

Ars Medica

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

For subscription information or to submit a manuscript, contact arsmedica@mtsina.on.ca,
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Editorial

Many eminent novelists and writers have had their formative beginnings in medical studies—Rabelais, Chekhov, Maugham, Suyin, Percy, Ferron, to mention but a few. While medicine teaches one to exercise powers of observation, compassion, intelligence, and moral judgment, Sir William Osler, the renowned Canadian physician, issued the pithy dictum that “half of us are blind, few of us feel, and we are all deaf.” This caveat enjoins not only medical students and doctors, but everyone concerned with the experience of suffering, to see, to feel, and to understand more. Art, as Aristotle argued, is imitation of Nature—derived from our contact with the world. Is the role of healer and physician not similar to the daunting task of the artist—to observe, to re-create, to enhance our comprehension of the human condition?

It should therefore not surprise us that many contributors to this journal are medical students and physicians. Indeed, the editors note that eight selections in this current issue of *Ars Medica* are from physicians and four from medical students. Yet physicians, while they comprise an integral part of the circle of care, are but a single facet of the whole, comprising the health care team, friends, family, patient, and culture that surrounds and influences us all.

Often physicians can profitably join with artists and/or work through art to articulate their experiences and their encounters with patients. Pam Hall’s work as artist-in-residence at the medical school at Memorial University documents a generative collaboration and encounter, presented here as with some of the drawings from *Figuring the Ground*. Linda Clarke is another artist-educator who has taken up work with those learning the art and science of medicine. Excerpts from *In Our Hands: Stories from Canadian Doctors-in-Training*, co-edited by Clarke, highlight medical student Vanessa Cardy’s gripping narrative of an abused female Cape Breton patient, Jonathan Kerr’s bittersweet reminiscence of his first

house call, Monica Kidd's evening sojourn in Emergency, marvelling at the strength of human bonds, and Priyadarshini Raju's two sketches, a mad patient waltzing a doctor, and a father's loving but hesitant touch of his small baby-blue son.

Vincent Lam, a young emergency physician and writer, in a recent collection of short stories, *Bloodletting and Miraculous Cures*, offers us an intriguing glimpse of events leading to the cardiac death of a patient, raising pertinent questions about what is not said in the role of physician. One of the most touching and humbling stories in this issue comes from Joshua Dolezal, a wilderness ranger and visiting assistant professor of English in Iowa. In "Birth of a Holist," Dolezal explores a female medical student's vexing enigmatic chronic shoulder pain that has resisted medical understanding and treatment. The young student, Gwynn, finds temporary relief in the hands of a chiropractor, despite the criticism of her physician-father. In a series of evocative and transformative scenes, the chiropractor massages Gwynn's affected body while the reader wonders about the profound and ambiguous connection between touch and symptom, and the significance of contact between healer and patient.

Ars Medica seeks to enlarge the debate and discourse of our chronic and lifelong struggle with health, disease, and suffering explored through the perspectives of the arts, humanities, and medicine. Join us by reading our journal, submitting your stories, essays, poems, and art, and passing your copy on to others.

Afterwards

Vincent Lam

Doctor Sri watched the ambulance crew wheel in the big, motionless man. In resuscitation bay 3, the form wrapped in the blanket was lifted upward by a circle of hands, each grasping the orange cloth. The medics and nurses asked and answered each other at the same time. This heavy form in the bright blanket rose off the ambulance gurney, floated for a moment, and then settled on the hospital stretcher. Around the silent man, a choir of beeping monitors and electronic alarms rang out a desperate melody. Lines and cables spilled over each other, into him and onto the floor.

“What’s the story?” asked Sri.

Zoltan the paramedic said, “Unwitnessed collapse in a hair salon. He was in back. Found in vee-fib. Shocked three times, tubed, epi times three, atropine times two. En route, total six shocks—no response.”

“Time down?”

“Call at fourteen-oh-five . . . now twenty-five minutes down.”

“All right.” Sri placed his stethoscope on the man’s chest—no heart sounds. The eyeballs were beginning to dry and stick to the open lids, and the pupils were a fixed size. The hands were a lacy blue web, which spread up the arms to the purple face. Sri felt relaxed, almost placid.

“Twenty-five minutes down?” said Sri. He felt calm because it was too late to make a difference.

“Yeah. Traffic.”

“Fine. Bolus Amio three hundred. Pads, and get ready to shock.” Hands reached for drug boxes, for the paddles. The monitor’s frantic line

jumped up and down. Bouncing, bouncing, and wild. Ventricular fibrillation, the heart's desperate spasm.

"Amio in," called out a nurse.

Sri held the paddles in front of himself.

"Charging to three-sixty," said Sri. His thumbs flicked the red button on each paddle. The counter climbed: two-fifty, three hundred, three-sixty. "I'm clear." He placed the paddles on the chest. "You're clear." He looked up and down the stretcher to see that everyone had stepped back. "Everyone's clear." Sri leaned down hard over the paddles. His thumbs found the big orange buttons. With a quiet beep of the defibrillator, the man's body jumped in a moment and softly rustled the sheets in falling back into them. Sri always thought there was a noise in that jumping—like a little bang or a snap. Afterwards, he wondered if he had imagined it, and then he couldn't be sure.

"Continue CPR," said Sri.

Zoltan, whose shoulders were broader than his planted feet, compressed the chest. With his hands overlapped and a closed-mouth smile, he pumped the chest casually, flexed at the elbows. Most people lock their elbows and lunge from the waist to achieve enough force. Zoltan pumped with a delicate stroking motion that pushed the silent man audibly down, down into the stretcher.

"Good output," said Sri. His gloved hand felt for a pulse on the groin of this human shape in the nest of sheets and wires. The blood not clotted yet, but not warm either. At the requisite intervals, Sri ordered injections, shocked the human form, and re-examined. On the monitor, the dancing line became a lazy wave.

Sri wrote in the chart.

It was fourteen-fifty when Sri said, "Hold compression."

The line was flat across the monitor. "Is the family here yet?"

"No one."

"Well, I think we're done. I'm calling it. Thank you everyone."

Four patients later, Nurse Lillian came to Dr. Sri.

"Mr. Wilhelm's family is in the family room," she said.

"Who?"

"The vee-fib. His family."

They began to walk down the hall. Lillian handed Sri the chart.

“Wife and son,” said Lillian. Her voice was light and firm, a tone that might signal the arrival of guests who were expected but not especially welcome.

Is he really dead yet? Sri wondered. Mr. Wilhelm himself was gone, but the Mr. Wilhelm who existed with his family was alive until Sri told them of the death. *This hallway to the family room always feels long,* thought Sri. Sri knew he was wondering idly, because either this death had happened or was soon about to be finished. It didn’t matter if it was a secret reality in this hallway. The door appeared. *What if I don’t go through this door?* thought Sri. He would not turn away. He had been in the family room many times. Sri opened the door that had no window in it. He and Lillian entered the room.

“Hi, I’m Dr. Sri. This is Nurse Lillian.”

Glancing at the chart, Sri saw that he had not yet written that the patient was deceased. *What if, just now,* he thought, *I forgot that Mr. Wilhelm died?* Sri shook hands with Mrs. Wilhelm and then her son, Tomas. “Pleased to meet you,” said Sri. Seeing them, now it seemed unfair that he knew and they did not. He wanted to rush the words. “I’m sorry it’s under these circumstances.” But first the key phrases. What did he usually say in this time when everything but the facts would be lost? *Each time it feels like I’m rehearsing.* “Your husband arrived here about an hour ago.” *I should just say it, to make it real and end it. They already know. A wife knows—some believe that at the moment of death she feels it already.* “He collapsed in a hair salon. The paramedics came immediately, and did everything they could.” *I used the past tense. It gives it away. What would I say if the man were alive? I would start by saying he was alive.* Beginning to tell it, Sri felt calm. “They transported him here. We began to resuscitate him immediately. His heart had stopped beating. We did everything we could.” That last phrase felt like soap opera, but these words always came out of Sri’s mouth. *To talk like this creates a delay, but there’s a story to tell. Tell them the story. The story needs to come before the ending so that it makes sense looking back.* “We couldn’t restart his heart.” So he had maybe tricked himself by revealing the death without saying the actual words. *I still have to say it.* “I’m sorry, but Mr. Wilhelm passed away peacefully about half an hour ago. He was in no pain or discomfort.” *That last part, I always feel I might be lying.*

There.

The wife's face held a shattered expectation. Tomas Wilhelm was Dr. Sri's age, with quiet eyes that had the calmness of grey water. The young Wilhelm gazed beyond the space of the small room. This room. Sri had seen its pictures so many times but he could never think of what they showed. Forgotten landscapes, maybe, hung over the soft, easy-to-clean vinyl furniture.

"Heart attack," said Sri. "Most likely."

"He didn't take care of himself," said Tomas, squinting.

"I see."

"He smoked, never exercised, he was a diabetic—didn't care about his sugar."

Sri always felt relief to learn that a deceased person's end was predicted by his life. It made it a happens-to-someone-else event, a bound-to-happen circumstance. There was less to explain, or understand.

"Well, I'm sure there's a lot to remember," said Sri. Relieved at having told his part of the story, he tried to look at his watch without appearing to do so.

