn’t fit through the slats.

Dr. O’s foot was jiggling. She had said nothing for a while. When it’s your turn to graduate, what will you leave behind, demanded the objects in the room, the hangings, the drawings and photographs, the sculptures, stones, fetishes and masks. A diving mask? A tank of oxygen? A space suit? Dr. O’s foot continued to jiggle. Well, too bad. She had a right to remain silent. “Twelve shopping days till Christmas,” she said at last. Dr. O nodded gravely as though she had acknowledged the twelve angelic orders. Nine, wasn’t it, seraphim and cherubim and thrones and dominions and somethings and somethings. She used to be able to rhyme them off.

“What are you thinking?” he asked.

“About X’s.”

“What does ‘X’ mean to you?”

“X is, it’s a game, you know, *x*’s and *o*’s.”

Lucy tucked her feet up under her. Usually Dr. O noticed when she did this, but today he seemed preoccupied, probably with the woman who left her voluminous red coat on the rack outside the waiting room. Who would wear such a thing? After Lucy’s session the red coat was replaced by a shabby pea jacket. Lucy wore a puffy black down jacket. Owen had wanted to buy her a sheepskin coat, but she suspected it was something his mother might pull out of the closet at the lodge after the first frost brought the apples down. He hated her black wardrobe. Witches, tooth-

less peasant women, he said in the store when she tried it on. The moment she bought it Lucy imagined it was filled with thousands of baby spiders that might at any moment explode into a cloud, drifting slowly across the city, leaving her deflated and shivering with cold.

“Yeah, a game of *x*'s and *o*'s.” She felt suddenly reckless. “Actually, it's part of a mathematical equation. *O* divided by *Dr. O* equals *x* where *O* is the man I love and *x* is reality. Or maybe you multiply rather than divide. You should know. You're the expert.” *Dr. O* smiled like a patient mother. Lucy had never been patient. She wanted Owen to see how they were now, she and Gabby, just two weekends ago, arm in arm on the avenue, if you could call Bloor Street an avenue. Gabby held a folded garment bag, empty because she was wearing the new coat Lucy had bought her, fawn brown with a soft quilted lining, hooded, fastened with magnetic buttons that made a snapping sound when they connected, like fridge magnets. Their hips touched as they walked towards Bay Street. At the Greyhound bus depot they kissed, their cold noses pressing into each other's cheeks. Gabby said, “Goodbye Hun,” as though Lucy was one of her friends. “*X*'s and *o*'s,” Lucy repeated. “It's a game and an equation. Like shopping.” *Dr. O* wrote in his notebook, his big head pulsing like an old star.

After the session Lucy was back in the system of lift locks again, going up. In the hallway next to her black down jacket hung the shabby pea jacket. Whoever lived inside it would be scuttling from the waiting room into the passage that lead to the inner chamber, settling into the chair that Lucy had warmed, naked, like a hermit crab without its shell. In the front vestibule she leaned against the door to the street, thrusting her hands into her pockets. There was an old Kleenex from last year in the left pocket. Last winter's dried snot. What if the damp air activated the virus? What if last year's strain reattached, invulnerable to this year's flu shots? What if she was responsible for the epidemic everyone worried about? It was she who brought the plague, infecting the city with her old black things.

Thick flakes of wet snow fell slowly into the glow of headlights and tail lights. Lucy walked and kept walking. At City Hall people skated in circles, round and round, a cloud of gnats, spinning, wobbling. Waltzes mixed with Christmas carols, distorted and crackling. Around the

square swirls of coloured lights adorned the bare trees, one enormous fir tree done up all in blue like a celestial bride. “There’s something I haven’t said,” she told Dr. O. She stopped to let him catch his breath. “You can say it now.” Lucy pressed the back of her wrist against one eye, then the other. Skaters skated in circles on the ice.

SHE LAY ON GABBY’S BED, looking up at the white curtain of gauze hanging crookedly from a curved wrought-iron rod. One end of the rod had collapsed through the soft plaster of the wall. Before he moved out, Owen had promised to fix it. She cradled Gabby’s phone in her lap, the numbers obliterated by sparkly nail polish. Owen’s voice, if she called, would be gentle, distant. He would be in front of his computer, silently clicking as they talked. My day, your day. Gabby. Mother.

He regretted, she knew, his inability to understand the pain he inflicted without meaning to, like an old Kleenex stuffed in a pocket ready to activate suffering and death. He was really and truly sorry for being unable to fix whatever needed to be fixed. Lucy imagined the back of his neck. More than on X4’s biceps she wanted to put her hand on the edge of cleanly clipped hair. There maybe she could touch some warm thing lost in their silence.

On Gabby’s ceiling there were plastic glow-in-the-dark stars of four different sizes stuck to the blue paint. When her boyfriend went away to school in Switzerland, Gabby bought two packages, one for him, the other for herself. “We’ll look at the same stars,” she assured him. Lucy clutched Gabby’s pillow to her chest and shut her eyes, listening helplessly to the girl’s stifled sobs. After a while she relaxed her arms and looked at the glowing stars. It was nice of Dr. O to watch over her on his night off. Friday night. Gabby would be wearing her new fawn-brown coat, the faux-fur collar flecked with fresh snow, telling some crazy story to her friends. They were all laughing, darting about, hitting each other, bending to scoop up handfuls of snow. Her new boyfriend was tall and had a red nose, which he wiped with the back of his bare hand. They never wore gloves, these boys.

The stars blurred. Lucy closed her eyes. Skaters circled the ice under the luminous blue gown of the Queen of Heaven. She was playing x’s and o’s on a board that was way too big. Or was it too small? Did you multi-

ply or divide the o's to get x? How could she be so old and not know? Do you even know, she asked Dr. O? What if it made no difference, if it was the wrong game altogether, so many coffee beans whirring round in the coffee grinder, so many images flickering in the window across the way. Dr. O looked at her with his luminous eyes and jiggled his foot.

In a little village nestled under some other stars, she told him, my daughter and her new boyfriend are laughing, sliding, skidding away down the street into the darkness. The girl lunges towards the boy and he grabs her arm, pulling her towards him. They kiss. Snow falls thickly on her collar and her coat is warm.

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My Little Heart Attack

Tom Lombardo

went by so fast
it didn't stop my singing
or my dancing with my children—
twirling Sam and Lucy's tiny hands
around my fingers, their long hair flying
until ventricular tachycardia
at two too many beats per measure
sat me down to rest my chest.
I took my tricky heart to Dr. Takahachi's office.
He said, "Let me palpate
your thorax. Breathe. Yes. Copasetic."

Someone else called nine one one

when myocardial infarction
hiding in my warty arteries
started stallions galloping across my sternum
until EMS responded, pounded
K-Y Jelly into my ribs,
convulsed me repeatedly
with portable defibrillator paddles
while I danced and twirled
their little hands, "Again! Again!"
they called like Sam and Lucy
denying it's time for bed.

Tom Lombardo's poems have appeared in many literary journals. He holds his MFA in creative writing, has been a journalist for twenty years, and teaches creative writing.

On Pathography

Robert Maunder

Thirty years ago, when I subscribed to *MAD* magazine, there was a recurring section that featured Very Thin Books, such as *On Morality* by Richard M. Nixon. A few years later, in university, while navigating the undergraduate course that marked the shortest distance between high school and an MD, and therefore led more sensible students to divide all bits of learning into categories of “might be on the exam” and “superfluous,” I felt the distracting pull to obtain a liberal education. I didn’t. However, I did appreciate finding Kenneth Rexroth’s *Classics Revisited*, which offered a taste of what I had missed and introduced me to both the *Epic of Gilgamesh* and the idea of a short bookshelf. Although I was grateful, even then I could tell that the short bookshelf, like the parlour game Desert Island Collection of Books or Records, is impossible to get just right, and is the easy victim of snobbery and concessions to accepted taste. Still, all these years later I still enjoy desert island collections and 100-best lists. A short bookshelf may be shallow, or may be merely introductory, but, if compiled in good faith, it is a personal statement, a Rorschach of taste, experience, and idiosyncrasy.

This essay could be a Very Thin Book. I have never been seriously ill, which may disqualify me for my task. But my intention is not a Thin Book but a short bookshelf of pathography. The word refers to illness narratives, the genre of literature composed of stories of being sick. I had never heard of pathography, until I started (post-*MAD*, post-Rexroth, post-MD) to collect first-hand accounts of being sick as a teaching aid. I teach psychiatric residents to care for the medically ill. Descriptions of being sick, although not on the exam, seemed a very useful way for young doctors to learn what the person who they are trying to care for is going through. The best teaching aid would be to make the doctors sick,

at least for a while. But making all your students sick virtually rules out the possibility of teaching awards and promotion. Second-best is to listen carefully to the stories of a thousand or so people whose lives have been changed by illness. For the sake of efficiency we move to Plan C—to read well-written accounts of what it is like to be sick, to suffer, and to face death. Along the way I learned that these stories form a genre and that it has a name.

At the start, I imagined that literary accounts of being sick would be hard to find. The whole set might fit on a short bookshelf. In fact, there are thousands of them. The themes that emerge from these stories, however, are relatively few. This is my list: death and dying, dealing with doctors, sex and matters of the flesh, loss, monotony and fatigue, pain, aloneness, uncertainty, meaning, and self-pity. It would be sensible to add triumph to the list, although I tend to avoid triumphant stories of illness, which often seem too stretched across the imperative of victory to resonate as an actual experience of a complex trouble. The best pathographies, like the best novels and poems, I suppose, describe life with subtlety, contradiction, emotion, depth, beauty, and banality. But it helps to read the best.

What about the worst? I have my prejudices. Susan Sontag has alerted us to the pernicious effects of the metaphors that describe illness. Of course, metaphor cannot be avoided—it would be awful to try—but certain metaphors of illness come very easily and yield little in return: illness is a battle, for example. The battle metaphor is often telegraphed by the book's subtitle, a phrase that includes the words *survivor*, *beat*, *inspiring*, *triumph*, *uplifting*, or *battle*. Triumphant battles, however much they actually do convey an important part of the experience of being sick for many people, seem to me to be the expectation of the well, more likely to be received and lived up to (or not) by someone who is ill, than the authentic experience that emerges from living with disease. I am more convinced by Brant Frayne, who had a stroke and an aneurysm in his forties and wrote,

I know that articles like this one, stories of people “cut down in their prime” are supposed to have happy endings, or at least a sense of promise. I’m sorry I can’t end with a hallelujah moment, with a triumph or

even with catharsis. There is no possibility of victory, no pass or fail, no reason to think better times lie ahead. The test never ends. Ten years after the stroke, I wonder why I didn't die that day while on the table, and still often wish that I had. Even in my subconscious, I'm crippled; I've never had a dream in which I was whole again.¹

My list of common themes suggests that existential truth is a more common nidus of reflection for the seriously ill writer than personal triumph. Illness is not different from life, in that sense, except that it rubs your face in it. Illness is the great destroyer of denial.

I'll take that back. The battle metaphor of destruction is not appropriate in this instance either. What serious illness does to denial is make it obvious. Young and healthy people are entitled to think that their lives matter, that they are not alone (except in their solipsistic divinity), and that they will live forever. For the very young it is almost inevitable. Even older people, if they are sensibly optimistic, underestimate the proximity of death. I heard an expert in these things say that, statistically, the probability that an adult will die before the year is up is 1 in 200. How many healthy people wake up in the morning contemplating those odds? But to have a life-threatening disease, to be too tired to participate, to be close to death, is to be in a condition where it strains credulity to believe that life is not finite, limited, and lonely. And for many, the point of it all becomes a point of contention. In one of the great pathographies, the book of Job, the silly rationalizations of the well are cast aside by Job who suffers with painful boils from head to foot. It is *not* true that he is ill because he has sinned, or that God only punishes the evil. It is incredible to frame his ailment as a test of faith, because he passes the test so many times and yet is not rewarded with relief. His suffering is arbitrary and pointless. My patients, who suffer much more than I do, teach me about patience, fortitude, redemption, and faith. But more often they teach me not to strain so hard to find some redemptive thing in a state of affairs that may in truth be of no good to anybody.

I have read that pain cannot be described, but I have also read Robert Mason Lee's description of the pain of Crohn's disease, and many people with this chronic intestinal condition have told me that he is exactly right:

What does Crohn's disease feel like? It feels like three processes at once. First, a mule is kicking you in the stomach. Second, some maniac is inflating your abdomen with a bicycle pump. Third, you are being impaled up the ass with a pointy stick. I suppose the sensation must compare with labour, as the pain comes in waves triggered by abdominal contractions. A better comparison would be an ectopic pregnancy, since the pain is also overlaid with distress and panic and a sense of something having gone terribly wrong. Still, all comparisons are odious. What it feels like most of all is that you are suddenly, and without warning, very, very sick.²

Patients nod their heads when I read that passage to them as if finally someone has captured their experience. Students laugh at the profanity, but they also get it. It is a description that conveys the experience of that particular pain very well to someone who has never felt it. It isn't impossible, but it takes a good writer.

The best writers of pathography to my mind are the ones who are curious and unashamed enough to write about what illness has done to their minds and preferences and relationships and thoughts in a way that convinces me that they are also just discovering this strange situation for the first time, sometimes with amazement. There is Tom Andrews's startled realization—as he describes with tortured humour his exchange with a dim Emergency Department intern who is assessing him while the hemophiliac writer absorbs the excruciating pain of bleeding into a joint—that he is trying to make the young man fall in love with him so that he will give him morphine. Or Anatole Broyard's assessment of his urologist's pretentious vocabulary: "I can't die with this man. He wouldn't understand what I was saying. I'm going to say something brilliant when I die."³

Broyard deserves an essay all to himself. One imagines from reading his prose that he would like that. He wrote a pathography that should be on any short bookshelf of the genre, *Intoxicated by My Illness*, while dying of prostate cancer. Although the short book is littered with nuggets of insight, what lingers for me a few years after reading it is an afterimage of the personality of the man who wrote it. I have read few other essays where the author is so completely alive and present in the text, in all his narcissistic, gleeful, annoying, contemplative splendour.