"He was in a hair salon?" asked Mrs. Wilhelm.

"Yes, a hair salon," said Sri. "He fell in the back room. They called the ambulance. The paramedics gave him—"

"A hair salon? You mean his barber," said Mrs. Wilhelm.

"I suppose his barber."

"Why was he in the back of his barber's shop?" asked Tomas.

"Well, I don't know," said Sri. *Details. Everyone wants the details. Emphasize the promptness of treatment.* "The ambulance crew shocked him immediately, and—"

"Immediately? The ambulance people were there?" asked Tomas.

"After they arrived."

"I don't think his barber has a back room," said Mrs. Wilhelm. She turned to Tomas, "Did he ever call it a hair salon?"

"It must be the back part of the shop." *How would I know?* Sri looked openly at his watch.

"The haircut place. We'll get the address for you later," said Lillian. "The ambulance people write down something that describes the place. For instance, if they bring someone from a coffee shop they might write

café. Hair salon, barber. Back room, back of the store.” Sri decided to try his medical speech again. “I can assure you that he received all the treatments that had a chance of saving him.”

“What about his car? Where is it parked?” asked Tomas.

“They won’t tow it if he’s died,” said Mrs. Wilhelm.

“Will they?”

“Well, you know the parking police,” said Sri, and then wondered if he should have said something different. It was true that they ticketed and towed you even after death.

Sri stood, his hand at the doorknob. “Please don’t hesitate to ask any further questions—about the medical issues.” Relatives asked things he had no idea about— whether the car would be towed, or which hairdresser had given the last trim. Why did they care, now that these things were in the past? As soon as Sri felt the distance of closing the door behind him, he felt badly for thinking that. After all, the trivia was their property to care about, to console themselves with.

The nurse wrote down the address of the hair salon to help Mrs. Wilhelm and Tomas find the car. Tomas crumpled it into his pocket; 487 Fenning Avenue. As they drove from the hospital, neither Mrs. Wilhelm nor Tomas commented that this was not the address of the usual barber. It was early evening, and the winter sky had been dark since late in the afternoon. The gusts of falling snow were lit by streetlight. The snow comforted Tomas, filling the harsh air with softness. The early black evening made it feel like it was time to be at home, to sleep and be ignorant. Perhaps to watch television, and to allow the seduction of flickering conelight from thirty-nine cable stations.

“I’ll take you home, Mother?”

“I don’t want to be alone.”

“We’ll call Aunt Sophie and she’ll come over. And Nana needs to know.”

“How will you get his car?”

“I’ll find it.”

“You can’t drive two cars.”

“True.”

Four-eighty-seven Fenning. Tomas pulled over, found a map and looked it up. It was a street in the area that real estate agents called the

Upper Beaches, an attempt to convince house buyers that it was a part of the neighbourhood near the water. No one ever referred to the Lower Beaches but simply the Beaches, unless it was the Upper Beaches. When they found Fenning, it was an awkward street containing both houses and small, brick industrial buildings. An auto body shop, a reupholsterer, a hair salon. Tomas wished that he had insisted on taking his mother home, that he had come here by taxi or by streetcar. He could have walked to find the car, and he felt like walking, like having the repetitive motion of walking quickly in the snow, of seeing his tracks behind himself. He slowed down the car. The window of the hair salon at 487 Fenning was still bright through the slats of venetian blinds. The car was not on the street, though there seemed to be plenty of parking.

“Let’s drive up and down,” said Tomas.

“Pull over.”

“The car’s not here.”

“I need to get out.”

Slowly, thinking of not stopping, Tomas eased the car alongside the curb. His mother stepped out of the car, and pulled her green coat closed in front. She slammed the door quickly, and Tomas sat in the car with the engine running. The radio was off. Tomas watched his mother walk toward the hair salon, and thought about following her. He wondered how much gas was in his father’s car, a hatchback. His father often let the gas run low, then filled it up a quarter-tank at a time and said that he was going to wait and see if gas was cheaper tomorrow. His mother had not asked him to come with her, and Tomas saw her go into the hair salon, the blinds on the glass door shivering behind her. There won’t be gas in the car, decided Tomas. And his father wouldn’t have fixed the muffler yet. This would be left to him. He was angry at his father for leaving these messes, and for dying on a street in the Upper Beaches not known to them. Tomas watched the snow. He let it accumulate, and then flicked the wiper switch on for a moment to clear the windshield. He admired the patterns of the flakes on the glass. At first the snowflakes melted upon contact with the windshield, and then when they stuck they clumped so it was difficult to see the hexagonal patterns of the crystals. *Maybe I should go inside?* he thought. He looked toward the hair salon and saw a man emerge. Tomas turned on the windshield wiper, swept the glass

canvas clean, and watched again. He turned off the car and put on his gloves. He had always doubted the uniqueness of each snowflake.

Five minutes, and he thought that two flakes were close, but had to admit there was a minor difference. Ten minutes, and he flicked the windshield wiper to clear the glass in front of him. It remained grey and misty even with the snow wiped off, because the car was cold and the windows were fogged.

Cold air gusted into the car when the passenger door opened and his mother got in, holding his father's old crushed fedora.

"He forgot his hat," said Mrs. Wilhelm.

Tomas turned the key and the engine started, coughed. He put the car in gear and pulled into the quiet street.

"Do they know where his car is?"

"I didn't ask."

"This is his new hairstylist? Was, I mean," said Tomas.

"There were men waiting to have their hair cut," said his mother blankly. "Your father's hat was there. A girl came out. I think she saw him earlier. I took the hat." The car slid softly around the white corner of the street. Tomas liked this kind of driving, in the winter snow when all movements were approximate.

"So there is a back room in this barber," said Tomas.

As if this explained things.

"There is a back room. For ten years your father hasn't touched me. Said it was his diabetes, that he couldn't do it."

They drove around the block. Then in a wider circle around the next streets. To the east, the streets contained residential houses with miniature bright windows. To the west, it was more small brick factories. Some had been converted to lofts, their faux-industrial stainless steel appliances glinting in bare kitchen windows. Tomas drove in larger circles, slowly down the hushed white streets. Four blocks out, Tomas wondered if he had missed a street, or if the car had already been towed. On the fifth block to the east, there was the hatchback. It had been parked before the snow had begun; the smooth inch of white on it like a shroud. There was a ticket. Twenty dollars. One hour except by permit, read the sign. Tomas swept off the car and wondered what suit to wear to the funeral. He wondered what the car was worth, whether he could sell it

without a muffler, and wished it had been towed. In this car, you had to hold the starter key for about five seconds before the engine coughed and then roared. His mother drove the sedan. Tomas followed. She pulled over, and Tomas put on his emergency flashers. He was about to step out of the hatchback, but then he saw his mother come out of the sedan. She walked briskly to a mailbox, stuffed the fedora into its slot. She got back in the car and drove away too quickly. Tomas drove behind her, saw the rear end of the sedan fishtail briefly as she went around a corner without braking, but it was only a moment before the car straightened out and she continued to drive.

Cynthia heard a woman's voice in the front of the salon. She told the man she was with that she needed to go out front. To hear women in the salon made her nervous. Women didn't generally come here, and when they did they were out of place, their motives less clear than the men's. The women were sometimes Jehovah's Witnesses who would exhort Cynthia to repent, or they would be teenage girls—strung out and looking for work. Cynthia was suspicious of anyone wanting to work here.

A few months ago, there had been a female bylaw inspector and a police officer. The bylaw inspector began, unannounced, to check the rooms to see if they conformed to the municipal code for massage rooms. The inspector quickly and quietly opened her door. Cynthia did not hear her approach because of the penis in her mouth, which, along with the moaning she used to speed things up, had the effect of compromising her hearing. The police arrested her and John, although she later learned that his name was Philip. The officer testified in court that, no, he didn't have a search warrant, that he had simply been accompanying the female bylaw inspector for her safety when he had, quite coincidentally, witnessed the offence in question. The bylaw inspector seemed to enjoy her testimony, describing what she had seen with a triumphant disgust.

Cynthia herself answered the questions simply, plainly, as the legal aid lawyer had instructed her. What she wanted was to address the court and say what was clear to her: *Sure I was blowing him. That's what he wanted, to get off, just like you're getting off on me now.* Cynthia told herself that she was immune to sentiment for the penises that presented themselves, like tubular pimples that needed to be burst. In any case, the penises were a clear arrangement: cash in advance. Her money box, a

disguised cosmetics case, was next to the lube. The prosecution lawyer made her angry, the way he enjoyed administering humiliation without paying for it. After that, Cynthia raised her price for oral, and become more nervous about women's voices in the shop.

Massage itself, meaning with the hands only for therapeutic purposes, was licensed. Clean towels were required, for instance. Inspectors could always drop in. When she heard a woman in the front, Cynthia put a towel over the man, who lay naked on his back with his erectness close to bursting. She went outside and found a woman, snow damp on her pea-green coat shoulders, holding a fedora.

"This is my husband's hat," she said, and looked at Cynthia as if it were stolen goods in a pawn shop.

"Take it then," said Cynthia. "Go ahead."

"Did you see my husband?" asked the woman. "Did any of you see my husband?" she asked the three men who sat with their backs to the venetian-blinded windows. One of them smiled and shrugged, while the other two looked deep into the spines of their magazines.