Which brings me to another version of the hope for redemption through illness—the idea that one lives more fully when faced with the crisis of the finite. This may be the existential version of the same sentimental dead end that insists on triumph as an outcome of adversity, but I find it more compelling. In a sense this idea is just the result of the cosmic supply–demand curve: less life = higher value. Ivan Illych discovers how badly he has lived his life—“It was all not the right thing”—in a bolt of insight just two hours before he dies. But talking to just a few people with unreasonably short prospects is enough to make clear that living more fully is not a necessary outcome of serious illness. Bitterness, fear, loneliness, tedium, frustration, and indifference are just as common. In fact, several illness narratives emphasize that tedium is an under-appreciated but central part of being sick, as Plath and Andrews respectively demonstrate:

They have propped my head between the pillow and the sheet-cuff
Like an eye between two white lids that will not shut.
Stupid pupil, it has to take everything in.
The nurses pass and pass, they are no trouble,
They pass the way gulls pass inland on white caps,
Doing things with their hands, one just the same as another,
So it is impossible to tell how many there are.⁴

The narcosis of television. Watching TV for hours is like taking a great deal of codeine when you have no pain. The more you take it, the more you develop a need for it that can never be satisfied. Like pain, watching TV for hours has no content. Unlike pain, it kills time. Which, as Ezra Pound said, is fine if you like your time dead.⁵

Illness rubs your face in it. It rubs your face in the limits of life, in our reliance on one another, in astonishing personal strengths and appalling weakness, in the arbitrariness of events. Illness is a test of relationship, of values, and of faith—but as Job teaches us, it is a test that, once passed, continues nonetheless.

Susan Sontag, even while shucking off the metaphors of illness by cataloguing them, provides another metaphor of her own. Illness is a foreign land that most of us visit temporarily as tourists and then return home. It is another matter to make it your new home. What can those of us who have a passport but no intention of relocating do with our friends

and family in the Land of Sick? Can we understand at all? Robert Lee Mason describes everyone's first inclination, to offer advice about things of which they have no understanding:

I do my best to forgive these people their helpful instinct, because I understand the desire to heal as one of the primal social imperatives . . . It's just that very few of us are good at healing, or tendering advice.

What I have found, instead, is that just about everyone is good at offering comfort. I have had the hands of compassion laid upon me by doctors, nurses, ambulance attendants, the women in my life, friends, the wives of friends, complete strangers in bus terminals. When it comes to offering solace, people have a natural ability which transcends social place or relationships. We just give, naturally, of ourselves to those in need. One small consolation of having such a painful illness is the many opportunities it allows others to show kindness; the one great reassurance is how seldom I have been disappointed. And I have accepted compassion willingly in my life, knowing that I am a small, cracked vessel for others to pour in their love.⁶

And why do people write about being sick at all? In an age of singer-songwriters, celebrity tell-alls, dawn-to-dusk Oprah and Rosie and Jerry Springer, reality TV on every channel, and Internet diaries by the famous and the never-to-be famous, it may be a question that no longer needs to be asked. Maybe all just need to tell their story. But I think it is different to tell a story about being ill. It is more like being, maybe, a traveller returned from Sontag's foreign land (or sending a dispatch from deep within its borders), who needs to communicate an extraordinary, almost incomprehensible experience to listeners, who need just as badly to understand it. I think Broyard gets it right.

What a critically ill person needs above all is to be understood. Dying is a misunderstanding that you have to get straightened out before you go. And you can't be understood, your situation can't be appreciated, until your family and friends, staring at you with embarrassed love, know—with an intimate, absolute knowledge—what your illness is like.⁷

A Short Bookshelf of Pathography

Andrews, Tom. *Cocaine Diary: True Confessions of a Reckless Hemophiliac*. New York: Harcourt Brace, 1998.

- Brabner, Joyce, and Harvey Pekar. *Our Cancer Year*. New York: Four Walls Eight Windows, 1994.
- Broyard, Anatole. *Intoxicated by My Illness*. New York: Clarkson Potter, 1992.
- Donne, John. *Devotions upon Emergent Occasions*. London: Oxford University Press, 1987.
- Job, The book of
- Lee, Robert Mason. "The Man Who Was Saved by a Mouse." *Saturday Night*, April 21, 2001.
- Mann, Thomas. *The Magic Mountain*. Translated by John E. Woods. New York: Vantage, 1995.
- Rogers, Shelagh. "Speaking of Dying," in *Dropped Threads 2*. Edited by Carol Shields, Marjorie Anderson. Toronto: Vintage Canada, 2003.
- Sacks, Oliver. *A Leg To Stand On*. New York: Simon and Shuster, 1984.
- Updike, John. "At War with My Skin," *Self-Consciousness*. New York: Knopf, 1989.

A Very Useful Resource

The Literature, Arts, and Medicine Database, <http://mchipoo.med.nyu.edu/lit-med/lit-med-db>

Notes

1. Brant Frayne, "My First Death," *Toronto Life*, September 2003, 66.
2. Robert Mayson Lee, "The Man Who Was Saved by a Mouse," *Saturday Night*, April 21, 2001.
3. Anatole Broyard, *Intoxicated by My Illness* (New York: Clarkson Potter, 1992), 38.
4. Sylvia Plath, "Tulips," *Collected Poems* (London: Faber and Faber, 1981), 160.
5. Tom Andrews, *Codeine Diary: True Confessions of a Reckless Hemophiliac* (New York: Harcourt Brace, 1998), 152.
6. Lee.
7. Broyard, 67.

Robert Maunder is a psychiatrist at Mount Sinai Hospital. His clinical practice and research focuses on problems of living with serious physical illness.



Drawings by Heather Spears

Kasabach-Merritt Syndrome

Heather Spears

The anticipated two-fold name
part-Prussian even, the stacked pages and graphs
are beyond me, the blackish photographs,
words like *hemangoma*, *vascular*,
primitive angioblast,
self-limiting, *transient*, *cosmetic and benign*
and then to scare me: *or*
morbid and cavernous.

I turn back to the table, the harsh light
where you lie without protest
naked, new born,
your skin is grey and ill
like fine sand weightless, weighed down
your life's violence and possibility
presenting only
in this scattering of dark lesions, visible and terrible.

Described as *warm to the touch*,
taut, *pulsatile*, *without audible bruit*.
A string of three across your brow
blood-red and shiny, so my pencil
leaps and cringes. More on your belly, your side,
while down your gauzy arm and at your throat
swarm the enlarged and involute:
black, foamy, petrified.

I draw a listless hand
finger by finger, the forgivable
minutiae of nail, knuckle, and on the third, there—
a berry, a sudden ruby!

Ruby. In a word I see you, the air
goes clear as water, you're
bejewelled then, bedecked as with coral
rising, its gems and encrustations
islands of breathing silence, you are star
studded, manifold, and my hand
steadies, my vision
writes indelibly, as with points of diamonds.

Heather Spears has published thirteen collections of poetry, four novels, and three books of drawings. Among her awards is the Governor-General's Award for Poetry.

The Second Parlour

Anne Marie Todkill

Moira looked beautiful in her coffin. My mother couldn't get over it. She whispered to me, indecently, as we stood beside the casket, "She almost looks better than she did alive."

It was true enough. The normally dowdy Moira made a lovely corpse. Her skin was creamy and fine, like Irish porcelain. She lay in ruched white satin, her expression serene (this, too, was uncharacteristic), and she seemed almost angelic with her powdered cheeks and the delicate cloud of silver curls that framed her face.

Moira Lovell was the less congenial half of a childless couple who had lived next door to my parents ever since our little street of post-war bungalows was built. She spent her days indoors; every once in a while you would see her at the window, dressed in a shabby old caftan that suggested a determination to remain housebound and undisturbed in her one known activity, which was making crafts for Christmas bazaars. Most of these involved odd and unnecessary uses for crocheted granny squares, but odder by far was a sort of circular trivet made out of flattened cigarette packages cut and fitted together in a certain way. She showed me the knack of this once, to my mother's displeasure. "We're not having those filthy things on the table," my mother said, which made it impossible for me to mention that I liked the way the cardboard smelled and the interesting way the package designs worked out into parti-coloured pinwheels. If the original contents had filled Moira's lungs with soot, this impressed me less than the fact that she methodically changed brands throughout the year to keep up her colour schemes: Export A for green, du Maurier for red, Players for blue.

My mother had always felt rather cool toward Moira. She considered her to be, like the other women who “stayed at home” on our street, a potential liability, someone likely to shatter her peace with small talk or some request premised on an inability to drive or to sew or to endure solitude. My mother rarely sought company. The sharing of confidences was for girls, not married women. She was skeptical of friendship. She was certainly skeptical of the phone calls she occasionally received from next door: “Bea, why don’t you ever come over for coffee? I’m so lonely.” My mother would report this mockingly: “She’s so l-l-o-h-h-h-nly. I don’t have time to be lonely. Maybe if she thought about someone besides herself for a change she wouldn’t feel so l-l-o-h-h-h-nly.”

I doubt that I ever considered whether my mother was lonely, but it didn’t escape me that her social life was more dutiful than joyful. In those years, when she was still well, my mother was the one who drove the ladies to the bowling league on Wednesday afternoon, who took another convoy to the hairdresser on Thursday, who hemmed skirts and took in waistbands, taking with as much annoyance as embarrassment the rolled-up two-dollar bills that Moira, among others, pressed into her hand. “I wish she wouldn’t try to pay me,” she would say. I can still hear the fretful intonation of Moira’s voice as she stood in her dress shoes before the long mirror in my parents’ bedroom, examining the effect of a new outfit. My mother would sit on the carpet, clenching a little row of straight pins between her lips as she tacked up Moira’s hem against her tailor’s ruler, a neat little contraption that stood vertical on the floor. “What do you think, Bea? Is it still a little long?”

“Turn,” my mother would mutter through the pins. “OK, turn again. OK, now look.”

“Oh Bea, you’re right. That’s fine there. You’re so clever, Bea. Oh, Bea, how would I manage without you?”

Which must have irked my mother to no end. She had no tolerance for helplessness, unless it occurred in its natural form, in babies, small children, and men.

The Lovells’ last years were overseen by two nieces who drove up at intervals from Napanee to check on matters at the house, then to make arrangements at the nursing home, and then to bury first Bill, and then Moira. When Moira was still living independently, The Nieces would

phone occasionally to ask if all seemed well next door and to urge my parents to let them know if they had the slightest concern. Sometimes Moira would ring my mother up, asking if she would take her to the grocery store or pick up tea or eggs the next time she was out. Sometimes she would call for no reason other than to state how unwell she felt. At least this qualified as phoning for no reason as far as my mother was concerned. It used to shock me how scornful she was of those calls. I couldn't fathom why, after years of chauffeuring perfectly fit middle-aged women to bowling alleys and hair appointments and to Mass on First Fridays, she begrudged poor old Moira a lift to the grocery store. I was never sure what she disapproved of most. The self-disclosure? The self-pity? Or the way that Moira had brought sickness upon herself, with all those dirty cigarettes.

Whereas my mother's illness was just a bad draw. Although she was younger than Moira by eight or ten years, by that time her disease of the kidneys was well advanced. She now knew the reason for years of hypertension and fatigue, and she knew where her illness would take her. I used to think of her polycystic kidneys as blistered with retained emotion, leaking a little poison from time to time. I thought of my grandfather, many years dead, a man remembered for two things only: taciturn anger and a refusal to see doctors. I wondered how far faulty kidneys and a faulty temper had extended out from his inarticulate, undiagnosed history. I wondered if it reached as far as me.

It was not long after my mother entered the unbecoming phase of bitterness I struggle to describe that her kidneys failed her for good. She was reprieved for a time by dialysis. It was the beginning of a long ordeal, a chain of catastrophes that started with a bout of shingles that erupted in one eye and badly inflamed her face. An antiviral drug held the infection from her brain, or it nearly killed her, depending on whom you believed—the neurologist who had lost such a case to encephalitis, or the nephrologist who'd seen a patient poisoned like this before. Everything began with Z—zoster, Zovirax, zinc, and the name of the ophthalmologist. Z was a condemnatory letter: the end of the alphabet, the end of the road; the weight of that letter sank my mother into a coma; she was snagged on its sharp angles, caught in an algorithm of hazard that, afterward, I could never make her understand. But one bit of information did

impress her: "In the middle of all this you may have had a couple of small strokes," the neurologist explained. "Or they might be old strokes on the scan. Mild strokes. It can happen without you being aware."

When The Nieces spotted us retreating from Moira's coffin they swept up effusively, hands extended. "Isn't Stan with you?" they asked, looking around for my father in a half-alarmed way, as if they were expecting bad news to pop out at them from nowhere.

"Oh, he's here," my mother said, nodding toward a clutch of people near the door. "I must say this is quite a turnout. When you get to be my age you wonder who'll be left to come to your funeral."

"You were such good neighbours to Moira and Bill," one of The Nieces said. "It was a comfort to us." I observed my mother's face closely. I think I was expecting her to wince. And so her response took me by surprise.

"Well, I'll be following Moira soon," she announced, throwing her voice a little, turning her gaze down the long double parlour to where our neighbour lay. "I won't be long behind her." I had the impression that several heads turned in our direction.

"Oh, no!" The Nieces exclaimed in a disbelieving tone that, to their credit, seemed entirely unfeigned. Against the evidence of my mother's sallow face and shrunken frame they blurted out their kindness: "You mustn't talk like that!"

"I'm on hemodialysis," she gravely informed them, as if this were the disease rather than an answer to it.

"Is that right?" the Nieces gasped. They steered my mother urgently to the nearest sofa and begged her to sit down.

And that was how my mother stole Moira Lovell's wake. A small twist in a small event, it was nonetheless stunning to me. Never in my life had I seen my mother make a bid for sympathy. Never had I seen her dramatize her situation. It was astonishing to see her in this light, queenly, crumpled, leaning against the armrest of a velvet sofa, recounting the history of her diagnosis, the progressive kidney failure, the two surgeries, one failed, both difficult, to create access in her arm, the hours she spent, three times a week, having her blood laundered, the appalling episode of shingles, her descent into near-death. She told her story to The Nieces as if it were a disclosure long hidden; as if her suffering had been entirely overlooked; as if her stoicism was a product not of her own strength but of the indifference of others.

I observed this performance from the proscenium doorway between the parlours, midway between *The Nieces* and Moira's coffin. My father sidled over to where I stood.

"What's your mother up to?"

"She's giving them the blow by blow."

"Oh my."

We stood transfixed by the emotive grouping on the couch.

"Of course," my father finally said, "one of *The Nieces* is a nurse. She might be interested."

Seeing my own embarrassment mirrored in my father, it was easier for me to judge it wrong.

"After all she's been through," I hissed, "I think she's entitled to a little attention."