"Lots of people come here," said Cynthia. "For haircuts.

Take the hat if it's your husband's."

"Where do you cut hair?"

"Here," said Cynthia.

"Here? Where?"

"Right here. This is a hair salon."

"Well, where's the hair?"

"Excuse me?"

"The hair. There's no hair on the floor. Where are the little cans of mousse, and gel, and spray?" There was one lonely barber's chair in the corner of this front room, its vinyl dull with lack of use. There was a hairwashing sink, over which sat a mirrored shelf that Cynthia suddenly felt was conspicuously empty. The woman's green coat was wet with the melted snow, and she pointed at one of the seated men. "In fact, this guy doesn't even have hair!"

"We cut hair. In the back," said Cynthia. She felt unprepared, not having a shaver or any scissors.

Where's Lorraine, thought Cynthia, she's the manager. Back there somewhere, making cat noises.

“Take me in back,” said the woman. “My husband came for a haircut today.”

“Do you want a haircut?”

“No,” said the woman.

“Well, in that case, you can’t go back there. The back is only for haircuts,” said Cynthia in what she hoped was a decisive voice.

“Then I want a haircut.”

“You just said you didn’t.”

“Well, I guess I don’t,” said the woman, who suddenly looked lost.

“Then why do you want to go in back?”

“My husband’s dead,” said the woman. “I want to see where he died.”

One of the men put down his magazine, stood, and opened the door just enough to let in a thin knife of snow as he hurried out. The smiling one picked up the magazine.

Lorraine should explain this. That’s why she gets an extra cut for being manager.

There had been that big man, this afternoon. The big man who wouldn’t wake up after Cynthia finished with him. She had tried to shake him, then after a moment she’d slapped him hard across the face, swore at him, and called for Lorraine. He didn’t move. Cynthia called 911, and Lorraine cleaned up the semen, then used the same hand towel to rub Cynthia’s fingerprints off his body and face. Cynthia wanted to leave the salon, but Lorraine insisted that she help get the man dressed. “I’m the manager,” she said. They each pulled at one side to get the pants on, struggled to get the cuffs over the bend of his ankles before the ambulance arrived, tucked the limp penis between his legs and zipped up the fly. They gave their names to the ambulance crew, which were not their real names in any case, but were the ones they used in the salon.

“I just finished his haircut,” Cynthia told the big paramedic, who thumped on the man’s chest as they wheeled in the collapsible gurney. The blue-coated paramedic seemed to notice Cynthia’s nipples through the T-shirt she had quickly pulled on, which made the whole interaction seem more normal to her.

Maybe he’s not dead, she thought. It looks like he fainted. Sure, he doesn’t get enough, and it was too much for him. The paramedics talked on their

radio, and shocked the man on the massage table. He didn't wake, and they used what looked like a silver crowbar to put a plastic breathing tube down his throat. Cynthia wondered with some satisfaction if he felt it, if he could feel what it was like to have a long tube stuck in your throat and about to burst. Feeling guilty at this thought, Cynthia told herself again that he must have fainted.

"He probably passed out," Cynthia said after they had wheeled him out and the sirens had faded down the road.

"He'll be back next week," Lorraine said. The big man was a regular. The name he gave was Ed.

So, he won't be back. Where is Lorraine?

The woman in the green coat said to Cynthia, "You don't cut hair, do you?"

"It was my manager who took care of your husband."

"How exactly do you take care of people?" asked the woman, and then she grabbed the magazine from the bald, seated man. "How will this little girl take care of you?"

The man's face flushed red, and colour swept over the top of his head. He said nothing.

"Do you want the money back?" asked Cynthia, with a desire to retreat as much as possible from the events of the afternoon. She should have left after the ambulance had gone.

"What?" said the woman.

"Do you want a refund? We don't usually issue refunds, but I can ask my manager if—"

"You think I want the money back?"

"I was just wondering, because obviously you're upset—"

The woman looked at her. *I'm not stupid like you think I am*, thought Cynthia with anger, *I just know what things are worth. I don't want the money, because it's not worth it to me anymore.*

"Give me the money back, then."

"Then you'll leave?"

"How much is it?" asked the woman.

Cynthia turned and went back into her room, closed the door behind her. The man lay quietly like a child who had been told to put his head

on the table, and he was deflated under the towel. He looked scared, perhaps wondering what the fuss was about—and whether he was about to be arrested.

“I’ll be with you in a minute, John,” she said. She was annoyed that she would have to redo the pimple work. Through the thin wall, Lorraine made repetitive squealing sounds in the next room, which one would think were sexual except that Cynthia heard them all day long.

They became like TV commercials in the background.

“What’s going on?” said the deflated man. “Hurry up.”

“You think you can handle me, sexy guy?” said Cynthia automatically, without looking at him.

The cash box had a combination, and Cynthia was careful to keep her back to the man. *I’m not giving Lorraine the manager’s cut tonight*, she thought. When she turned to go outside, with a hundred dollars in her hand, Cynthia saw that the woman had entered the room. She held the fedora in front of her, looked at Cynthia, looked at the man on the massage table.

“Is this two for one?” he asked, nervous.

The woman took the money from Cynthia. “Exactly where you’re lying,” she said to the deflated man, “my husband died this afternoon. Enjoy your haircut.”

The man sat up.

“So,” said the woman in green to Cynthia, “did he, you know, before he died, did he get what he was after?”

Cynthia saw that the woman had summoned a great deal of courage to ask this with bravado, and she felt badly for them both.

“I don’t know what you mean. You’ve got the money.” She tipped her head to the door and stared straight at the woman, who did not budge.

“Come on, woman to woman, did he do it before he died?” In this instant, neither of the women realized that they each felt an almost identical mixture of hate and pity for the other. The woman in the green coat said, “Don’t play dumb. Did he come? Shoot off? Orgasm?”

“I don’t think so,” said Cynthia, quietly. “No, definitely not. No.”

“But he paid.”

“It’s cash in advance.”

“Right, cash up front.” The woman stuffed the money into the fedora,

turned, and was gone.

“Give me my money too,” said the man to Cynthia.

“This is bullshit.”

Lorraine grunted and swore in the next room, and Cynthia wanted to turn down the volume, or change the channel. She shut the cash box securely, took off her T-shirt, stood up straight and said to the man, “I’ll get you off, or you can get yourself out.”

He rested on an elbow for a moment, and then lay back on the table. Cynthia felt lighter, and better for having given back that money. That transaction was cancelled, and she turned to this man’s pimple.

Two weeks later, the ambulances were lined up outside the hospital entrance, and their stretchers filled the hallway. Nowhere to put them. Some of the paramedics had folding lawn chairs and novels, which they always kept in the ambulances for these situations. They sat next to their orange-wrapped patients and thumbed through the paperbacks. Some played cards, and intermittently they asked the nurse in charge whether any beds were going to free up soon.

One of the paramedics, Zoltan, saw a doctor that he recognized. One who was quiet, and therefore the right person to approach.

“Dr. Sri?”

“Yes.”

“I have a question. Let’s go over here,” said Zoltan, and motioned the physician away from the other paramedics.

“I’m having a problem.”

“What kind of problem?”

“Personal,” said Zoltan, lowering his voice.

“Personal. Like intimate, sexual,” said Dr. Sri immediately in an unchanged tone of voice, and it surprised Zoltan that the doctor was so unsurprised at the meaning of *personal*.

“*Like that.*”

Zoltan explained that he had never had this problem before, a performance problem, but that it wasn’t exactly a performance problem either.

“Here’s how it started,” said Zoltan. He had picked up a patient from one of those places, those brothels. They call it a hair salon. He couldn’t remember which hospital he had brought the patient to.

“Maybe here? Did I bring this patient to you, Dr. Sri? No, of course

you wouldn't remember, there are so many patients. The guy died. He died after, or during, well, the act. We wrote on the call record that it was a hair salon. That's what the sign said. Better for the family to call it a hair salon, so we wrote it that way—as a little courtesy.”

Ever since then, when he and his wife would begin to make love, said Zoltan, he would have a vision. A flashback, seeing this dead guy with his pants half on and all these women with their tits half out of their shirts. Then he would breathe fast, get chest pains, then tingling in his hands, and feel like fainting. They hadn't made love properly since that time.

“You've discussed the issue with your wife?”

“No, I haven't told my wife why. I'm not bringing this shit home. I see everything. You know—drownings, things chopped off, blown up. Never bothers me. But I keep thinking of this dead guy, and I can't get it up.”

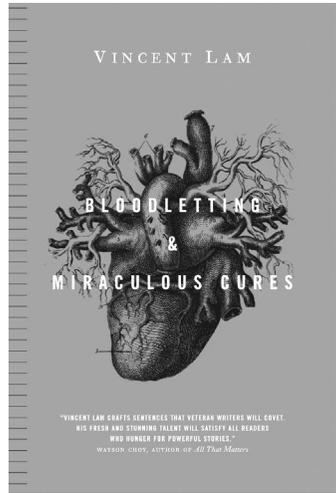
“Sometimes, a little thing is like a trigger,” said Dr. Sri. “One little thing happening sets the mind in a particular course.”

“What can I do?”

“You need to make love once, without thinking of this. You need to get past it.”

“Are there any pills to help me?”

“Maybe with the sexual part. No medication erases memory. Why don't you go away for the weekend. Somewhere calm, where you will think differently. Don't let this pattern settle in, or it will become more of a problem. Think of a beautiful place, and go there with your wife. Have a good meal, a bottle of wine, and just let things happen naturally.”



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Vincent Lam, an emergency physician, also does air evacuation work and expedition medicine. His non-fiction has appeared in the *Globe and Mail*, the *National Post*, and the *University of Toronto Medical Journal*. His fiction has been published in *Carve*.

A Psychoanalyst's Companion

Mavis Himes

In memory of Jesse

The four walls of my office are beige, like the colour of sand. When I look at the walls, I imagine the open spaces of the desert—Sinai, Negev, Sahara. In one corner of the room, by a window, stands a table that is level with the lower frame of the window. Several plants cluster together on the table.

On the wall adjacent to the sofa, on the wall divided by the door, hangs a small picture of several women reclining on a Victorian chaise. When I close my eyes and try to imagine the picture, I do not remember if there are four or five women, if they are all sitting or reclining, if their faces record pain or *jouissance*, if their hands are in their laps or touching each other's, if their figures are round or angular.

On another wall is a filing cabinet. A row of books is neatly held in place with antique bookends on top of the cabinet. Two photographs and a small rhododendron enhance the unit's aesthetic. One photo is a picture of Brandy, a mixed-breed dog who died many years ago, and the other is a photo of Jesse, the black Labrador retriever who accompanied me to work every day. Jesse is a part of the analytic frame, a constant presence in my practice.

“WILL JESSE DIE TOO?” my little patient asks me one day, pointing to the picture of Brandy. At the beginning of her therapy, Nomi had inquired

about Brandy's whereabouts, and I had told her that the dog in that picture had died of old age at fifteen years. That worry had been several months ago, when the newness of therapy had sparked her curiosity in every detail of the room.

Within a few weeks, Jesse has become part of her play. Nomi often dresses him up with paper cut-outs and Kleenex, whatever she can create, covering him with throw cushions and blankets, transforming him into a prince, a playmate, a monster, or an imaginary brother. I remember the day she crowned him with a regal headdress of coloured paper and whispered secretively, the way only five-year-olds can, "Jesse is now a king and I am one of his subjects." In her play, Jesse is endowed with magical powers that make him capable of combating all kinds of adversity and overcoming all obstacles.

Nomi has never so openly brought up the question of death. Her attempts to confront reality while her mother battles metastatic cancer are rare for this verbally precocious little girl. As an only child in a family of divorced parents, Nomi frequently tries to take on the role of caregiver and nurturer to her mother.

"Will Jesse die too? And will you die? And do we all have to die?" The questions are fired out one after another. This is the first intimation of Nomi's hidden anxieties and becomes the opening for dialogue about her mother's cancer and the arrangements for her future.

I DON'T REMEMBER EXACTLY when I began bringing Jesse to my office. I know at the time I was working in the fourth-floor office of a medical building that overlooked a parking lot. One day I looked outside across the strips of parked cars and noticed a well-dressed man in a tweed jacket and rubber-soled shoes walking an Airedale across the lot, out to the sidewalk. I then noticed daily, as if with some predictable synchronicity, this human-canine couple heading out for a stroll. Sometime during that period, I began to imagine myself with Jesse, still only a two-year-old, accompanying me instead of being home alone all day.

As if fate conspired, I saw my landlord Mr. Goldschmidt, an elderly man whose difficult life appeared to be inscribed on the ridges of his forehead, and with whom I had had almost negligible contact over the first year of my tenancy. We were standing at the elevator doors.

"Mr. Goldschmidt, how are you?" I politely asked.

“Well, not bad for an old man,” he replied.

And without any forethought, I asked him about bringing my dog to work, commenting in passing on my regular sightings in the parking lot.

“Well, you know, Max has been coming here for several years now, is getting on in years, and has a separate entrance off the parking lot.”

Not knowing whether Max was the owner or the dog, I immediately praised Jesse's comportment, insisting that he was also well-behaved. Mr. Goldschmidt scratched his cheek and muttered, “Sure, why not?” as if he was talking to himself instead of me.

IN THE FIRST FEW YEARS of Jesse's presence in my office, I was still working as a child psychologist, engaged primarily with young people who introduced me, through their play, to their worlds of magic and wonder, fears and anxieties. The majority of my patients were four- and five-year-olds who were closer in age to Jesse than to the adults I was to work with later on. Jesse's presence was incontrovertible then, as he insinuated himself eagerly among the doll figures, train tracks, and scattered rubber animals, frequently inching his way closer to me and jealously guarding his dominant status with me from his perceived rivals. By contrast, my young patients, oblivious to his insistent presence in their play space, draped themselves around his neck, petting and kissing his ears and face.

This competitive behaviour completely disappeared in my work with adults, whom Jesse clearly did not perceive as threatening opponents. However, if the children were heedless to Jesse's subtle vyings for my attention, it was those adult patients who more directly showed their concerns and demonstrated their rivalry.

AMY is a thirty-five-year-old marketing manager. She is a petite woman who dresses in pastels. She tells me that her mother used to make her clothes for her and that she was not allowed to buy items from a store. Now she relishes the prerogative to shop freely but she nervously reads the price tags, feeling guilty when the price is too high.

Amy's mother had been an alcoholic; her father had been physically abusive. Her family lived in an affluent neighbourhood; her father drove a Cadillac to his office while her mother stayed home and watered the lilies and asparagus ferns with distilled water poured from a whiskey

bottle. Every day, Amy dragged herself to school, pretending that she was normal, pretending that she had not been measured each night by her mother in case of weight gain, pretending that she had not spent three hours confined to the garage for not bringing home a perfect essay, an arithmetic test without red x's.

Amy had been married to a banker. This first marriage had been loveless and ended after four years of indifference. David is a compatible partner. His body matches hers, they fall into each other easily, without disturbing the bedcovers at night. As their relationship deepens, dark shadows hover around the queen-size bed. Amy has begun awaking in terror. Over the years, she has introduced me to her nighttime demons.

And now Amy has moved along in her therapy. We have also learnt each other's rhythms. If I say too much, she becomes overwhelmed and tells me that she has heard my words but cannot process them, cannot take them in. Then she rubs her forehead and runs her hand through waves of blond hair, and I know I have said something for my benefit, in order to reassure myself that I have something wise to say, that I am being a "responsive therapist."

One day, after three years, I tell her that I am going to bring my dog to the session. She wants to know what kind of dog he is, and I tell her that he is a black Labrador. She tells me that David's dog is a golden retriever who lives mainly outdoors in a doghouse. I sense reticence and discomfort; she changes the topic.

The following week, I bring Jesse to the office. Before anyone arrives, he investigates the new surroundings and eventually settles on the carpet near my chair. This location by my side is temporary, soon to be replaced by his choice of a vacant chair.

Amy enters the room and is distant, cool. Jesse immediately approaches her. She reluctantly pets his back. Jesse is insistent in his demands and Amy begins to smile. "He is so adorable," she admits, but her body language belies another response. The session continues without any obvious disturbance. The following days, Amy is once again detached from Jesse's overtures.

Two weeks later in the middle of a session, Amy blurts out, "I hate Jesse being here. I'm jealous, okay? I'm jealous of the attention I know he receives from you. I hate having to share this space with him. It's intolerable!"

I do not respond. I wait patiently to see what will emerge. Two days

later, Amy informs me that she has been arguing with David about his three children who have just moved into the house. She abhors these intruders, wishes they would return to live with their mother, finds the situation intolerable.

“Aren’t I awful for saying this?” she concludes.

JUST AS I DO NOT REMEMBER when I began bringing Jesse, I can’t really say why I decided to bring him either. Obviously, he would be less lonely with me than at home all day. Looking back, this seems quite apparent. As for the unconscious reasons, I paid less attention to them until one of my patients challenged me to respond to her demand for an answer to why I insisted on bringing Jesse with me. It was this same patient who was to subsequently confront me about things I said and did. The unconscious motivation for her question was eventually to be revealed. However, I also realized that merely because of his presence, other patients would be posing similar questions and wondering about the role of Jesse in my life, whether stated openly or not. They would inevitably be making assumptions about who and what Jesse meant to me.

Interestingly, there was one woman who told me she had seen a therapist who had a bird in his office that bothered her greatly, because she felt it was a distraction. She then proceeded to tell me that she thought it was very unprofessional for a therapist to bring any pet to the office. Yet she persisted in seeing me. Predictably, she did not last for more than a few months and left before we could explore the question of why she stayed even that long if she felt I was so unprofessional.

Jesse served a number of functions over time: a diagnostic tool, a barometer of the treatment progress, an object of imaginary transference, and a calming presence in times of turmoil and desperation. His presence as part of the frame became an essential component in the treatment process. Repetitive rituals were quickly established: tail-wagging, greetings, and petting; settling down as the session began; the cue “OK” to mark the end of the session and Jesse’s cue to get up, more tail-wagging and petting good-bye. With some people whose comfort and ease with dogs was more obvious, the initial interaction was prolonged by Jesse’s desire to play. Pouncing on a stuffed animal, he would triumphantly bring it over to the person and drop it at the client’s feet, indicating his intent to play. I would allow a brief exchange before

instructing Jesse to settle down. And like a petulant child, he would test my limits to ensure that I was serious, as my patients witnessed my role as parent-disciplinarian.