Again the question presented itself. Who were my mother's confidantes? Who ever heard her story? No one. Until now, out of the blue, *The Nieces*.

In addition to sadness, in addition to remorse, I felt a sense of thwarted possession, as infantile as it was fierce.

There was my mother, dying without me.

I had no idea that sorrow could be so indignant.

A FEW YEARS after my mother died, when my daughter was a toddler, I had a bout of stomach flu. My daughter could not bear the sight of me lying down, immobile, inert, ignoring her. She railed against me, screaming Mommy as she pronounced it then, "Waabee, Waabee, Waabee," and beat her little fists on my stomach. Rolling on a wave of nausea, I turned my back to her, and she became all the more enraged. She flailed at my back, my shoulders, my head, and I was powerless to stop her frenzy. After a while she sat in a heap beside the bed, threw back her head, and howled like a little dog.

I recognized that howl. It was the sound I had heard rising within me on the day of Moira's wake. But to let such a wail of love escape my mouth would have been too strange, too startling, too childish, at the funeral of a woman I barely knew.

Anne Marie Todkill is senior deputy editor at the *Canadian Medical Association Journal*. In 1999 she launched *CMAJ's* arts section, "The Left Atrium."

Lethargy, Resulting from the Sudden Extinction of Light

Mary O'Donoghue

Based on Jean-Martin Charcot's 1880s *Iconographie: Photographs of Patients with Hysteria, Salpêtrière Hospital, Paris*

The nurse looks away from the patient
whose back is arced in a swoon
in her arms, a skin and bone parabola.

She rolls her eyes to their corners
as if to say: I'm fed up with this
light-dark, fall-catch charade,

I'm sick of bracing my knees
in wait for the sudden drop
of their weight, I'm sick

of the smell of their blackouts,
sweat on serge or wool, sour
as ammonia. Their impromptu

urine, warmly worming down
my own skirt and over my shoes.
And I don't believe them anyhow.

Her hands are clasped against the patient's
ribs, thick washerwoman's fingers,
latticed like skin and bone basketwork.

She does not understand Doctor's modus
operandi, and why these women
faint away when the light is quenched

like a match disappeared into
a mouth. She lets their heads
loll back, inept new mother.

She holds her pose, a tedious pietà,
in the dark. She hears the glass of photo
plates slide like swords into a magician's box.

Swallows

The opening lines of this sestina come from Elizabeth Grey Countess of Kent's remedy for "Sinews That Are Shrunk," in *A Choice Manuall, or Rare and Select Secrets in Physick and Chryusurgery* (1653).

*Take young Swallows out of the nest, a dozen or sixteen,
and Rosemary and Lavender, and rotten strawberry leaves . . .
afeer the quantity of the Swallows, the feathers, guts and all,
bray them in a mortar and fry them all together . . .
then put it in an earthen pot, and stop it close nine days . . .
when you shall use it chafe it against the fire.*

She should call him in, push him towards the fire,
big bear of a boy in a yeti coat. He is sixteen
and standing on the lawn patchworked with leaves.
Sweet crumbs in his pockets from biscuits for all
the dogs on the road. Eyes too close together.
He likes outside when rain sedates the days.

Every June makes her think of other sizzling days,
sandals on tarmac as viscous as rubber from fire.
Walking the pram, she and her sister (sixteen,
fawn-legged, caramelized skin). Short shelter from leaves
of three larches. No sounds from the pram at all.
A baby with hands clasped watertightly together.

Her sister goes back to school, and they are together.
She waits and loses count of the days
of waiting for his eyes to spark, catch fire,
and swallow her face. Twelve months, sixteen,
then twenty, and nothing. Waiting. She leaves
it so late. A shocked doctor's questions, when all

she meant was to give him time. But all
the doctor sees is angry rash, toes webbed together.
Muscles slack as a rag doll's. Tests last for days
and she is sent home. She falls asleep by the fire
and dreams of feeding him, fleshing him. Sixteen
stone of him now kickwalks through wet leaves

towards the shed with the nest. He never leaves
little things to themselves, and crushed all
the baby swallows, trying to cup them together
in his red slabs of hands on one of the days
last week. She tipped open-beak chicks in the fire.
Fire-cracks from bones, pluck stench. He is only sixteen.

At thirty, his face is sixteen. He leaves for the home in October
with all of his clothes in two bags. White van doors smack together.
The days starve her down. Birds scream at her from the fire.

Mary O'Donoghue is a visiting assistant professor at Babson College, MA. Awards include the inaugural Salmon Poetry Award for a first collection, and the Hennessy/*Sunday Tribune* New Irish Writer Award, for fiction.

Black Bird: *An Excerpt*

Michel Basilières

Hyde sat in his office with only a desk lamp for company. He was going over his old case notes, reviewing every experiment he'd done for years, trying to remember every error, so as to avoid them all now. He knew he was close. So close, he'd spent some time just staring into the darkness collecting his thoughts, daydreaming the papers—no, the book—he'd write about his work, his experience, his life. It was important. Everyone would see that. He would explain it properly. But for that, he had to turn it over in his mind, prepare his arguments in a logical fashion. He'd wandered, luxuriating in the acclaim he imagined would be his. He scolded himself mentally. He must get back on track. He'd never been a daydreamer, never been a man of fantasy.

If it were possible to artificially create a being in the laboratory, Hyde thought, and that being possessed the traits recognized as the soul—conscious and deliberate actions based on desires and emotions, the ability to master mere animal instinct or reflex reaction, a sense of self that marks one's own individuality—then that would go at least partway towards demonstrating that these traits and the soul itself were nothing more than either a property of matter under certain conditions or inherent aspects of a complicated system. Perhaps even the governing component of a series of subsystems, all adding up to a conscious human being. On the other hand, if such a being were created and demonstrated none of these traits or qualities, then that might lend credence to the idea of the soul as either some kind of divine element that predates corporeal existence, and perhaps even outlasts that state, or a biological or genetic element that appears, matures and dies with each individual.

In other words, are we momentary or eternal beings? It's a purely scientific question, and the answer, either way, would revolutionize our existence.

That's what the whole ghastly business was about, the years spent taking people apart with scalpels, trying to get legs, arms and organs working and living, even if only one piece at a time. That's what the opening of skulls was for, piercing living, conscious brains with needle-thin electrodes and introducing random charges into an already working system. He still watched his own old films, black and white, himself in the bleached robe glaring out in high contrast under the operating lights, while the edges of the frame were dark, like a silent film from the twenties. One scene kept turning up in his dreams, a recurring nightmare: an ape waking, blinking weakly and then, clearly confused but instinctively and inconceivably horrified, trying desperately to scream—but unable to do more than grimace, so wide it seemed its whole skull would fall out. Mercifully, it died almost immediately.

And the other memory, more comical, since he'd no qualms at the thought that the patient was—had to be—fully conscious during the operation. What happens when I touch you here, he'd asked. Burnt toast, Doctor. It smells like burnt toast. That one had made his name, early on, been broadcast to a world amazed at his daring, his skill, his sang-froid.

Hyde smiled. You ain't seen nothing yet, he thought.

Hyde was nervous. It was a new feeling for him; he hadn't had so much riding on success or failure since his medical school exams, and then he'd been prepared. All he'd had to do that time was show that he'd learned, prove that he knew. This time, he didn't know. No one knew. This time he was not demonstrating a command of all the facts. This time he was creating knowledge, literally, without precedent. He was on the edge of his profession, and he was edgy. Years had been eaten up in waiting for everything to come together.

And he was no longer young, not by any stretch. He could easily wait out the rest of his life without another opportunity. Yet he knew as well that some things needed more time. He knew some of his techniques were still too rough, that no matter how great the success he might display for himself tonight, it would be short-lived. His patient would probably

not survive long, if at all. He adjusted the camera, inserted a film cartridge and set it rolling. His patient would by no means be a complete, normal subject. It might not walk, or see, or talk, or any of a thousand other normal things. A real mess. But if it lived, if it only lived unaided, for the briefest time . . . that's all he wanted, that's all Hyde needed. Proof. That's all anyone ever needs. A few seconds of film.

He was going to use electroshock. (He'd had mixed results with it in the past, remarkable success and shameful failure both, although those experiments had been performed on live subjects. But it did physically stimulate the tissue.) And adrenalin. A dose enough for a horse, in a syringe the size of a caulking gun. Chemicals and electricity: after all, what else was a man? It was time to find out.

He couldn't wait any longer. There was no way to tell which scavenged part might suddenly reach the end of its useful life and thereby doom the whole experiment. Loose ends or no, rough, untried techniques or no, there was no time to lose.

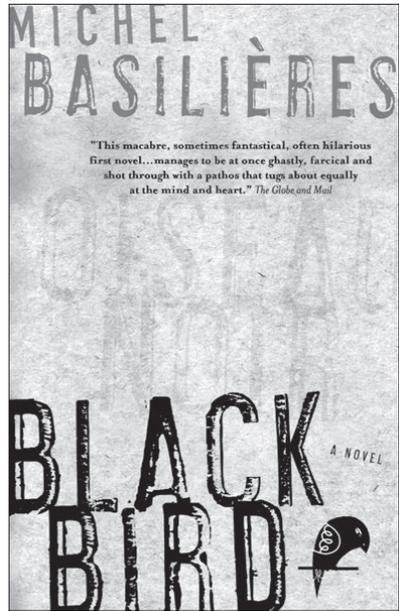
He charged his machines, lit his lights, donned his gloves and filled his syringe. He had no trouble inserting it through the wound in the sutured chest. He pumped the liquid directly into the heart. When the syringe was totally empty he quickly looked his patient in the eye. He saw nothing, but hadn't expected to. He turned to his machine, flipped the power switch, set the dial to a low charge and pressed the button.

It made a sound like a door buzzer.

But there was no answer.

He pressed it again, longer. He increased the charge. More. More. He set the machine on full and leaned on the button, gritting his teeth. No, no, he couldn't fail now, no . . .

The overhead light dimmed. In surprise Hyde took his hand from the button. The light came back. "Bah," he exclaimed, and pressed again



with all his force, as if the more pressure he applied, the more power would flow.

The light blew. The machine stopped buzzing, so Hyde took his hand away. In the darkness he felt his way to the door. Light spilled in from the hallway. He looked back at the operating table, but the patient was inert. Hyde went down the hall to the utility room, where he replaced a blown fuse.

He felt a physical release of tension, as if he'd stopped after running, or as if he'd finally been released from a small enclosed place. "I have failed, at last. It has happened: my worst fear." Yet he felt no emotion. He was not hurt or angry. He'd always wondered what he would do, what he would feel, if he should fail in the Great Work.

Nothing, seemed to be the answer. His worst fear had been realized and the world still went about its business, regardless. He breathed deeply, stretched his back, shut the electrical panel and went back to the operating room.

Where the patient was breathing. There was a lot of pain. And then he noticed he wasn't quite sure where he was waking up, as if he were hungover in a strange place. But there was an equal amount of pain in his chest, as if he'd eaten far, far more than he should. Except he was also ravenously hungry. He was too weak to rise, so he regurgitated where he was. Fluid rose in his mouth like a combination of searing bile and an oily marinade. It slid down the back of his throat and he gagged loudly, coughing his head up off the pillow. It stabbed the back of his skull, while his chest felt like it was tearing open.

He flailed his arms, snagging them in the tubes speared into his veins.

Dr. Hyde approached and held him down. He loomed overhead, laughing through white teeth. "Relax, relax." Hyde administered an injection and wiped away the waste while the thing that used to be Hubert, among others, slowly calmed.

"Now," said Hyde. "Who are you?"

Hubert blinked slowly and inhaled shallowly—a deep breath hurt too much. His eyes shifted back and forth to take in the surroundings, but they were indistinct in the darkness that lay outside the glare of the overhead light.

“Who are you?” repeated Dr. Hyde.

Hyde’s eyes were glowing, his whole body taut, his arms locked straight on either side of the patient, and he gazed directly into his eyes as if looking for something lost down a hole. Hubert looked away.

“Answer me.”

He felt a little clarity resolve out of the pain and confusion, and tried to speak. He made a whistling moan but hadn’t much strength.

“I think fluid’s draining into your lungs. Can you speak?”

“... yes ...”

Hyde gripped the patient’s arms urgently. “Who are you?” he hissed.

“I don’t know.” He had an inkling that in some previous life he might have been able to answer the question. “Who are you?”

“I’m Dr. Hyde. I’m your doctor. I saved you.”

“Saved me?”

Hyde giggled. “Yes. Saved you up, as a matter of fact. You’re the ultimate transplant patient. Parts of you from all over. But I need to know—who are you?”

“Don’t you know?”

Hyde snorted. “That’s not the point. Do *you* know? That’s the point. Tell me—do you know? Do you feel it?”

“Feel what?”

“Do you feel yourself? Do you feel your soul?”

“I don’t know. What is a soul?”

Hyde turned away, angry. He stood with his back to Hubert. He faced him again.

“I’ll explain. It’s possible you have amnesia and your memory will return. But it may not. So here’s the important point: if you know who you are, if you have a self, then you have a soul. But if you don’t—if you’re just an animated amalgam of interchangeable parts—then I’ve created a monster and you have no soul. If you, as an artificial man, have no soul, then the soul of a natural being transcends mere matter. It’s not just parts.”

“Parts. Brought me back?”

“Yes. You were dead. All of your parts were dead. Which part is dominant? The heart or the head? Who are you?”

“You did this to me?”

“Yes.”

“Why?”

Hyde shouted. “To prove or disprove the existence of the soul.” He calmed a little. He reached over and grabbed Hubert by the ears. His face was flushed, and though he shouted, he was restraining himself. “I need to know. I need to know if I have a soul.”

Hubert stared into his eyes and saw the searching. A rage was building in his head. This man had done something horrible to him. But a sorrow was emanating from his chest. This poor man was still searching his eyes.

“I will help you find out,” he said. He reached both hands up around Dr. Hyde’s neck and strangled him.

Hyde was so startled he hadn’t enough time to react. The patient, gazing eye to eye with him, was demonstrating the proper qualities. Conscious, deliberate action. Was it anger he saw in the monster’s eyes, or pity? A desire to help Hyde, or to strike out in revenge? It didn’t matter. What mattered was the success of the experiment. Even though, in this burst of final insight that Hyde saw as a brilliant light, instead of knocking on God’s door, he was nailing God’s coffin shut.

Hubert watched the surprise flash over the doctor’s visage, and then the fear mounting with the redness of his face, until his eyes rolled up into his head and he collapsed.

Hyde was heavy atop him. He couldn’t move. He slept.

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The Day I Grew Up

Kelly Malone

Scarcely fourteen, a nestling, I was told she was ill.
The first exposure to sorrow.

The borders of sanctuary became vague and misleading.
Tongue-tied and vulnerable, I kept silent,
Fear this deep was completely foreign to me.

Unable to see her the day of surgery,
Apparently children haven't proper manners,
Told to go outside her window and she would appear.

Five children gathered on chilly blades of grass,
Eyes gazing upward as if we were awaiting an apparition.
Then she emerged. She looked serene in her pale blue robe.
She waved to us with confidence, but we all felt the looming peril.

The asperity of her treatment left her ravaged.
She was close to death. We suddenly obtained manners.
I was led into her room with my brothers and sisters.
No warning. No briefing. Only stern threats from an overworked nurse.
There she lay. What did they do to her?

Her head was shaven clean, revealing the shape of her skull,
A patch on her eye and a tube protruding from her nose,
A shocking vision. She was conscious so I kept still.

Forbidden from crying, my throat became sore as I forced back saliva.
Nauseous and horrified, but somehow able to keep my composure,
Instinctively I knew she waited for my reaction to her condition,
So I matured, right in front of her, and assured her that she looked fine.

Kelly Malone, who has been writing since she was twelve, has been published in several magazines, journals, and periodicals, and has written a children's novel.

Temelcoff's Ropes: A Suicide Barrier

Sean McHugh

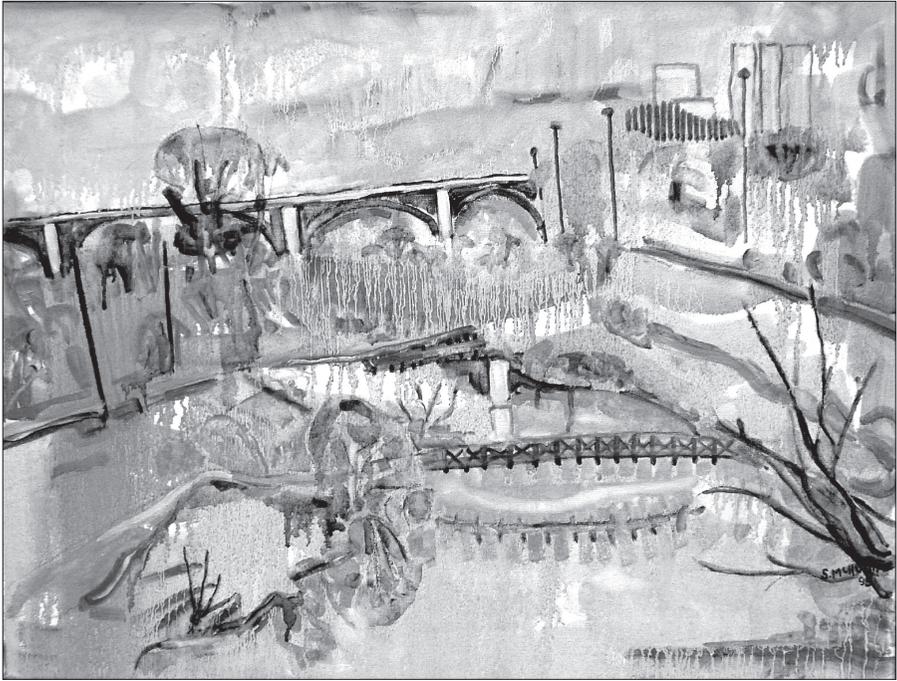
In submitting this image for *Ars Medica*, I reflected on the changes to the landscape that have occurred since I was inspired to paint the juxtaposition of paths, roadways, and bridges in the Don Valley.

I have watched the most noticeable change, the construction of the “Luminous Veil” on the Toronto Bloor Viaduct. Constructing it meant weaving a web of ten thousand stainless steel ropes, five metres long, a safety net to prevent suicide attempts.

Opponents of the project, ignorant of the impulsive nature of suicide, argued that individuals would simply choose other bridges. Strong data refutes this notion. Suicide barriers such as the Golden Gate Bridge in San Francisco exist elsewhere, and clearly prevent suicides.

The Bloor Street Viaduct, arching over the restored Don River ecosystem, spans 430 metres. The valley is a wonderful thread of greenery with paths and spaces for city residents to enjoy the outdoors, albeit with the constant drone of a four-lane highway running through the middle of it. Of simple design, the viaduct with its huge vaulted pillars—formerly an open structure—is now complicated by steel bracing and stainless steel ropes.

Michael Ondaatje's novel *In the Skin of the Lion* fictionalizes the building of the viaduct. In his story, Nicholas Temelcoff is a construction labourer who works suspended by a rope underneath the growing structure. While hanging mid-air, he catches a nun who is blown from



Don Valley Pathways. Oil on canvas, 45 by 60 cm

the bridge by a gust of Lake Ontario wind.

The romantic viaduct of Ondaatje has, in its eighty-three-year history, witnessed over four hundred suicidal acts, culminating in about sixteen per year in recent times. Every three weeks or so, somebody jumped. Unfortunately, the individuals who fall don't end up in a neat crumpled pile.

The impact of a 130-foot fall on the hard pavement of an expressway means rescue workers have to pick up separated heads and limbs. Drivers below have witnessed a plummeting body, been struck by it, or had their car drag along the fallen person. Fortunately, most Torontonians have only peripheral knowledge of these suicides through occasional high-profile newspaper accounts.

On a personal level, my fifteen-year-old daughter was crossing the bridge on her bike when a man, standing on the rail, jumped. As well, my friend's partner, a lawyer, stopped his car in the middle of the bridge to climb its four-foot concrete railing and fall into the night darkness.



Luminous Veil on Bloor Viaduct viewed from Don Valley pathway.

There was no warning in either case.

In 1998, a coroner's jury recommended a suicide barrier be constructed to prevent these deaths. Suicide comprises twenty-two per cent of deaths in males aged fifteen to nineteen years and eleven per cent of females in the same age bracket. These percentages rise for both sexes over the entire life spectrum. The act of suicide, often impulsive, occurs in response to distress in someone uninhibited by drugs or alcohol.

The construction of the Veil came about through the efforts of Al Birney and the Schizophrenia Society of Ontario. This group spearheaded the drive to convince politicians to allocate the funds for the barrier.

Al Birney has a son with schizophrenia. Schizophrenics are at a high risk of suicide, but mental illness is a factor in only some suicide attempts.

The Veil was built using money from the public and private sectors. It was estimated that each suicide from the Bloor Viaduct had direct and indirect costs estimated at greater than \$800,000 per year. A company that builds multi-pixelated high-resolution advertising signs contributed

\$3.5 million of the \$6 million required to build the Veil. In exchange, they obtained a fifteen-year lease for three prime sign locations in Toronto. The future value of this investment needs to exceed \$10 million for this business decision to be profitable. Clearly, preventing suicide can be profitable.

Now completed, the Luminous Veil is very difficult to climb over and is an effective deterrent. But it's just a start. It is time to consider another favoured suicide venue: the subways of the Toronto Transit System.

The Citizens Transportation Alliance of Toronto has advocated construction of limited suicide barriers in the city's subway tunnels. Projects with even more extensive barriers have been executed in Kuala Lumpur, St. Petersburg, Singapore, Lille (France), and London. These systems have introduced subway platform edges or screen doors that encourage safety and prevent suicides. See www.trainweb.org/railwaytechnical/PSDs-JLE.jpg for an example.

The doors are not cheap. However, one can easily build a business case based on the savings in passenger time delays, the saving of human life, and the reduction in misery of the jumpers' families. As in the case of the Veil, there are ways of offsetting the cost to the public purse.

No one has come forward to champion this cause. In fact, when proposals for barriers are discussed, there is public outcry and opposition to their construction.

One would expect a more sympathetic response to suicidal prevention programs. Depression, for instance, is highly prevalent in the general population and is often associated with suicidal thoughts and attempts.

It is time for mental health professionals in general and psychiatrists in particular to take leadership and to speak passionately in support of these life preservers.

Sean McHugh is a physician and visual artist whose passions follow outdoor painting, fellow artists, and farm life. Visit www.canartscene.com/members/smchugh.

She Lived with the Knowledge

Jeff Nisker

She lived with the knowledge it would happen to her,
Knowledge more felt than understood,
Knowledge gleaned from intuition that could not be confessed,
Knowledge that always lived but would never rest.
She lived with the knowledge it would happen to her,
Woke each day to the knowledge it would happen to her,
That what happened to her mother would happen to her.

I lived with my grandmother at my life's beginning,
She lived with us during her life's ending.
My wonderful second mother,
Powdered in kitchen table flour,
She told me stories of Schweitzer and Hammarskjöld,
Patiently engraving her goodness,
To proxy me with the purpose
She knew she could not pursue.

Breast cancer found my grandmother when she was 45,
I was 16 when she died.
I did not know my grandmother had breast cancer,
Though she suffered years of surgery, chemotherapy, fluid taps,
As they were carefully hidden behind parental backs
Forbidden to my focus.

But perhaps those backs were less opaque,
And it was I who chose to take
Each molecule of density to deny

Truth to a teenager,
Too enamoured with teenage rise
To be encumbered with adult decline.
Even when my grandmother lived in a hospital bed,
In my room,
I denied where that bed led,
Till my mother's telephone whisper
"Jeff, please come to the hospital" insisted
It would be the last time my grandmother's eyes and mine would en-
twine.
Yet it was the first time they entwined in her truth.

I held her goodness in my hand
Long after "Visitors' hours are now over"
Demanded I leave;
But I could not leave:
She would never leave while I held her hand.
It was my first joust with injustice,
I wore her colours,
I could not let her down.
I could not leave.
But "too young" rules decreed I must,
So I left, and lost,
And my trust of what was just
Was lanced forever.

I love my grandmother very much.
For years I grieved,
But never for one moment perceived,
That what happened to my grandmother
Would happen to her.

It was seven years later,
When medical school print premonished
My mother would suffer the same injustice.
The fact fell from its suspended shelf,

My mother discovered her assassin herself,
Shortly after the mammogram I arranged
Proclaimed "All clear."

Mastectomy delivered a tiny stone,
The surgeon delivered an optimistic poem:
There was no spread,
No further treatment to tread.
But the final pathology report
Delivered an "aggressive" retort
That was surgeon-shared only with me.

It was a time
(It may still be a time)
When cancer patient families
Were encouraged with cheery possibilities;
Through tones that knell all's well.
So the physician-to-physician share
That all might not be well,
Was a care I did not share
With my now pastelled family.

The tumour's small size and negative nodes
Bode no tamoxifen, no radiation, no chemo.
Tamoxifen was new then,
It was thought that it might later lend leukemia
To women it borrowed from breast cancer.
Radiation and chemotherapy would hurl her further abuse,
I could not advocate their adjuvant use,
Not when the surgeon's advice so soothed my family,
And me.

So I acquiesced my mother to others' care,
And accepted a cancer research job in California.
Of course I now admonish this acceptance,
I should have shared her each remaining day

Finding ways to repay the love she lavished;
But a career turn would congeal concern,
Confess the poison she possessed,
So I left.

A year later,
My father's long-distance words:
"Jeff, I have some bad news,"
Collapsed my knees, my lungs, my life.
My silence heard my father assure
That the already started chemotherapy would cure her.

As I flew home,
8 mm movies of my mother
Viewed each mile through invisible tears,
There were so many smiles in so few years.
No sound was needed to hear her embrace,
No colour required to feel her grace.

I hurried the hospital's revolving door,
Then sped the elevator to the cancer floor,
Where the doors opened on black in memoriam plaques
Engraving the names of the cancer-killed,
I did not pause to look for my grandmother's name.

I bolted to the nurses' station,
Breathlessly begging my mother's room number;
I bolted into that room,
Only to find a woman who was not my mother
Smiling at me from a wheelchair.
I said "so sorry" and bolted next door
Before I was locked in abhor
That I had just spoken to my mother.

Panic punished as I tried to undo my betrayal.
I ran back to her room,

To her unvanquished smile,
To her "Don't worry that you didn't recognize me without my hair."
I hugged her waist and begged her forgiveness.
She locked her fingers in my hair
And released me to her comfort.

With each week's advance,
My family firmed in their faith
That more chemotherapy could turn
Metastatic cancer's advance.
They were kindly encouraged to this credulity.
I knew no such luxury,
I silently shouldered death's answer,
While cancer poured its spores through my mother,
Growing tubes to drain its seditious sap
From her abdomen, her bladder, her brain, her back.
Till rare became the time she was aware
Of the love that surrounded her,
The love she put there.

My family denied her imminent death,
And daily advised her doctors of newspaper finds,
Such as Laetril and other unevidenced medicinals of the time.
My gentle urge that no magic cures
Would miracle my mother,
Was met with silent haranguing
That my heart had been hardened in medical training.

As my mother began her terminal breathing pattern,
My father sat staring at his forever love,
Glad life would soon be over for her,
Sad love would soon be over for him.
My brother and I stood bookending her bed
Above the kerchiefed head we so loved.
Silent centurions,
Guarding the gates of the dead,

Prohibiting her pass.
I took my mother's left hand,
My brother took her right.
We were touching an angel's gossamer wings
As they slowly spread for flight.
As her final breath exhaled death,
My brother commenced cardiac massage.
I refrained his wrists in whispered gauze,
"It's okay,
She's gone but she will never leave us."
His eyes glazed,
Mine could not.
I lifted them to my father's,
Searching mine.
We stared at each other for a long time,
Allies in loss.
Longing for her.
I held my mother's hand past cold.
I still it hold.

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Hands: A Suite of Stories

Linda E. Clarke

It is December and cold—bright but cold. Walking to the medical school I breathe deeply, relishing the quiver of excitement that traces down my spine: nervous tinged with fear. It is the end of my first term as artist-in-residence at the medical school, where I am a writer and a storyteller. This morning I am going to look at the bodies in the anatomy lab for the first time: totally normal to be excited, to be nervous. I'm wearing my grungy clothes—prepared as Fiona told me to be, for being bathed in the smells of chemicals and the bodies that are steeped in them.

Fiona, a second-year medical student, is a wonderful guide into this place. She is waiting for me and we make friendly chatter as we enter the building and ride the elevator to the anatomy lab, on the fourteenth floor. I am thankful that it is Christmas break—the building is quiet and there is little chance I will meet anyone I know and have to explain myself. This going to look at bodies feels secretive, an act that is kept in the shadows.