It was Jesse who would receive presents at Christmas. It was Jesse who comforted someone who was crying. And it was also Jesse who would step into the dream world of my patients, participating in unconscious desires and wishes, in the guise of friend, enemy, rival, or guide.

PETER ENTERS THE ROOM CAUTIOUSLY, trying to hide his discomfort as Jesse walks over to greet him with a stuffed bunny dangling from his mouth.

“This is Jesse,” I say. “He is introducing himself to you.”

Peter nervously sits down. I later learn that Peter has never known the warmth and comfort of family ties. His alcoholic father left the family home when he was too young to remember, and his mother, a woman he describes as overbearing and intrusive, continues to haunt his dreams. He has made himself completely inaccessible to his mother and brother. He has an unlisted phone number and refuses to allow family members to know his workplace, address, or contact information. He does not know whether his father is alive or not. Peter seeks comfort in the world of technology; his universe is that of cyberspace in which he encounters anonymous others with whom he can manipulate tactical manoeuvres and strategies.

Peter never familiarizes himself with Jesse; there is no contact, no petting, no verbal greeting. He offers no extension of himself upon his arrival or departure. More significantly, he is unable to read any of Jesse’s behaviour, yet always asserts with candid certainty comments about his demeanour: “Today, Jesse looks sad.” “Why is Jesse angry today?” “Jesse looks irritated at me.” “I think he is tired today.”

Misreading every gesture, he continues for months to project onto Jesse a host of affects and interpretations. Unfamiliar with the canine world, and ever vigilant, Peter continues to say over the months, “Boy, if that dog could speak, what a lot of stories he could tell. Are you sure he can’t talk?”

FREUD ONCE WROTE that a dog is man’s most faithful friend in the animal kingdom. In fact, Freud’s dog was present in his sessions, a first

psychoanalytic companion.

Jacques Lacan, the French psychoanalyst, also made references to canines, including his own, in many of his seminars. Lacan (1966) claimed that man is the only animal capable of language, with the exception of dogs; however, he went on to add that humans are the only species who can lie through their use of language. While it is debatable whether dogs can also lie, in the context in which Lacan is referring, dogs can fool humans in other ways.

Moreover, dogs have a way of “sniffing out the truth” in humans. The human body produces and secretes chemicals that dogs can read like messages. The intended code of a person may be an attempt at deception, but the dog will sense/smell the real message. For example, this happens when dogs sense a person's fears in spite of friendly overtures.

So what can we say about the place of a dog in a psychoanalytic practice? What does it mean to a patient to have another object, a love object, in the room? It is obvious that a dog is a potential blank screen for projections (as noted earlier with Peter). It is easy to ascribe to a silent “other” all kinds of emotions, motivations, and impulses.

However silent in the sense of verbal communication, a dog in the room is far from a neutral presence. In fact, it can be argued that a dog exerts a powerful bearing through his silent gaze. Alain Didier-Weill (1996) comments on this aspect in his book *Les trois temps de la loi*:

Do Freud's *Five Psychoanalyses* present us with a menagerie where the likes of the Wolfman, the Rat Man, and the “Horse Boy” all live together because the animal embodies a fundamentally gazing presence in the human unconscious?

Is not the force of this gaze increased tenfold by the fact that the animal does not possess the power of speech, and so it is apprehended by the unconscious as a repository of an absolute knowledge silently saying: “I hold advantage over you of a knowledge that speech, which can only partially speak, you cannot reach: what, in you remains inaccessible to speech is not inaccessible to me.”

Because it is possible for the gaze to access the inaccessible, Man endows it with the power to pass absolute judgment upon him, final judgment. (30)

In other words, the purity of the gaze of an animal, such as a dog, personifies a fixity that is contaminated by speech's impurities. For

Didier-Weill, this corresponds to the power of the register of the Real in Lacanian theory. The Real defies interpretation and symbolization, yet embodies what always returns to the same place, locking the subject into a fixed atemporality. It is only the dimension of speech that, in spite of its limitations, allows the human subject to respond and move out of the fixity or rigidity of the symptom.

“The singularly human aptitude for being petrified by the gaze attests to the fact that its fixity possesses the eminently dangerous power to call forth all that is by nature fixed within us, allowing an inorganic fixity to appear that reminds us of the stiffness (*fixité*) of a cadaver when it is recalled in us” (Didier-Weill 1996, 3).

JESSE’S GAZE potentially triggers a series of unanswerable questions: Why is he looking at me in that way? What is he thinking? What does he see that I do not see? What may I be revealing of myself that I do not wish to be revealed? These responses are heightened by those who are unfamiliar with the repertoire of canine behaviour. It was not uncommon for many of my patients to jokingly ask, “Are you sure Jesse can’t speak? Are you certain that he doesn’t understand what I’m talking about? I wonder what he is seeing.” This unpredictable and unfamiliar gaze creates ambiguity and a degree of uneasiness or anxiety.

NOMI’S THERAPY was discontinued. Her mother was too ill to bring her to my office, and there were no volunteers who could chauffeur her. Perhaps this was not altogether unfortunate, as shortly thereafter, Jesse’s health deteriorated. Old age caught up with him. For several weeks I carried him up and down my office stairs because of the weakness in his hind legs. My patients noticed the change, commenting with sadness on his decline.

Then one Saturday, a few months shy of fifteen years, Jesse died. I did not know if I could return to work on Monday. The only positive thing was that it was July and many of my patients were on holidays. I had time to ease into the disclosure.

In the corner of the room was an oversized, empty chair. The vacancy filled the room like a deafening silence.

“You can’t get rid of that chair, Dr. Himes.”

“Oh, Dr. Himes, you have to get rid of that chair. Immediately.”

“I’m so sorry for your loss. You must be devastated.”

“Are you sure you want to work this week?”

The comments reverberated throughout that first week. One patient sent me a floral arrangement with deep purple lilies.

THE GERANIUM BOXES were filled with snow the day I moved. The house between the Bank of Montreal and the Unitarian Church was soon to be torn down, demolished for a new condominium. I chose to move before seeing the foundation crumble, before being enveloped by dust and dirt, before being asked to leave. I donated Jesse’s chair to a charitable organization. After six months, I moved to a new location. Two years later, and at the time of this writing, the house is still standing. It is posted for demolition within the next few months.

Several months after my move, I happened to be speaking to a patient of mine who was living in the United States. She enquired about Jesse and I told her that he had died. When I gave her my new address, she said, “Of course you moved. You could never be in that office without Jesse.”

THE FOUR WALLS of my new office are green—a mint green. There is an alcove where I have placed my desk, and I face an abstract painting of a heron nestled in what appears to be reeds. On one wall there are bookcases, and on another there is a filing cabinet. On top of the filing cabinet are two photographs, one of Brandy and one of Jesse. On the taupe carpet lies a furry, black labradoodle. Her name is Gypsy; she accompanies me to work every day.

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Mavis Himes is a psychoanalyst in private practice and a writer. She is author of *The Sacred Body: A Therapist's Journey*.

The Middle Ages

Ron Charach

The home of Esther Knelman and her late husband, Dr. Jack Spiegel, was located in a wealthy country-club suburb about a half-hour's drive from Jono's clinic. A mansion of sorts, it presided over a steep hill, more sprawling than grand. Several long lightning cracks slashed down its huge grey stucco walls.

Instead of keeping a well-manicured lawn like those of their wealthy neighbours, the Knelman/Spiegels preferred a dense English ivy ground cover, the sheer abundance of which gave the slopes of their hill a lush, forest look. There was so much of the one plant that it made the property look strange, as though the house were perched atop the shaggy head of a sleeping giant.

Jono felt reluctant to leave the car. He had mailed a personalized sympathy card and had made the obligatory donation in Dr. Jack Spiegel's name to a local mental-health foundation in lieu of flowers. Yet Esther had sent him that unsettling note. On it was hand-drawn in India ink a small mythological bird—a phoenix. And in calligraphy: *Please visit soon.*

In these situations he always dreaded saying the wrong thing, or blurting something stupid that would fall short of the mark. There was an old temptation-to-burst-out-laughing problem, a nervous tic his father's stern threats had locked in from childhood. It had nearly overtaken him when Mendel Berg, chief resident in psychiatry at the clinic, first told him the bizarre circumstances of Spiegel's death: "The poor guy tried to cross the Sawmill Parkway in his pyjamas." The smirk had to be covered in a frown, when all that was required was a look of concern.

Jono hoped Esther would offer him something to drink that was

sturdier than club soda or fruit juice, though he doubted it. She was something of a vegetarian. He looked up at the illuminated porch at the side of the unadorned mansion, scanning for signs of other guests. Would not Esther, ever so generous about arranging social gatherings for others, have friends around her in her own time of need? Yet she was every bit as private as she was sociable. The thought of meeting alone with a middle-aged woman who had just suffered an unfathomable loss was unnerving.

Or was it just Esther? There was never any small talk with her at the clinic; she had a way of saying things that took you by surprise, things that, had they come from a patient, might be seen as loose or vague, or overly direct. Not that they were ever merely that. No, Esther's observations as a social worker always left him feeling as if he had missed something, perhaps something he was not yet mature enough to comprehend.