The elevator deposits us on the silent fourteenth floor. We exit and stand for just a moment by the display cases against the wall outside the entrance to the lab. The cases are benign, containing artifacts from anatomy endeavours of times gone by. Over Fiona's shoulder I can look into the lab, and I begin to make out rows of figures, white-draped and wrapped in plastic, some of them zipped into white bags that look, for a brief moment, like overstuffed garment bags. The shapes swim into clear focus and it dawns on me that they are bodies—rows of them, waiting for us. I swallow the nervousness before it carries me back onto the elevator

and out into the winter sunshine. I don't dare breathe too deeply now.

We take off our winter coats and don white lab coats. Fiona shows me how to wash up and how to take care around these bodies, these men and women. She checks the tags on some of the bags—I have asked her to show me the body of a woman first. Finding one, Fiona carefully unzips the bag, exposing the woman's body wrapped in yellowed and damp gauze. She unwraps the cloth, leaving one layer covering the face, and I catch my breath. Tears prick at my eyes. I am alarmed and thrilled. This woman, such a solid, hulking presence, is exposed for us to see.

We spend some time looking at this woman, and inside her. The woman's chest wall has been cut away and one of her lungs has been excised. Her body cavity is wondrous, and once I stop thinking about the face I will not look at, I feel the trill of excitement calming down.

Her right hand rests at her side, as it would if she were asleep. It too is wrapped in gauze. Fiona tells me that, when the students first start looking at the bodies, they are warned that the hand is often the part of the body that upsets people—it is so highly personal. Fiona unwraps the hand as though it were made of glass and lays it down again. She steps back for me to see. This hand has been professionally dissected—the skin on the back of it has been peeled away from the wrist to the knuckles. Inside I can see the lacework of blood vessels and sinew and fine bones. The fingers, her fingers, are intact, and I notice that her nails are beautifully manicured and that there is a sprinkle of age spots dotting the flesh on the back of her fingers, or maybe they are freckles.

Four years earlier, in the dead of winter, I became very sick. It had been coming on for months, and the pain clamped down as the cold tightened its grip on the city. By January the light hurt my eyes and I could do little but wait for the dark of the night. Every evening, after I washed the dishes, I put on my heavy winter clothes. I layered on a sweater and my warmest thick coat, my wool socks and my big boots; then I pulled on a hat and stepped outside onto our back stoop. That was a season of heavy snow, and most evenings our backyard shone purple under the high winter moon. Time and time again, I walked out into the middle of that yard and turned to face the house. Then I bent to the task of making snowballs, building a pile of them, a pyramid beside me. Taking a deep breath, I threw them, one at a time, as hard as I could,

against the brick wall of the house. I loved the thud as they hit the brick and the pattern of snow that would dot the wall as my pile dwindled. And how well I remember that with each throw I tried to throw away the pain that was becoming so much part of me; I wished myself into those snowballs and, with what energy I could find, tried to heave all that pain and suffering and worry and fear and powerlessness against the wall. When the snowballs were finished, I lay down in the snow and breathed up into the stars that shone crystal bright in the inky sky above me. I remember watching the cloud of my breath float into that sky and I remember longing to breathe myself and all that pain away.

And when I was cold, I went back into the warm house, where I took off my heavy winter coat and hat and wool socks. I walked into the living room where James was sitting on the couch, waiting for me. He opened his arms to me and I climbed into his embrace where he would rock me to sleep. Time and time again.

And I remember going to see a doctor whose promise I had trusted, the promise he made to accompany me through whatever was, as he said, “going on.” I remember sitting across from him at the great sea of his desk and feeling choked as he told me that he thought I was “depressed.” “Depressed?” after only one visit and the standard battery of tests. He spread his great hands in front of him—palms open.

“On this hand,” he said to me, showing me his left palm, “I think you are depressed. On this other hand,” the right, “if you take antidepressants, we can keep looking to see if there is anything else wrong with you.”

And I remember travelling early one morning, cold and grey, to see an ophthalmologist who had reluctantly agreed to see me as a favour to someone else. James drove and I rode beside him in the passenger seat, closing my eyes against the pain and trying hard to find the balance between optimism and realism.

I sat in the big chair while that doctor examined my eyes: dim lights and great big machines. He was so close to me I could smell his minty breath and see the whiskers on his closely shaven chin. I remember he wore a denim shirt, and cartoon figures cavorted on his tie. When he was finished the exam, he pushed away on his wheeled stool to flip the light back on. Then he wheeled back to me, close again. He began to snap his fingers, first his right hand, then his left, one after the other, and to fly

them around between the two of us—close to his face, close to my face.

Snap Snap Snap

“What are you doing?” I asked.

Snap Snap Snap

“Killing flying monkeys,” came the answer. My heart turned to ice.

Snap Snap Snap

“Do you see any flying monkeys?” he continued.

I shook my head, “No.”

Snap Snap Snap

“And I don’t see anything wrong with you.” he replied, the flying monkeys coming to rest in his lap. And with that I was dismissed.

And I remember the technician’s hands in the CT lab as she motioned abruptly for me to lie down on the narrow bench and handed me the blue paper shower cap to keep my hair at bay. I remember her hands, cool and long fingered, putting the Velcro strap across my forehead to keep me still.

And I remember her hands when the scan was finished (almost an hour later) and she reached to help me sit up and rested her hand on my shoulder and asked me, with a kind voice, if I was feeling all right. And then helped me out of the room, her hand on the small of my back, warm now. And I remember knowing then that she had seen something in my brain, because her hands were so suddenly kind and patient. And I swallowed that thought with the air I breathed and walked back out to James in the waiting room.

And three days later I remember my own hand gripping the receiver of the phone in the kitchen, white knuckled, listening to the doctor, my doctor, tell me that “they didn’t find nothing,” a double negative that made me sit down carefully on the floor while he told me what they found and what it might mean.

“Thank God,” I said, “I didn’t waste anyone’s time.”

And I remember the hand of my neurosurgeon when he snapped the film, MRI film now, into the light box in his office and pointed out the round shape, nestled in the centre of my brain. “That will have to come out,” he said, and I remember his finger was long and dark against the light.

And then there were the healing hands of our neighbour lady who is a little witchy and full of spells from a lifetime of laying on of hands. She came over to the house the night before the surgery, and her touch was

like oil on troubled seas, healing and calming. I remember sitting on the straight-backed chair, feeling foolish, until her hands touched me ever so gently, and her voice, wrapped in the softness of an Irish accent, quieted me down. She promised to come with us the morning of the surgery, to lay her hands on me before the procedure.

And there were the hands of the resident—a business-only-stiff-upper-lip woman of sharp edges and cold fingers whose job it was to put the great metal frame onto my head, whose fingers fixed the tiny screws through my scalp and into my skull. The small crackling sound of those screws going into my skull will stay with me forever.

I lived in the ICU for three weeks after surgery. In the early morning hours, when the lights were still dimmed, there came a dark shadow of a nurse. In those hours, her soft voice of chocolate and warm sugar reached for me in the depth of my sleep and drew me back into the unit. In her big hands she carried a basin of warm water, and from my drowsiness I would watch as she opened a bottle of lavender oil and dripped it—one, two, three times—into the warm water. She sang under her breath and spoke to me only occasionally as she reached with her brown velvet hands and pulled me to lean into her so she could untie my gown and wash me. I could feel her heart thrumming with the soft hymns that she was singing, hum halleluiah gentle. And her hands reached into that warm water, dipped a white cloth and wiped me clean: my face and my hands and up my arms, gentle dipping, hum halleluiah gentle, and my back and my breasts and under my arms. And when she was finished she wrapped me in a clean gown and she laid me down onto my pillow and I would tumble back into sleep.

Every word of this is true: once, in the ICU, I had this dream. I am, it seems, hanging onto a white rope ladder. It is a totally dark place, but warm and safe, not a place of fear. Close to me I can hear others, whispers around me. I look down and see the ladder stretching away beneath me into the darkness, and I look up and see that it reaches far above me as far as the eye can see.

My hands grip the rung at eye level, they are aching, burning, and I see that they are white-knuckled. My feet are tired, bare on the rung below. I breathe there, exhausted.

And then I hear a voice, a voice that tells me I can let go of the ladder if I want to. That I won't be hurt and I won't fall away but I will end up

in a different place. Or, the voice tells me, I can choose to keep climbing. It's my choice. I hang there and long to float off into the darkness. But I reach up to the rung above me and pull myself higher.

And there were times I woke up from the sleep that held me close those first weeks and found James sitting beside my great high bed, his head bent as he read a book, one hand holding mine, and the warmth of his hand would lead me back to peaceful sleep.

And I remember my surgeon coming, as he so often did, to check on me. He stood beside my bed and softly called my name while he woke me up by gently, ever so gently, stroking my arm.

So much power in one hand.

And from my perch in the ICU I saw countless hands and opportunities to lay on hands and lost opportunities and hands as tools and hands as weapons. Hands carrying trays of food and drinks of water and medicine, hands checking lines and making notes, and hands holding the hands of loved ones. Missed chances and chances taken.

Oaxaca is in the southwest corner of Mexico. It sits at the head of a valley that is graced with ancient sites of the people who lived there thousands of years before the arrival of the Europeans. It is a wondrous place. In that place there is a millennia-old tradition of healers who use herbs and ritual to care for people who are ill, *curanderos*. Nine months after my surgery I packed up my life in Toronto and moved to Oaxaca, where James had been working since May. It had been planned many months before I took ill and was a goal for me to accomplish through the struggle to get well, my light at the end of the tunnel. I remember packing up my winter gear to be left behind in my parents' basement, and thinking on it, it is as though I really believed that somehow I could pack away the self that had been so sick and in so much pain and leave that person behind, buried in the midst of all that winter gear. But, of course, that wasn't to be—I carried myself with me to Oaxaca.

A month after my arrival there I met Alejandro: Alma, the boss's wife, told me he was a *curandero* who was good at treating pain. I agreed to see him. One grey December afternoon she brought Alejandro to the gate of our small bungalow. She introduced us to one another, telling me that he spoke some English and telling him, in Spanish of course, that I spoke some Spanish. I liked him right away: he was a compact handsome

man with a shy smile. Alma left, and it was just the two of us. I invited Alejandro into our small home and closed the door.

Alejandro motioned for me to sit down at the table and he stood behind me. He managed to make himself understood and he explained that he was going to touch my head. I sat quietly. Even then I fervently hoped for a magic touch that would take the weight of my pain away from me. He put both of his hands on top of my head, his finger gently tracing the outline of the hole in my skull.

He asked me what had happened. “*¿Que paso aqui?*”

“*Una cosa en mi cerebro*, something in my head,” I shyly said. “*Tengo un operation.*” Very poor Spanish, meaning to say “I had an operation.”

I melted at the words I was saying. I wanted so much for this man to know what had happened to me, I wanted him to carry it away.

He rested his hands there for a few moments. Then he walked around and sat down facing me, very close.

“*Eres una cunadera*, you are a healer.” He told me. “I feel it very strongly.”

“What do you mean?” I asked. My heart was thundering.

“I get a strong feeling that you are a healer,” he said, “It is what you are to people.”

“But I have a lot of pain,” I told him, “and I don’t know what to do to make it go away.”

“You will heal yourself by telling your story to other people,” he answered. “There is healing in the telling. And in telling other people your story, you will help them heal as well.”

And so, with the flow of time, I came to be in the anatomy lab at the medical school, surrounded, on that bright cold winter morning, by the quiet dead. And standing there, I knew that each of their stories was written onto their very bodies, right into their very bones. I stepped closer to the woman’s body and examined her hand, picking it up gently and running my fingers, ever so gingerly, along the lines of it, the hills and valleys. It is in the hand, I remember thinking, that all that is human is captured.

Linda is a writer and storyteller with a special interest in the narratives of health care. She is founder and facilitator of the Program in Narrative Medicine at Dalhousie University.



The Patient. The experience of the patient is naturally one of exposure. The patient is physically and emotionally vulnerable—naked.



Hopkins. A light-hearted view of Hopkins Hospital from the terrace of my apartment.

Deborah Cummins is a recent graduate of Johns Hopkins School of Medicine. Much of her artwork is influenced by her experiences as a doctor-in-training.

Edgar and the Jews

Mary V. Seeman

Schizophrenia-sufferers are souls adrift, rootless in a world of their own. And yet the content of psychotic delusions is malleable. That's not true of the individual person in whom, in fact, delusions are hard to budge. But it's true of the influence of political occurrences on the preoccupations of those we call mad. I reflect on this in an unprecedented year for Canada of painted swastikas, defiled gravestones, and burned schoolrooms. It makes me think of Edgar.

Whenever Edgar and I meet, I ask him about symptoms (intrusive voices, looming fears, dark moods) and he tells me about his problems with people. We talk about his readings; he is very well read and teaches me many things. We have conversations. He tells me how much he hates the Jews, how Jews are responsible for the ills of the world, his world in particular.

He seems to exempt me from the general category of malevolent Jews, saying, "All my doctors are Jewish. I insist that all my doctors be Jewish," seeing no contradiction between not trusting Jews and putting his health in the hands of Jews. "Logic," he says when I ask him about this, "is not a strong suit for schizophrenics." Usually he denies being ill at all; but, at times, he smugly flaunts his diagnosis.

Perhaps we psychiatrists, I think to myself, are responsible for fanning blame: "Tell me who has hurt you," is somehow implied in our urging to our patients to get things off their chest.

When I started in psychiatry forty years ago, we blamed schizophrenia on parents, particularly mothers. Frieda Fromm Reichmann coined the term *schizophrenogenic mother*, the emotionally unavailable

mother who seemed the obvious root cause of schizophrenia. It was easy to blame mothers then because psychiatric treatments were conducted in asylums far from home; mothers never needed to be met face to face. Now that patients spend their lives at home instead of in institutions, it no longer makes economic sense to blame mothers. Patients need them; psychiatrists need them. Over the past thirty years, the number of mental-health beds in Canadian hospitals has dropped by more than two-thirds, from fifty thousand to fifteen thousand. If we still blamed mothers, all our patients would be out on the street.

Edgar lives with his mother. She feeds him, houses him, supports him. He leans on her and has to look elsewhere to find a scapegoat for his frustrations.

Psychiatrists are a good substitute. We are parent-like figures who impose certain strictures and are easy to hate. We are responsible for treating illness, so it makes emotional sense that we be held accountable when the illness stubbornly fails to improve. Psychiatrists are often verbally assaulted, sometimes even physically, by paranoid patients. There is more logic there than blaming Jews.

This year, Jews come immediately after mothers and psychiatrists in terms of who's to blame, although Asians and blacks are not spared either. Edgar rationalizes: from medieval times, Jew equals agent of the Devil. According to the folklore he was exposed to as a child in England, it was the Devil who created the Jewish people. The Devil, he was told, had the arrogance to compete with God in the business of creation but only managed to produce unfortunate creatures like the monkey and the Jew. Jews have horns hidden under their skullcaps and all are born left-handed. So, goes the reasoning, Jews deserve to be ostracized and detested. As a child in England during the Second World War, Edgar was read German storybooks like *The Poodle-Pug-Dachshund-Pinscher*.

The Poodle-Pug-Dachshund-Pinscher is a storybook about animals and insects. Each story concludes with a moral: the undesirable characteristics of animal X or insect Y can be seen in Jews. Drones live on the labour of others; so do Jews. Cuckoos steal other people's homes; so do Jews. Hyenas prey on the disabled; so do Jews. Jews deceive like chameleons; they thrive on the blood of others like bedbugs; they poison like vipers, they're parasitic like tapeworms, good-for-nothings like sparrows,

scourges like locusts, deadly like bacteria; crossbreeds like the poodle-pug-dachshund-pinscher.

Edgar was born in England where Jews first settled probably as early as the Roman invasion in 41 CE. As was the case with many other Jewish communities in Europe, in England Jews were not permitted to take part in ordinary commerce; they could, however, lend money, an activity that Christian merchants looked down on. In 1271 in London, hundreds of Jews were hanged on a trumped-up charge of fixing the money markets. Nineteen years later, in the first wholesale deportation of Jews in history, the whole community was expelled from England. It would be another 350 years before Oliver Cromwell brought the Jews back, Edgar told me. At the time of the expulsion, many Jews converted to Christianity, becoming "closet Jews." Edgar has traced his ancestry back to a family of converted Jews and so, he says, "I bear the taint of Jewishness."

Edgar sees the Jews as a race apart, hence he feels he is genetically impure, as if he had discovered he descended from Neanderthals. Jews are responsible for the death of Jesus and he feels that responsibility. Jewish rituals, he firmly believes, involve the shedding of Christian blood. As high and mighty as Edgar himself, with his clipped British accent, usually appears to others, "You Jews," he says, "are arrogant in the extreme, considering yourselves the Chosen People!"

Edgar believes in an international Jewish conspiracy that he blames for the Plague and for the French Revolution and for the assassination of Alexander II of Russia. And Edgar, an educated man, quotes several sources to back up his unusual ideas. He thinks Alfred Dreyfus was guilty of treason as originally charged; all Jews are like Judas, ready to sell their country for money. He believes the Protocols of the Elders of Zion are fact, that the international Jewish mafia is out to subjugate and eventually exterminate Christians. He holds Jews responsible for international communism. He thinks all Jews are Israeli spies and should not be granted Canadian citizenship. He talks about Jewish bank plots and Jewish atrocities in Palestine.

All Jews (doctors excepted, I think) he sees as dishonest and lazy. He reads to me from Eugen Duhring's *The Jewish Question as a Problem of Race, Custom and Culture*: "The origin of the general contempt felt for the Jewish race lies in its absolute inferiority in all intellectual fields. Jews

show a lack of scientific spirit, a feeble grasp of philosophy, an inability to create in mathematics, art, and even music. Fidelity and reverence with respect to anything great and noble are alien to them. Therefore, the race is inferior and depraved . . . The duty of the Nordic peoples is to exterminate such parasitic races as we exterminate snakes and beasts of prey.”

In 1144 there was a rumour in eastern England that Jews had kidnapped a Christian child prior to Passover, tied him to a cross, stabbed his head to simulate Jesus’ crown of thorns, and used his blood to make matzos. This rumour lasted for many centuries, and Edgar brings it up to rile me. “Jews,” says Edgar “deliberately stayed away from the twin towers on September 11. You were all warned in advance by your international mafia.” This is a new myth-in-the-making, comparable to child killings and blood for matzos.

Aversion to otherness would probably describe Edgar’s world view—he sees Jews as dangerous intruders into a once homogeneous world, bringing in their wake different ways of life, different values, different norms of conduct. The paradox is that aversion to others has made his own beliefs “other,” delusional.

Not all psychiatrists approach the otherness of delusions in the same way. Some of us are direct and dismissive: “This is hogwash. It’s all part of your illness.” Some are gentler. We listen and try to point out gaps in logic. We attempt to foster a questioning attitude: “Could it be that you are mistaken on this point?” Some of us pay little attention to the words but go for the emotion underneath. I try this with Edgar: “You must be so frustrated: with your Oxford education and your brilliant mind, it must be maddening to see others piling up money while you cannot seem to. Maybe that’s why you’re blaming your long-dead Jewish ancestors.” Edgar can sometimes smile at this and be distracted into talking about the many unconnected erudite matters with which his head is crammed. But he inevitably comes back to the Jewish question. It’s a matter that sticks in his craw.

His younger sister, I find out, has converted to Judaism. He doesn’t tell me this. I hear it from his mother whom I’ve summoned because Edgar has assaulted his sister’s boyfriend, and the police have brought him into hospital. “Rambling,” the police report says, “incoherent. Uses words out of context.”

Mother comes to see me, head high, but looking unnerved.

“You must be very worried about Edgar,” I say.

“Worried, no, furious! Not at Edgar, he’s absolutely fine, it’s his sister.”

“Oh, I didn’t realize she was hurt in the assault.”

“Hurt? Look what she’s done! She’s a Jew, can you imagine, a Jew! She’ll never set eyes on Edgar again.” She splutters this out as if her daughter had committed something foul.

I ask Edgar about his sister later when I visit him on the ward. “Isn’t it odd, with your hatred of Jews, that your sister, brought up in the same household, would choose to convert to a religion you and your mother despise?”

“Set eyes. No guise,” said Edward.

“What guys, Edward?”

“The Duke de Guise. They killed him in 1558. While he ate. There’s a bit of esoterica for you.”

Mary V. Seeman speaks three languages, has three sons, three grandchildren, three avocations (psychiatry, literature, geneology) and one life partner, Philip.

A Passing Moon

Joshua M. Latzman

a waning sliver of an orb purposefully etches
across the blackness as the pain of
tortured wails twists at a loved one's
steadfast heart. (She eyes a flock of stars upon
a windswept night through panes of glass.)
Below her, tears fall upon a man with IV bags
and yellow skin, prone beneath a Hospital Property
sheet; a shroud over skipping streams and
the cold chill of late September's wonder as
sweaty palms clasped together enjoyed the small frogs'
endless pursuit from rock to rock; beat to beat
the monitor tears pulses in her gut.

She feels the shiver of a shadow passing as
moonlight casts his skin the colour of gold, and hair,
once the beacon of a man, falls sparsely about
his pillowcase like leaves dancing upon the
windshield head-on in a summer storm.
The whole earth of his being is with her forever
the way Mona Lisa's smile never leaves.
His sonatas that played for hours before bedtime,
his hearty laugh that filled a room like the smoke
from a sweet cigar; she hears these sounds over the
flat, final cry of his heart.

(The melodies mingle with the silence as she watches
the moon make its full descent below the firmament.)

Joshua Latzman is a resident in internal medicine at North Shore University Hospital, Manhasset, NY. He has a poem forthcoming in *Annals of Internal Medicine*.

Kids, Guns, & Plagiarism

A Satire

Ron Charach

The 2003 Dorothy Benjamin Memorial Essay Contest proves that all is not quite right with American youth, at least on issues of originality and plagiarism. The competition, sponsored by the parents of the ten-year-old girl who died in the crossfire during a holdup of a New York City mall in 1987, draws essays from public schools across the United States. The contestants, ages thirteen through eighteen, are given but one instruction: “Construct an imaginary account of a gun-related crime so horrific that it would force the president and Congress to enact strict gun-control legislation.” Students are supplied with the added caution, “Limit yourselves to imaginary (strictly fictitious) crimes that have *never actually taken place* on American soil. Avoid storylines from television or the movies.”

Ridiculed by gun fanciers as “The Dotty B,” the contest has always had its share of detractors. Though supported by liberal groups such as the American Federation of Teachers, it is, for the most part, deplored by conservatives, who call it everything from a “grim exercise” to “a forum that elevates whining above our personal freedoms.” The NRA recently denounced it as “the lowest example of liberal sensationalism and sentimentality.”

This year, the contest was almost cancelled out of concern for the feelings of families victimized by the recent Washington sniper case, which continues to haunt the nation. While the Beltway massacres were

grist for the mill of contest sponsors, there was concern about offending the general public, and specific interest groups such as the many snipers clubs in the U.S., whose motto is One bullet, one kill.

“But 2003 was hardly a year to take a pass on the contest,” declares this year’s contest organizer, New York–based Clifton Seagal. “It’s a rare coincidence that the week of mourning our late assassinated president John F. Kennedy coincides with the trial of John Muhammad and his teen-aged sidekick Lee Boyd Malvo who held the Capitol area hostage for weeks with their random killing spree. We fully expect, this year, that American citizens will take to the streets to protest our lack of gun laws and demand Congress finally *do* something about this menace to their collective safety and public health.”

Perhaps *because* of the Beltway killings, 2003 has indeed harvested a bumper crop of essays. Sadly, though perhaps not surprisingly in an era of declining literacy, these works are attracting attention, not just because of their grimness, but for their lack of originality and, in many cases, outright plagiarism.

“We did everything to head off at the pass every source of unoriginality,” says Seagal. “We spelled it out: No *X-Files* or *Millennium* crypto-sci-fi aliens, no Hannibal Lector serial killers, and *please*, no urban tales straight off the Internet. But what do you think happened? Kids have begun to lift stories straight from the nightly news!

“The result is the usual American *déjà vu*: a disgruntled Gulf War vet, a postal worker, or a Denny’s worker shoots up his former workplace after being laid off. A paranoid student visits his former high school to slaughter three of his teachers, out of revenge for bad grades. A four-year-old shoots his kid sister to death while playing cowboys and Indians with Daddy’s service revolver. A student athlete from the Midwest is murdered by youths in front of his family on a big city subway platform. A family of tourists from Quebec are shot by a Florida holdup man whose English orders they misunderstand. A ‘road rage’ shooting is provoked by someone’s being cut off. A gang street-slaying results in the crossfire death of an innocent toddler, and so on and so forth . . . you can hardly stay awake reading such hackneyed material.”

Adds Seagal, “It’s a sad, sad day when kids can’t come up with something more imaginative than what their parents are watching, or *were*

watching ten years ago on the nightly news.

“One teenager had the gall to ‘invent’ a story of a racially motivated mass murder on a commuter train, going so far as to describe it as a ‘Long Island commuter train,’ and then pretended this event had never taken place! A second youth, a seventeen-year-old from Kansas, wrote of a child bringing a live bazooka shell into class that accidentally exploded, while a third wrote of a former GI peppering the White House with machine-gun fire, and again, most disturbingly, *all* claimed original authorship. Worst of all, a youngster from Ohio described how a cult thought to be heavily armed holed themselves up in a huge wooden compound in Texas, setting themselves on fire rather than surrendering to federal agents who had surrounded them!”

Says Seagal, “I held back the urge to challenge this youngster with ‘What kind of a Waco story is this?’ Instead, I wrote to ask him if he were certain that the cult he invented had intentionally set the fire, or whether the storming of the compound by federal agents might have caused it.”

He continues, “One might as well invent a deranged Montanan shooting up the insides of the Capitol Building in the very heart of our democracy—then pretend it never actually happened.

“Not only is there plagiarism out there, there’s a lot of bad grammar, and spelling errors *galore*. Right here in America’s heartland are *eighteen-year-olds* who can’t spell *Uzi*, let alone *Kalashnikov AK-47*—some can’t even get the second half of *Smith & Wesson* right! Very few had the savvy to mention novelty collectable firearms such as Glocks, Lugers, Baretts, or the increasingly popular machine gun by Heckler & Koch. Somehow we adults in America are failing to educate our charges.”

He adds, winking, “It isn’t just plagiarism and ignorance that kill essays; *people* kill essays.”

The one silver lining to the 2002 competition was its winner, who turned out, at age thirteen, to be the youngest child ever to carry off the \$5,000 first-prize scholarship to the Ivy League university of her choice.

Young Cara Samples, of Newark, New Jersey, using all of her 1,000-word limit, composed an unlikely but compelling trump on *Natural Born Killers*. In her tale, two boys her own age donned camouflage gear and waited in the woods, while a third boy pulled the school fire alarm. The

first two boys then opened fire on their fellow students, picking off girls who in the past had broken up with them. Seagal admits that a story as sordid as this might be dismissed as sheer misogyny. But he scratches his head and deadpans, “Most gun enthusiasts think *misogyny* is a small town on the Mississippi.” Apparently Cara threw away another piece, about a fourteen-year-old who shot up a prayer circle in the hallway of her high school. “Regrettable. *There* was a make-believe story that might score points even with gun-fanciers on the religious Right.”

Says Seagal, “Now, here’s a kid with imagination! She artfully mixes militarism with grandiosity in a tale that might *finally* convince Americans that our insane gun policies are making us the laughingstock of the civilized world. I mean, we can’t depend on the Washington sniper alone to bring about action. Why, after the *thirteenth* victim was counted, our president offered the families of all victims his sincere prayers—no changes to the laws of the nation, but prayers galore.”

Seagal has invited Cara to write a follow-up, on the specific physical—and with the help of her parents, psychological—sequelae of episodes of gun-related violence. As Cara’s father, Dr. Leonard Samples, said when interviewed about his daughter’s achievement, “We Americans have an insatiable appetite for violence, but very little interest in infirmity.”

Seagal was relieved that there was only one entry this year disqualified on the basis of deplorable taste. “One student, who shall remain nameless, wrote of a six-year-old boy murdering a classmate at point-blank range in the middle of class, using a 32-calibre semi-automatic handgun. We thought we’d draw the line right there between a vivid imagination and an outright morbid streak. The lad’s teachers are now in touch with his parents. Trauma counsellors have been called in.”

Winks Seagal, “Our prayers are with them.”