Their last exchange had been particularly telling. Esther had switched off the tape recording of one of his therapy sessions with an overly protective mother. She set down her notebook on her matronly lap and looked over her granny glasses. "Jono," she said quietly, "you've just intimated to this woman that, for the past twenty years, she's mistaken her husband's steadiness for strength, when really the man is cold and distant, and that she's crowding her son because of her loneliness. You know, an interpretation is a lot like a candle flame. It offers a lot of light, but it can also burn if you push it too quickly at a patient. Remember, the parents of the teenagers we see are mostly in their mid-to-late forties and early fifties. Those can be harrowing times."

"Isn't that why they're called the Middle Ages?" Jono asked without thinking.

She had smiled. "Dark Ages is more like it."

Jono remembered being surprised, at the time, by the confessional tone of the usually upbeat Esther.

He stepped onto Esther's grand porch. A bouquet of dried plants centred with Indian corn adorned the huge oak door. The doorbell felt dead to the touch, so he gave the Medusa knocker a couple of sound thwacks, then waited for what felt like two or three minutes. The lights were on only in the corner of the house adjacent to the porch. It was dark around the back. He decided not to check for another entrance.

Finally the door opened. Esther was wearing a Navaho dress and southwestern-style turquoise jewellery. Its silver setting complimented her long, greying blonde hair. Though her clothes looked almost celebratory, she wore little makeup and her eyes were puffy. It was clear no one was over. She looked pleased to see him, but she accepted a hug somewhat stiffly. There was a vague smell of incense to the house.

“Thanks so much for coming, Jono. For a moment, I thought you were Jack.”

Jono suppressed a shudder.

“Oh! That’s not what I meant, is it? It’s just that I’m sitting alone, wrapped in thoughts of Jack, and suddenly there’s the door knocker, flipped exactly the way Jack would do it—gently but persuasively, twice—when he’d forgotten his keys, or his hands were full, you know. It took me a moment to gather the courage to come to the door. Well, come in, sit down, and I’ll make tea. There are some lovely cookies the clinic staff sent over.”

With Esther it would never occur to you to say “Don’t bother,” or, “I can only stay for a short while.” She deposited Jono in a deep sofa, before a huge fireplace bordered by ceramic tiles, and went to get refreshments.

“What a lovely place, Esther,” he called to her in the kitchen, his eyes surveying the assortment of original art and wall hangings.

“It’s the only home that Jack and I and the kids ever lived in. When Jack bought this big, old house, the real estate market was nothing like today.”

“They don’t build them like this anymore.”

“Yes.” Esther walked in carrying a tray with a teapot and the home-baked cookies.

“Though it killed him in the end, this house . . . and his religion.”

Which to ask about first?

“You’re both . . . were both Jewish?” he asked, distracted by the clinking of Esther’s bracelets as she poured tea.

“By his religion, I mean psychoanalysis. It really became a religion with him in the end. Do you take sugar? Cream?”

“Ahh, Jack,” she added, swept by a dreamy look. “When we first met, he cut a more dashing figure than the respected professor of psychiatry he turned out to be in the end. After he hit forty, he became more fastid-

ious, the kind of man who would donate sperm but wouldn't give blood."

Esther seemed to check Jono for a reaction, and continued: "There was a lot of depression in Jack's family. His mother would fall into these long, difficult blue spells that could last the entire fall and winter. His father, a tax lawyer with a good sense of humour—for a tax lawyer—was a very heavy drinker, something rare among Jews. There were just the two boys, Jack and his brother Arnold. Arnold, the entrepreneur, set out with the mission to build a better mousetrap and make the family fortune. Jack was supposed to find the key to human happiness."

"Both brothers would get depressed. Arnold was endlessly resourceful when it came to mechanical solutions, and he vowed to use 'every last bit of available technology' to combat his depressions. He was an engineer, and talked like one.

"Arnold would buy these fancy light units, you know, the kind of therapy lamps you set up on your desk in the winter, on those short days when you wake up in the dark and travel home in the dark. Arnold called them 'the mole times.' He asked his family doctor for antidepressants, he went on marathon runs. Anything to win the foot race with depression—except embrace religion—which is what their father had done in his middle age.

"I only hope now that Jack's having succumbed to the family curse doesn't drive Arnold towards some equally desperate act, like becoming Orthodox." Her eyes shone with irony.

"Did Dr. Spiegel get religious when he was depressed?"

"You can call him Jack; he was folksy with junior colleagues. He never liked his last name, which is why he didn't object to me keeping mine. But what did you ask? Oh yes, did Jack get religious? Only about psychoanalysis. And he got into that quite late, surprisingly at the age of forty-five. He vowed to turn his Middle Ages into a Renaissance. He would quote Freud without irony: 'What we have in our Analysis is nothing less than the cure of souls.'

"Well, you can see what he meant, in a way . . .

"Oh, but understand: psychoanalytic theory was a real departure for Jack. He and I had always shared a family therapy orientation, though as you know, I'm not one to stay married to any one school of thought."

"You're a true eclectic, Esther. We admire that about you."

“Oh, but it just occurred to me. *You* must be having a personal analysis. Not that it’s any of my business . . . I certainly don’t want to spoil the experience for you.”

Jonathan considered his options. He thought his own analyst to be a kind and sensitive man, if a bit stingy with the interpretations. In truth, he wasn’t at all sure where his own analysis was heading. He found himself answering, “Maybe some people are too distraught to benefit from the process,” and immediately regretted the triteness of the remark.

“Oh, the therapy suited him, with all its seriousness and drama. And it might have held him, were it not for all the problems we kept having with the house. It’s a very old house, turn-of-the-century. When we took down the old light fixtures to have the ceilings painted, we found gas jets underneath! One day we learned that the house’s foundation was literally rotting out from under us.

“It was going to take more than a hundred thousand dollars to set things right, and this while we were putting two kids through Princeton and the youngest through Yale!

“Jack took the news very personally, as if he’d been told his own body were falling apart. And the house got hungry in other ways. The fancy slate roof needed replacing. Did you notice how steep it is? Old plumbing started to give way, foul smells backed up into Jack’s consulting room. More than the usual tribulations of ‘a fine old house with character.’

“Jack began to feel like the house had it in for him, that things were slipping out of his control despite the four-times-a-week psychoanalysis he’d placed such faith in, which we could no longer really afford.

“As Jack’s depression deepened, he refused to see his analyst, not even once a week, claiming poverty. When the analyst offered to lower his fees, Jack insisted the whole process had become too painful. I persuaded him to see a more biological psychiatrist. He viewed this as a betrayal—because they didn’t use a couch, and because they recommended pills. Later, when things really got really bad, they insisted on offering him shock treatments.

“He berated himself as ‘non-analyzable,’ a complete failure, even though in his early life he had published a slew of articles on family theory. Of course he no longer valued any of them, having since reformulated everything in light of the new dogma. His own foundations, or at

least the foundations of his professional beliefs, really were starting to crumble.

“Soon, he cut back his dinners to token portions, and he never was one for eating at any other time of day. He hardly slept. He joked bitterly about his life turning into one endless Yom Kippur, and he wasn’t even religiously observant! By this point, of course, his sick leave was feeling more like early retirement.”

“Esther, excuse me.”

“Yes, Jono.”

“It’s just that I’ve heard you wax poetic about the lives of so many unfortunate people, that this picture of your own husband doesn’t do him justice: an inherited depression, expensive house repairs, betting on the wrong dogma.”

He couldn’t resist challenging her. “It all sounds too . . . simple.”

“But it is!” she said. “A life is an infinitely complex thing; but a *demise* is painfully simple.” She looked down, stirring her tea leaves with a delicate spoon. “And even with a truth-seeker like Jack, there’s always the English-ivy factor.”

“I beg your pardon.”

“The English ivy; you must have noticed it as you got out of the car, the way it takes the place of a lawn, and colonizes the hill. It surrounds the entire house.”

“It is unique.”

“We had the gardeners plant it shortly after we moved in. It’s a slow-growing plant, generally well behaved, if you tend it; but Jack insisted we let it climb over the other plantings. Once, as were descending the stone steps, I remarked that the ivy was becoming too much; it was draping over the prettier, more variegated bushes, and spilling over the flagstone paths. Then Jack said, ‘The ivy should never be cut back; better to hide our shortcomings.’”

We both laughed. “Jack had the kind of humour that left you uncertain about exactly how to take what he said. He was that way till the bitter end.”

Her eyes grew watery for the first time, but her smile widened.

“Even his final note to me, his last words, his suicide note, if you will, was outrageous. He must have written it after the first two shock treatments

started to take, just as he was getting back some of his old energy.

“You know what he wrote? ‘Why did the middle-aged chicken cross the road?’”

Jono’s coffee spat back into his cup, coffee going up his nose. Laughing too, the tears spilling down her cheeks, Esther handed him a napkin. At the sound of two loud knocks at the door, the familiar two thoughtful thwacks, they both bolted upright.

“Jack?” Esther called out quietly, thoroughly giving Jono the creeps.

There was a man’s low voice, then a woman’s.

They turned out to be an older couple, he professorial, she lawyer-like, friends of Jack’s ‘from The City.’ After hearing them reminisce a bit about Jack Spiegel, and knowing Esther was in good hands, Jono announced he must be going and braved kissing Esther lightly on the cheek. She received it in a way that felt awkward, as if she weren’t used to being kissed. Jono headed for his car, Esther having switched on the outside light to help him find his way down the steep hill to the street. But instead of continuing the descent, he walked around the back of the house and began hunting for evidence of serious foundation damage. The thought of a distinguished man driven over the edge by his own castle . . .

Into darkness he plunged. The outside light had been switched off, as had the lights in the living room where he had just been!

A power failure? He looked through the shade maples at the distant neighbours’ houses; they still had their lights. He considered going back and knocking at the door again, to see if everything was all right. No, best not to meddle. He had officially departed.

Were Esther and her old friends sitting in the dark, trying to communicate with Jack?

It was difficult at first to make out where the path led, without stepping into patches of ivy. The sections of draped-over plantings took on odd shapes, like the backs of animals. Jono looked back towards the house, silhouetted against a metallic sky. His heart pounded, when, from an enormous chestnut tree overhead, something fell, rustling the ground cover at his feet. He looked up into the shadows of its thick twisted branches, and could make out hordes of spiked green maces hanging in

the shadows, awaiting another small gust of wind. Not a friendly thing on a balding head!

Tightening his stomach muscles, he continued to feel his way down the path, when a faint sound came from close by, around knee-level, as if someone crouching very still inside the thick mantle of plants had suddenly groaned in pain. But it may have been a stifled laugh.

Ron Charach is a Toronto psychiatrist and the author of seven books of poetry. He regularly contributes to the *Globe and Mail* and the *Toronto Star*. "The Middle Ages" is his first published short story.

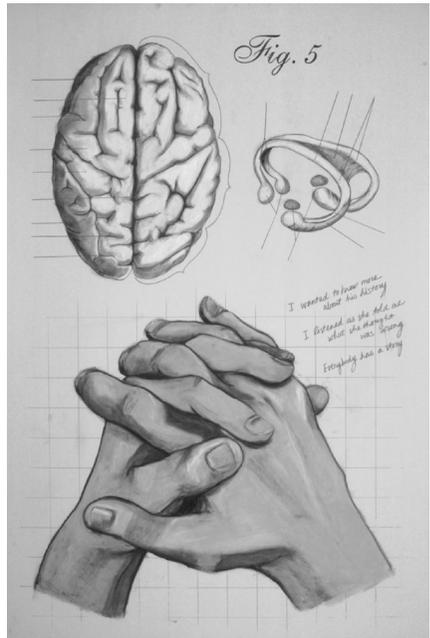
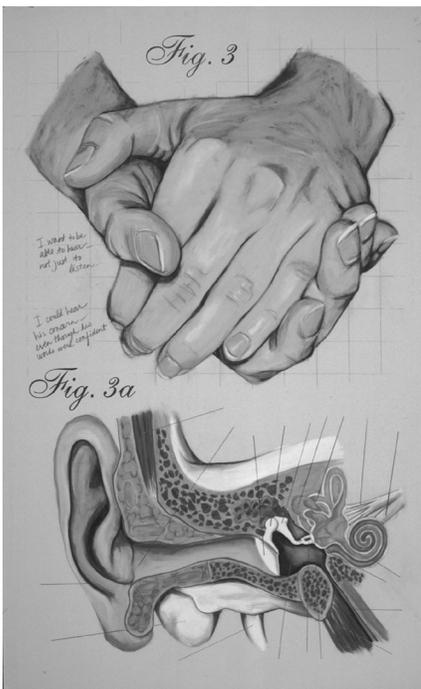
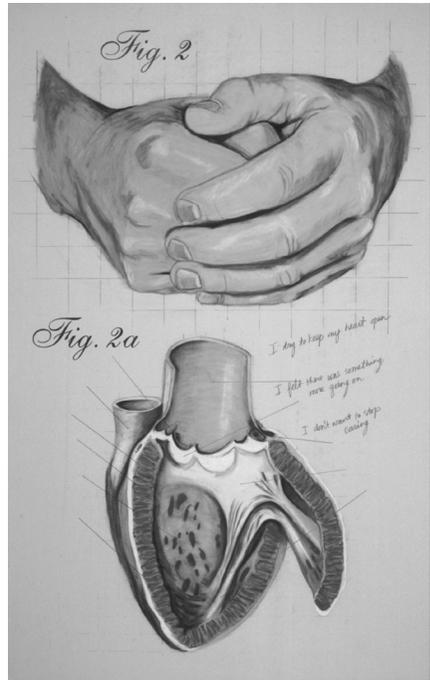
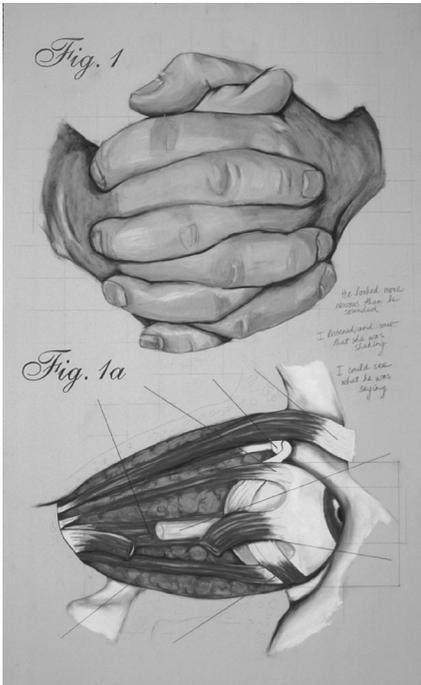
Figuring the Ground

Pam Hall

Pam Hall spent two years as the first artist-in-residence in the Faculty of Medicine at Memorial University, St. John's. Her work there in a variety of media can be viewed as attentive research into how doctors "learn the body"—see it, touch it, to feel it, and know it.

Designed to create and sustain dialogue and conversation with both the learning and clinical community within the school and Health Sciences Center, her work consistently invited response and interaction. Figuring the Ground is a series of drawings of the hands of some of Hall's student collaborators. It is populated with echoes of their voices as they spoke about their aspirations as physicians. It is on loan and display at the medical school. A detailed report on the medical school residency can be found at <http://www.med.mun.ca/artistinresidence/>.

Pam Hall's most recent major exhibition was *New Readings in Female Anatomy*, at venues across Canada. The catalogue for that installation will be published by Carleton University Art Gallery, Ottawa, and The Rooms, St. John's.



In Our Hands

Linda E. Clarke

*S*pending time with the dead is not something that most people do. Most of us do not have permission to touch a dead body, to lay our hands on its flesh, to open it up, and to peer inside. For most of us, the awareness of what lurks under our sheathing of flesh is the stuff of literature, art, and the imagination. For those who are learning to be doctors, the move into the anatomy lab is, in many ways, the doorway into their new and privileged lives. More than the white coat and stethoscope, it is the beginning of a sense of being “set apart.”

Our hands are unique maps of who we are, who we have been. Often, more than the face, it is the hand that gives the student of anatomy great pause. Studying it is done with extra care. For those who are learning the privilege of “laying on of hands,” it is a profound and poetic initiation. For many students of medicine, it is the anatomy lab experience that gives rise to some of their first stories of learning to be doctors.

To be a writer and storyteller in health care and medical education is not as strange as it first sounds: story is core to the health care relationship and to the broader health care community. For me, the seeds were planted a couple of lifetimes ago when I was working in a clinical ethics service in three Toronto hospitals. I came to understand that to care well for one another, we need to attend well to one another; story is central to this undertaking. Quite simply, an invitation to story is a fundamental act of hospitality and a telling of story is an act of generosity: it is an interaction that is core to what it is to be human.

In the past fifteen years, I have been privileged to work with story in health care in myriad ways: teaching, mentoring, performing, directing, and writing.

One of the many riches of the work has been the opportunity to be party to a vast array of rich stories. For the past five years I have been developing work in “narrative medicine” at Dalhousie University Faculty of Medicine. In my role there, I have been able to attend to many doctors-in-training as they learn the immense power of the story told and the story received in the creation of and sustenance of community, in the creation of connection and engagement, as a window onto the life of any particular community or individual, and so much more.

The experiences of medical training are some of the most profound and the most privileged that a person can have. The tradition of physician writers is, I think, partly in response to these experiences: story is one way of helping us to make meaning of the deep events of our lives and to reflect that meaning back into the community. Those of us who welcome these stories do so, in part anyway, because we value the “inside view” that such voices and stories can provide us. For those of us “with ears to hear,” such stories are an entry into very human experiences.

In Our Hands: Stories of Canadian Doctors-in-Training is a collection of stories from medical students and residents from across Canada. The stories provide us with a taste of the wonder, the challenges, the graphic realities that are the experiences of those learning to care for us all. It is a rich place indeed, this place of “laying on of hands” that is medicine at its finest.

The selections that follow from Vanessa Cardy, Jonathan Kerr, Monica Kidd, and Priyadarshini Raju are from that collection.

In Our Hands: Stories of Canadian Doctors-in-Training is edited by Linda E. Clarke and Jeff Nisker, and will be published by Pottersfield Press in 2007.