Toronto psychiatrist/poet Ron Charach’s seventh collection, *Elephant Street*, was published in 2003 by Signature Editions. He is a member of Physicians for Global Survival and The Coalition for Gun Control.

The Doctor Said

Jennifer Footman

During one of those
unending, stagnant
skin-stripping therapy sessions:

“Of course, much of this is genetic”

as if it's all
right for it to be genetic
and that she is not really
mad if it's “sort of genetic.”

She wanted to kill him, the man
who reduced her madness
to something in her genes.
She was thirty, for God's sake,
and must have had some say
in the things that had happened
to her. She was informed
that the questionnaire had decided
that she was not depressed.
She didn't stare into space for hours;
she didn't lounge about;
she didn't weep all the time.

She just did not want to live,
and that was not necessarily depression.

Her tunnel became her quite well
once she had resigned herself to it.

She lit candles for dinner,
trimmed the wicks of his mother's
cranberry glass lamp.

Candles and lamp waned
to leave the dark to itself again.

Nearly blind, she tried to hide.
Became a firefly instead. Cold splintered
her bones, filled her lungs
with ice. She even dared love,
but no one can love a cadaver.
They have so few endearing qualities.

Her reluctant mother and careless father
were not experts in genetic engineering.

Originally from India, Jennifer Footman spent most of her life in Edinburgh. Her poetry and fiction have appeared in literary magazines in Canada, the U.S., and the UK. She has four collections of poetry.

Peg

Paul S. MacDougall

I first became aware of my unique desire, some might say obsession, at around the age of seven years. Prior to that time in my life, all humans were simple bipeds. Two legs, two arms, two eyes, ears, nostrils, breasts, testicles, two of almost everything. Split directly down the middle, we were duplicated, right down to the lungs and kidneys, as if we were made with a spare of every necessary part. That was my belief until I met Timothy.

Timothy had something that I as a quiet, sullen seven-year-old lacked. Timothy was free of the rigidity of duality. In lacking a left leg below the knee, Timothy Brevan had what I didn't. He was different, original, one of a kind. To me Timothy Brevan was free. He was, according to one of my classmates and a neighbour of his, born missing his left leg because his mother took some kind of medicine when she was carrying him. I never really knew for sure whether this was true, but it didn't seem to matter. For whatever reason he was blessed with having only one real leg.

Timothy used to hobble along with the aid of a crutch-type device, fitted to his upper thigh and under his arm. He seemed to be able to manage it quite effectively, and he used to take it off when he sat at his desk. He never went out to recess because by the time he got his device back on, recess would be over. We stayed at school for lunch so Timothy had time to attach his crutch, make his way to the cafeteria, and get back to class and disassemble before the bell rang. For a little kid in the first year of public school, Timothy Brevan was getting along just fine.

Midway through our second year together in school, Timothy's dad

was called away by the army. He had to go to Germany for two years on a peacekeeping mission, and Mrs. Brevan and Timothy were going along also. The two years took a lot longer to go by than either Timothy or I thought it would. His dad kept getting new postings and transfers and promotions, so it was years before the Brevans made it back to Canada.

I was never really a close friend of Timothy in those two early years we shared in school, but he made a lasting impression on me. I was amazed he could manoeuvre around so easily with only one leg, and I spent many nights lying awake at night wondering what it would be like to actually be Timothy. He seemed so at ease with his unconventional anatomy and mechanical apparatus that I began to feel perhaps his body was the real one, and mine and my other classmates' were forgeries. What made him the special one? Did his mother really take some toxic medicine before he was born, or was Timothy chosen long before this to guide others with his slightly off-centre gait.

The Brevans moved back home when I was starting my second year of high school. I was studying the obligatory slate of academic courses, biology, math, chemistry, and the like. I'd joined the chess club, because I liked the quiet of it more than anything, and had yet to kiss a girl. The small group of friends I had drank beer on the weekends in the woods behind our house, and mainly talked about our more eccentric teachers, music, and girls we wanted to get. The usual guys doing the usual things.

Timothy started back at the same high school I was going to. In no time at all he was one of the stars of the swim team and had a gorgeous blonde from Grade 12 hanging around him all the time. I didn't dare ask how he could swim so well, but I figured some German doctor or sports guru had equipped him with the fanciest prosthesis available. By this time he had grown to nearly six feet tall, and sported a head of beautiful black hair. Handsome to a tee, Timothy Brevan, peg leg and all, was one of the major heartthrobs at our school within weeks of his arrival.

We never really became friends after he returned home. My circle of pals never crossed his, and we rarely attended the same functions. He continued to have success with swimming, girls, and his courses, and graduated with the third-highest average in the whole twelfth grade. As the next few years passed, I could only remember him as I saw him when we were five years old. The friendly kid without a worry in the world,

strapping on a wire-and-plastic harness to get himself to the lunch room. Success incarnate from the get-go.

I went on to study at three major universities, ending my education with a PhD in human anatomy and physiology. Timothy studied medicine specializing in neurobiology, earned the respect of the medical community throughout the entire country, and married along the way. I remained single.

My own work kept me busy, and I grew in the ranks of scientists that I worked with at the medical centre. I was head of Anatomy and Physiology, and lectured at the university on this subject. My interests included psychopathology and aberrant behaviour, and I spent most of my free time reading journals and obscure manuscripts in the university's library. I was intrigued with the way fiction writers and film directors could predict major social psychopathologies, many years before science even considered them as real.

One issue that impressed me greatly was the fact that a simple anomaly in one or two people could be greatly magnified in scientific journals, as well as the mainstream media, to the point that it became a pathology. Basically an over-represented manifestation of a solitary condition could be turned into a textbook illness of the mind and/or body. Society could unwittingly be turning healthy individuals into sick ones, simply by over-discussing a few genetic mutations among a small group of people. The chicken and the egg question rewritten once again.

I also followed the career of Timothy Brevan through the scientific literature as well as the media. He had developed a technique that could implant cells from mammals into a section of the brain that was responsible for memory. In laboratory rodents that had their memories chemically destroyed, he was able to restore at least 80 per cent of their memory, by introducing genetically modified stem cells. The implications of this work were relevant for possible human treatment of diseases such as memory loss or other degenerative brain disorders. In addition, Timothy was skilled as a surgeon and was credited with saving the lives of countless brain-injured patients over his career.

It was my suggestion that on the eve of the year 2001 our College of Physicians and Surgeons invite a number of prominent colleagues to come and speak at a symposium in honour of the future of medicine. The

college had four speakers scheduled on the four Saturdays in December 2000. Timothy Brevan and his wife Marion had flown in on the last Saturday afternoon in December in order for him to deliver the final session of the "Welcome 2001 Lectures." The focus of his talk would be the move from rodents to humans with his new technique.

I hadn't seen Timothy in over twenty years and had never met his wife, but considering it was at my suggestion he be invited, it was only proper that the College of Physicians and Surgeons ask me to accompany them for the day and deliver them to the pre-lecture dinner at the faculty club of the university. I was thrilled to accept the job of host.

It was around 4 p.m., the time when the sun begins to set over the cityscape, and the lights of the huge buildings on the waterfront reflect off the water, that my bell rang. The college had arranged for a driver to collect the Brevans at the airport and bring them to their hotel first, then directly on to my penthouse apartment. Their schedule was rushed, with the dinner starting at 6 p.m., so we had about an hour or so to get reacquainted.

Marion was an absolutely stunning work of beauty. Her skin was the colour of pure alabaster and she had the face of a madonna. Sleek, elegant, and full of sexuality, she was aging like the finest port. Both Marion and Timothy looked years younger than the four decades they really were. Aside from a small amount of grey around the temples, Timothy hadn't changed a bit. Perhaps a pound or two heavier, he still cut the imposing figure he always was to me. His walk was so steady and purposeful I wondered if I had only dreamed his missing appendage and in reality he was the same as everyone else.

We exchanged pleasantries, dropped names of mutual friends and colleagues, and shared a glass of wine. After a half hour or so I excused myself and went into my study, leaving Timothy and Marion admiring the view from my living room window. Timothy was pouring another glass for Marion and himself when I re-entered the room. I was carrying a leather-bound case, somewhat the shape of a violin but slightly wider.

"I'd been wanting to show you this for a few years now," I said to Timothy as he turned from the window. "It's been part of an actualization of mine that finally came to pass five years ago."

"What is it?"

“Well, here look,” I said, passing the case over to him. Marion was leaning against the windowsill as Timothy undid the silver clasp that held the case tightly closed. He raised the lid with a puzzled look on his face.

“My God, Ballard, what is this?”

“Isn’t it fairly obvious?”

“Yes, but whose is it? And why do you have it?”

“What is it Tim?” Marion said as she turned from the window.

“Ah, well, it appears to be a preserved . . .,” Timothy said as she looked in the case. Marion turned from pale to green and fell back against the window, gasping for air.

“It’s mine. I removed it myself a few years ago. I was forced into anatomy because I knew no one would ever help me with this. During grad school I knew I could do it, it just took a few more years to develop the prosthesis. As you can see, no one would ever notice.”

Timothy didn’t seem to be able to comprehend the gloriousness of my act and my feeling of pride in showing him my accomplishment. He was too busy helping Marion over to the chesterfield. “It took a bit of getting used to, but now it’s fine,” I said. “Of course, you never needed to get used to it, did you?”

“Ballard! Why did you cut it off?” he said.

“Because I’m whole now, Timothy,” I said walking towards the window with just the slightest hint of a limp. “I’m finally whole.”

In 2002 Paul co-wrote the award-winning play *Chemical Difference*. He contributes to *Shunpiking*, *Pottersfield Portfolio*, and the *Cape Bretoner Magazine*, and is a microbiology instructor at UCCB.

Indigo After Midnight

Barbara Phillips

past the quiet cold of midnight
the fish tank murmurs rumours to the cat
intent on mice in corners scratching out
terms of squatters' rights

the cat frets for a kill
swipes at phantoms captured
in October and settled
just past feline boredom

I listen to inarticulate murmurs
about things that must be said
they slither into my inner ear
to spin disguises

free from speed traps
cars thunder by
driven by crazed drivers
splitting night

the dog exploits fatigue
shifts herself on the couch
but I am caught in moments
muffled in restless shuffling

in a dusty alcove words
spill in all directions
demented dominoes
randomly line dancing

a poem in a long indigo
silk skirt hugs the walls
and slowly sweeps
the imperceptible debris of being

Barbara Phillips lives in Toronto. Her poetry has appeared in several anthologies and e-zines. She has been a recipient of The Ted Plantos Memorial Seed Money Fund.

Coyote Dreams

Anne Sorbie

COYOTE WATCHES. I dream I'm in my parents' home, sitting in the tapestry rocker, looking over the land my grandfather staked out. He journeyed from Frank to Calgary on horseback and rode here following the Little Bow. John McSorley claimed this place. To reach the pink house you must travel south from Vulcan to Champion and then turn east for five miles on gravel. Travel south, east, and south once more. Cross the bridge with the wooden floor by the Barnes's place and drive up the hill to the gate on the left. Go through the modern version. You'll cross Webb land, Granddaddy's sister's land. She was the first lone woman to own property in this part of southern Alberta. Open and close three gates and you still won't gain sight of the place, but you'll gasp at the view of the valley on your left. Descend from the prairie surface on the steep dirt road and snake down to the valley floor. Halfway, you'll see the house where I sit.

As I look east, hills swell to my right, always dry from heat or wind, always shades of brown and new potato. The fields reaching out to meet their base used to be planted. Not today. The three quarters that stretch before me lie fallow. Wild grasses cover the fine dirt in unparalleled variety: Russian thistle, spear grass, and cacti. Now the homestead is used as a cabin, May to October.

Between the hills the coulees dive, laced with cow trails and the marks of my grandson's black-tired bike. I hear the high pitch of the two-stroke engine gearing up and down the swells. The hollows conserve water and an abundance of growth in the form of rough bush: dogwood, Saskatoon, sage, rosehip, and wild rose. There used to be trees around the

house. They are gone now.

In the early nineteen fifties, the house was closer to the river, and there was no such thing as the Traverse Dam or the PFRA. My mother fought those men every day for God's own share of the source. Prairie Farmer's Rehabilitation Association, men working for men, water-mongers, gangsters claiming control of the only natural resource worth anything. Webb's land stood to gain, ours to lose. They took pieces of the sections west and north of the house for the right-of-way. PFRA paid us something for the land. Granddaddy bought a section above the valley, south-east of us where coyote roams. He hated to be robbed of connections.

COYOTE CALLS. I dream my children are in the pink house with their children. Some work in the kitchen, some lounge in the sunroom. They think I sleep. I see them all; sense them, just as I sense the swallow through my transparent lids, thin skin adding a glow around the small bird. She flap, flap—soars out over the lake, and the flocks of cranes, geese, ducks, and pelicans settle on its surface. She flies to the dam end of the lake and up to the section that's now mine. Granddaddy left it to my mother; she left it to me. She gained the right to do that the year she convinced her husband to let her plant mustard.

My mother wrote to a distributor in Hamilton. He replied that he couldn't make any deliveries because supplies were cut off: European ships were now in service for war. She wrote again, no ocean between Hamilton and Vulcan, she said. Sometime later, she received one hundred pounds.

A local weed inspector learned of my mother's plans and insisted on scrutinizing the mustard for noxious weeds. With the help of friends and neighbours, we examined one hundred pounds of mustard seed by the tablespoon. The crop grew waist high and was purchased by the Hamilton company. A photograph of five dancing among the plants is preserved in my diary in the next room. Mother and Daddy formed the J. G. McSorley Mustard Company. They delivered the crop for cleaning, free of the restrictions of the quota system. After the war years when the ships sailed again and mustard poured into the country at a reduced price, they sold the company to an elevator man. My mother is credited with registering mustard as a commercial crop in Alberta.

I used to walk to that section where coyote slept, and stand in the middle of the odd smelling weeds, proud of my mother and her innovation. Now I dream of how tall the crop stood, imagine the swallow's course, rising and diving over the contours of the hills. I know she'll stop on the branch of a bush for rosehip. The bough will wave under her weight, quiver as her small feet release their grip. I painted her, preserved her layers of tiny feathers, shades melding dark toward her head. Beak and eyes stare from the surface of a china plate that hangs in my Calgary living room where my family whispers, fragility.

COYOTE BARKS. I dream I sit in the wingback chair in front of the window in my own home. My husband and I built the place; it was our second house. We rented the first and the money paid for the next. We bought the lot when it seemed no one else wanted to live this far from town. The last two cottonwoods left after the nineteen fifties dam now tower over the roof, lovingly transplanted from the farm. My daughter used to string a hammock between them and spend hours staring up at the blue and green. She read the Brontës and Granddaddy's autobiography, preserving connections. Now, she plants my garden with geraniums of varying shades, hybrids conceived in her husband's greenhouse. I watch her prune, weed, and water inside the manicured hedge, the faraway hammock look disguising her thoughts. I look at the structure of her face: high cheekbones wider than deep-set eyes, and see my mother beneath her skin. I thought I'd never forgive her for subjecting herself at twenty-one. She introduced me to a man I'd never heard of, divorced, children, three, four, five, and seven. She married him months later.

If I look past the wing, I see the SAIT residence across Crescent Road and Tenth Street, the original sandstone hall hidden by decades of architecture: an uneven mix of brown brick, steel, and green glass. Follow the Crescent as the crow flies, east along the ridge overlooking the Bow River and the downtown skyline, towards the zoo; you'll come to another brown brick place. It's where I am now, north side of the river where coyote shadows are long.

COYOTE HOWLS. I dream I sit in the visitor's room looking up at the blue, through green poplar leaves. I spend days watching them wave from my

auxiliary place. The price of land on the south side is less, far less than what oil companies offer folks on the north side of Traverse Lake: two thousand dollars an acre to lease. That started with land owned by a local member of parliament, the same man who called the weed inspector about the mustard crop. My section is worth three hundred dollars an acre. No pump jacks in my view. My connections are not tied to the oil mongers, gangsters who claim control of the only natural resource worth anything. Boring down through the layers of dinosaur bones and petrified cones, stripping the core, chasing coyote.

My children are all here with their children. I dream I'm with the youngest ones in Barnes' Bay, a half mile east of the pink house on the clay slopes looking for fossils. My grandson finds a pelican beak still attached to its spinal chord in the soft muck at the lake's edge. That's how they start. Sticking out of the eroded grey, thirty feet higher up, his dad finds a petrified backbone, marks the place with a pile of chorten-shaped rocks. My son loves rocks. He mines them, but not on Granddaddy's land. The giant he works for paid for the lease on the north side of the lake, a lake where a river carved contours into the land over millennia. When my son was small, I sent him to the pink house on the valley floor to learn of the land from my parents. His granddaddy taught him about hunting and shooting. There's a black-and-white image of John McSorley in the sunroom. Tweed jacket buttoned and belted. Pheasants hang from the leather, all his weight on one tall brown booted foot. The other turned out toward the rifle butt. His hand joins with my son's around the feet of a broken-necked upside-down bird, the kind Coyote eats.

Last Thanksgiving I followed my son-in law and his three-year-old grandson down to the lake. A rod and line jiggled in the wind, still there from the night before. Michael cradled the boy between his legs and arms, encouraging him to reel in the fish. Then he took over and landed the monster while I stood behind the student, protecting him from the wind. A ten-pound ling lay on the pebbled mud, opening and closing its mouth, red lungs drowning in air.

Grandpa put the fish back now?

Grandpa killed the fish behind us as I walked the babe back to the pink house. Now there is another image in the sunroom: Grandpa

Michael holding the ling, branch through the mouth, the boy's arms crossed over his small chest.

COYOTE CRIES. I lie on the bed in the sunroom of the auxiliary hospital. My grandson, my children, my husband, and my sister are here. They think I sleep. I dream I see them all through the pink of my lids. My sister owns the farm now. My family uses the place twice a year. She asks my grandson about the direction of the provincial park from the pink house, the barn from the house, the dirt road rising to the prairie where coyote waits. I grip his hand and he's glad I told him those things. My sister spent a lot of time in the loft of that barn. The barn has an eastern lean, seeming to hover over the old boat and motorbike inside. Every year a couple of old owls makes it theirs. Regurgitated clumps cover the steps to the loft. My sister used to spend hours looking at the view from up there. The view from my window goes beyond what she could ever imagine from her attic. A ridiculous Woolf woman thought the only way out of the attic was death. Women like me, coyote women—don't see it that way. Coyote women inhabit the prairie and the valley; drink from the lake when they please. They travel, scratch the earth, open the way for others.

Windows surround me. There is no view tonight, only blackness and booms, which they say are fireworks from our world-famous rodeo. When the light outside swells up I'll be coyote woman running prairie grass beneath me, singing in a voice my children will always know. Next time they spot me among shades of brown I'll disappear in the greyness of the clay next to the petrified backbone. Disguised, I'll descend to the muck, stand beside the pelican beak my grandson found.

COYOTE SEES. I watch my husband in our church where we met; my daughter sits next to him in my place. I paint their images, take them southeast, and keep them in the window of the pink house. I cry for joy as my daughter helps carry my leftover shell from the church. She's the first woman in our history to accomplish this way. The faraway hammock look replaced by a brand of strength that I never told her I loved or understood.

I sit atop the hill closest to the pink house where my mother taught me glacial secrets and hers taught her about land. The painted images have their backs to me as they face a room of twenty-five. All my children, their children, and their children are here for Thanksgiving dinner, silent as my daughter delivers grace. I survey the Little Bow valley. The lake is low at this time of the year, still regulated by the water-mongers. I see the open ground carved out by the water and the coyote women. From two hundred feet above the valley floor I see fish and birds and animals and peoples who lived in the layers before me.

I turn from the pink house toward the open prairie with the other coyote women and sing.

Anne Sorbie is a graduate of the University of Calgary Creative Writing Program. Born in Paisley, Scotland, she lives and works in Calgary. Anne teaches English literature at Red Deer College.

The Delivery

Sarah Reynolds

Cathy sighed as she relaxed into the familiar rhythm. Chop, turn, chop, toss. The green beans fell into a neat pile in the steamer basket. The roasting chicken was smelling heavenly, and next she would do the potatoes. The new mattress was expected between 1:30 and 4:30, and it was nearly 4:00. The muted sounds of happy children filtered up to her from the basement, and a soft snoring sound emanated from the living room where Cathy's husband had been reading the newspaper. Cathy sighed again, with contentment, with an assurance of everything in its place and all being right with the world.

So different from the way it used to be.

Cathy gave her head a small shake as if to throw off such thoughts. Not today. Not on a Sunday with a chicken roasting in the oven and all where they should be.

The chicken.

Free range and grain fed. A short useful life and happy while it lasted. Surely the chicken would not begrudge her children the necessary protein to grow into tall, strong adults? She read once that the native Indian people believed that an animal was happy to give up its body to nourish human beings. She was sure that's the way it was with this particular chicken. Cathy began scraping away at the potatoes. She looked at the bowl she had chosen to hold them once they were mashed. It was a medium-sized bowl—what had made her think it was a large one? She touched the rim and turned the bowl, watched the light bounce off its shiny surface and change shape, like patches of oil on wet pavement. Definitely medium, nowhere near large; funny. Cathy turned her attention

to the potatoes again and tried to ignore the niggling feeling in her gut. She felt restless and vaguely anxious, the way she used to when she was on her medication. What could possibly be wrong? Once again she made an inventory of the smells in the kitchen and the sounds of her happy family. She pressed the slightly yellow flesh of the potato she was peeling against her forehead to reassure herself. As the water dripped down her cheeks, Cathy realized what was wrong.

The delivery of the mattress.

Nobody delivered mattresses on a Sunday afternoon. How could she have been so stupid? Cathy carefully placed the potato back in the sink. She moved slowly and deliberately so as not to alarm anyone who might be watching. She began to hum a little in what she hoped was a relaxed manner. The devils! How had they found her again after all these years? Cathy felt her insides twist with the memory of their last visit. Months of darkness, drugs, confinement, and over-salty food. She could remember very little of the hospital itself, but the food trays were very clear. Beige plastic trays. Some obviously quite old and worn. The older trays were laced with fine cracks, and the colour varied across the slightly roughened surfaces. The breakfast trays carried small silver teapots that spilled their contents haphazardly, no matter how carefully they were poured. How many teapots? How many times had she tried to pour them without spilling? She would save several teapots and then fill them all at the bathroom tap and conduct experiments. Enough of this! They were coming.

4:15.

Surely they were almost upon her. Cathy walked purposefully but slowly to the back door and locked it. She turned carefully, trying to look unruffled before going to the front door and drawing the heavy chain across. She went to every window and locked and drew shutters and blinds, sashes and curtains. When she was finished she allowed herself to relax a little; at least they wouldn't be able to see her clearly now. Cathy punched herself in the thigh with irritation. It had been years since the first visit, surely they now had methods to look beyond simple window coverings! She looked slowly around the darkened living room, suddenly feeling the fight go out of her, to be replaced with a sad resignation.

The dreams.

She hadn't let herself think of the dreams, but they were there, waiting for her, perched on the foot of her bed at the end of every day. She pointedly ignored them, and now she realized that she had been fooling herself. Ignoring them accomplished nothing. They were back. Nightly she was tormented with visits from them. Sometimes the words were unclear and their faces seemed distant. At other times their voices were louder, commanding her. In sleep she could resist them. Simply wake up and quickly forget about them in the bustle of morning activity. But this had been the way before; the dreams and nighttime visits had become daytime visits. Waking nightmares. Cathy sat heavily on the footstool, her husband's regular breathing and the ticking of the clock the only sounds she could hear. She touched his foot lightly through his slipper. At least he was safe, and the children. For some reason they were only interested in her.

4:30.

Cathy heard the sound of a truck rumbling along the quiet street. She was seized with a sudden terror. She couldn't just wait to be taken again, she had to fight, she needed to be here. Cathy raced back into the kitchen and climbed into the small closet in the corner. The smallness of the space was slightly reassuring. She felt the vacuum cleaner, the broom, the old red bucket and the damp cloths. Smells of pine cleaner filled the closet. Suddenly Cathy began to cry. The chicken! She could no longer smell the chicken. She leaned her head against the door and sobbed. Distantly she heard the front doorbell and then the sounds of her children running up the stairs from the basement. Sobbing and terrified, she began to lose the feeling of the door against her forehead. She squeezed her hands into tight fists and punctured her skin with her nails. Then she raked her nails along her arms, still no feeling. Someone was screaming now, but she didn't know who. Cathy curled herself into as tight a ball as possible for protection as she heard familiar, harsh voices in the closet with her. As the door to the closet opened, she faded completely.

Sarah Reynolds has worked as a psychiatric nurse for many years in hospital and in the community. She now works in the Emergency Department at Sunnybrook as part of the Psychiatric Emergency Services team.

Pigeon

Monica Kidd

Elegant in fleece, he struts
the length and breadth of Victoria Station,
hips thrusting,
shoulders cutting
fetching arabesques.

His bright face bobs
on a sea of downcast eyes,
as though his heart
had never broken.

Triage

April 22nd
she writes in a weak hand,
sloped as if falling from the edge of the world.
His birthday, his love for pigeons,
the TV set she bought him;
this is what she tells the nurse.

And what she does not:
the stink of him,
five days naked on his floor,
how his mouth puckered “O”
as the motor dieselled away,

how the neighbours watched
from behind their windows,
dignity biting at their heels.

Monica Kidd's poetry has been published widely in Canadian magazines. She is the author of two novels, *The Momentum of Red* and *Beatrice*. She began medical school at Memorial University of Newfoundland this fall.

Changes

David Rexton

The summer I took care of, or at least tried to take care of, Mrs. McMaster-Worthington's one-acre garden, my hands grew raw with blisters as I lunged from flower bed to carrot patch under the hot sun, weeding, watering, fertilizing, hoeing, digging. While I was preoccupied fertilizing the carrots, the foxgloves were quietly wilting. Dripping with sweat, I rushed to throw water at their parched roots as the aphids ravaged the snapdragons. While I sprayed the aphids, weeds were sprouting in the broccoli. Living with HIV sometimes reminds me of that summer as I chase the challenges that sprout like weeds to catch me unawares. It seems that I'm always reacting and never quite in control of the situation.

But HIV has taught me one of its tricks. As it constantly mutates, I have to constantly adapt and change if I hope to keep up with it and to keep it from overwhelming me. And so change incubates within me along with HIV. As HIV drained my health, I sought to struggle out of addiction, to institute a new, healthy diet regimen, and to cultivate a completely different lifestyle. When depression overwhelmed me, I sought out the treatment and help to restore me. As friendships and relationships withered, I sowed the seeds of new ones. A sex life of wanton abandon was ruthlessly cut back, as a rampant rose bush is pruned nearly to its roots if it is to flower even more luxuriantly another year.

Many times in this infection, dealing with the challenges that HIV has thrust upon me has seemed a hopeless task. But I know that I must keep changing if I am to meet those challenges.

Two important things have emerged from this period of change: a

sense of being able to cope with HIV without the fear and panic that first gripped me, and a sense of learning what change means and how to deal with it. Change, much like HIV, follows a slow progression along an uneven path. As I see and feel the changes that HIV is making in my body as it progresses, I also see and feel the progress of positive change within me. The HIV companion that haunts the dark places of my body, feeding on both my flesh and soul, has strangely gradually changed, taking on less the role of feared marauder to become more a part of me. This parasitism has evolved to mimic a symbiosis of sorts, where the battle between invader and host has become more balanced, where the constant warring between host and parasite has produced a climate in which, albeit only temporarily, neither wins nor loses.

There are wild orchids that grow near the dry, rocky cliffs of a rugged canyon near the town of Dorion. The roots of these orchids become invaded by a fungus, but in some way, the orchid usually responds to control the spread of the “infection” and the two live together in a state of constant battle in which neither triumphs over the other. The orchid provides a protected environment and a rich supply of glucose for the fungus. The fungus collects the scant water from the rocky soil to sustain the orchid and even produces vitamins that the orchid uses. In a similar way, I host and feed my HIV as it gives me in return a more sharply honed clarity of the meaning of life. It has taught me that I have to cultivate the changes that have been sown, to cultivate them in a manner as relentless and unceasing as that of HIV itself as it harvests my body. Somewhat like the uneasy relationship between the orchid and the fungus, HIV and I have evolved into an uncertain relationship in which I provide life to the virus while it provides a wellspring of change to me.

I don't know what happens in time to the orchid, but I assume as it gets older and weakens, perhaps in its own way wearying of the constant battle, the fungus ultimately breaks through its defences and overwhelms the orchid. And so in time, shall HIV with me.

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