Linda E. Clarke is a professional writer and storyteller who, among other things, facilitates the Program in Narrative Medicine, part of Medical Humanities at Dalhousie University Faculty of Medicine.

From Away

Vanessa Cardy

I walk into the waiting room and head towards the reception desk. The place is packed. The patients looked tired and drawn, but also oddly flushed. Flushed from the bitter wind outside, and then warm and red from the overheated and overcrowded waiting room. The thin grey carpet is sopping wet from melted snow dripping off coats and winter boots. In the corner is a large silver television, tuned permanently to *CBC Newsworld*. It booms out ongoing reminders about the crisis in Iraq, with occasional breaks for local news about yet another building sinking into an abandoned mine shaft.

The receptionist passes me the next chart—it is soft, well worn and dog-eared. The people in the waiting room all look up expectantly. I glance down, read the name and call out *Grace MacDougall*. A large, soft and droopy woman, who is the shape of a spinning top, slowly extricates herself from her chair. She has on a huge, thick black knit cap, which is jammed down over the top of her coke-bottle glasses, and she is wearing purple sweatpants. She shuffles very slowly out of the waiting room, grimacing with every step. She goes straight past me and into the exam room, without needing instruction or directions.

A FEW DAYS EARLIER, as I had been making my way up to Cape Breton, I had hit a blizzard. As I tried to stay calm and maintain a view of the ever-disappearing road I thought about a story my mother used to tell me. A story about her childhood in the mining districts of northern England. How she had an uncle who was a coal-miner, a man who would return home at the end of each day, black with coal dust. How some-

times she was invited to spend the night at her aunt and uncle's house and how on those nights she would sleep in their large soft feather bed, nestled in between them. She remembers waking up at first light and realizing that her uncle was already gone. She remembers how then she would hear the deep, rhythmic sounds of the miners' boots striking the cobblestone streets. They took long and even steps, slowly adding to their numbers with every house that they passed. They did not talk or laugh, but if you listened carefully she said you could feel the songs they whistled tapping lightly against your eardrum.

AS GRACE heads into the exam room I make a quick detour and sift through my black schoolbag, looking for my stethoscope. I grab both ends of it and swing it comfortably up and over my head into its position around my neck. Funny to think that only a few years ago my stethoscope and I had been engaged in a constant battle. I had tried putting the earpieces around my neck, as I had seen so many doctors do, but it weighed down heavily on my shoulders and made me feel light-headed. I had also tried stuffing it into the pocket of my white coat, but the thick, coiled tube would invariably unravel and spring free at the most inopportune moments. Now it is a part of me, an extension of my hands and of my ears, and its long blue tube has shaped itself to the curve of my neck.

As I walk into the examination room I notice how cramped it is. There are cheap brown bookcases crammed into every available space, stocked full of free samples left by the drug reps on their daily visits. And there, wedged in between the exam table and the desk, on a brown metal chair, sits Grace. She still has on her thick woollen hat and her large winter coat. Her right leg is propped up on a stool and the pant leg of her worn and stained purple sweatpants is pushed up in bunches above her knee. She is baring her right calf for me to see.

"So, what are you going to do about this then?"

As she says the words I look down in horror at her leg. It has been picked and torn and is covered with blood red scabs and golden yellow crusts. There is a thin red liquid weeping from the skin. In some places the scratches and pits go down so deep that you can see the butter yellow bubbles of fat that are normally beneath the skin. She peels off the dressings

that she gets changed every day down at Outpatients and then bares the other leg. It looks even worse. I sit down, lean forward and ask her what happened. Large, loose tears slowly fill up her eyes and drift down her cheeks.

After a few minutes I go out to get the doctor, my safety net. He tells me Grace has been doing this to herself for years. He tells me how she was sexually abused by her uncle when she was a child and was beaten up by her now-long-departed husband. He looks at me and says, "Down here the buggers really make 'em bleed."

He sees her once a week. He sees her every week so that she knows that someone cares about what she is doing to herself. He sees her every week because he doesn't know what else to do.

I go back into the room. Grace has stopped crying and has rolled down her pant legs. I try to offer words of comfort but she is already carefully buttoning up her coat. She pulls on her shoes and limps out of the room. She makes an appointment for the next week and heads down to Outpatients for a dressing change before making the eight-mile journey home.

A FEW DAYS LATER I'm talking to an elderly miner. He is short and so small that he looks as if he might disappear beneath the layers of his heavy winter coat. I listen to his lungs and try to picture them moving in and out, filled with coal dust and speckled black and grey, just like his hair. While we wait for the doctor we start to chat. "There is still plenty of coal left," he says. When I seem surprised he looks at me in astonishment with his ice-blue eyes. "There is still plenty of coal left." I explain that I'm not from Cape Breton and so don't know the story of the mines. That excuse does little to relieve his concern over my ignorance. I look down in shame and see his sinewy fingers, with their permanently stained nail beds. They reach out and grab my own pale, sterile hands. He leans forward and pulls me in. His breath reeks of stale Tim Hortons coffee and there is an odour of dampness about him. His cracked brown lips part as he says, "The coal face was eight miles out. Yep, eight miles out under the ocean. It would take us an hour each way to reach the face. Cost too much so the goddamn cheap company bosses closed us down. They closed the mines and brought us up. The buggers really made us bleed."

THE NEXT WEEK, I was back in Halifax and I was on-call at the hospital. As I sat on my hard, uncomfortable bed in the duty room where I was to spend the night, I thought back to my month in Cape Breton. The smell of coal burning on cold Sunday afternoons, the texture of the skin of weather-worn fishermen, and the smell of last night's bingo outing lingering on the clothes of my patients. But what really stuck with me were thoughts of Grace and that miner. Tearing into her skin, eight miles down the road. Tearing into the coal face, eight miles out.

Suddenly my pager goes off and draws me back. As I move through the hospital at night, with its muted tones and dim lights, I feel very much at home.

Vanessa Cardy is completing her residency in family medicine at St. Mary's Hospital in Montreal. In August she will start work as a family doctor in Chisasibi, a Cree reserve in northern Quebec.

My First House Call

Jonathan Kerr

When I was two years old, my great-grandmother bought me a Fisher Price doctor's kit, the one with the plastic stethoscope, blood pressure cuff, and reflex hammer. I used to carry it around with me wherever I went. And I always made sure I had it whenever I visited my great-grandmother. I'd run in through her front door, and before she even got the chance to pinch my cheeks, or plant a kiss on my forehead, I'd ask her, "Grandma, are you sick today?" She'd put on quite an act, saying she was in so much pain and wasn't feeling that well. My eyes would open wide with excitement, and I'd tell her that I could make her feel better! I'd spend hours checking her temperature, blood pressure, and reflexes with my plastic tools. After I was confident that I'd given her a thorough check-up, I would pull out my toy syringe and proceed to give her multiple injections wherever she complained of pain. After I was done, she'd give me the world's biggest smile, and tell me how much better she felt. "Oh thank you Jonathan, you fixed me." That was our ritual, and I'd leave her home truly believing that I had made her feel better that day.

Over twenty years later, I found myself in medical school at the University of Toronto. I quickly became immersed into medicine, learning from world leaders at top-notch teaching hospitals. But, there was something missing. Sure, I cared about the lab values of my patients, and I found the discussions about this trial and that trial intellectually interesting. But I just knew that there was something else I expected to be a part of when I applied to medicine. I couldn't put my finger on it. What was it that I wanted?

During a clinical elective in rural B.C. this past summer, I was working in the clinic with a family physician. One day he received a call from one of his patients, whom I will refer to as Mrs. Stewart. She was an elderly woman, who was feeling too ill to make it to the clinic for her scheduled appointment that afternoon. The doctor listened to her for a while, and then asked her if it would be okay if he visited her later that day.

As we wound up things at the clinic that day, my preceptor asked me if I'd like to join him. Wanting to be keen, of course I agreed. And besides, I'd never really been to a patient's house before. As we entered the house, I saw Mrs. Stewart lying on her living room couch, covered in a thick wool blanket. The only sound was the gentle hum of her nearby oxygen tank. At first, nothing was said. The doctor slowly walked into the living room, and sat down on the beat-up coffee table beside the couch. He calmly reached out and took her hand. Finally, after what seemed like an eternity of silence, she said, "Doctor, I'm so glad you're here."

He asked her a few questions about how she was feeling, and she made some quick-witted remarks back. He reached into his bag and pulled out a blood pressure cuff. Then he took his stethoscope and listened to her slowly failing heart and lungs. This brief physical exam probably didn't help him much, but she seemed to appreciate it nonetheless. Finally, he put away his tools, and they continued to talk.

As this was going on, the room was slowly filling with Mrs. Stewart's family. There were now seven of us in the room. Looking around, I noticed how well the doctor fit into this setting. You would have thought he was a part of her family. And in a sense, maybe he was.

As I stood there in that living room, I was struck suddenly with an intense sense of *déjà-vu*. Certain emotions and feelings inside of me woke up, and I felt as though I had been there before. I knew I'd never been to this house before, but surely someplace similar. My mind was racing, as I tried to recall some time that I felt this same way.

I stared at the patient. That combination of fear and strength in her eyes, I had seen it before. Her ability to laugh, despite her dire circumstances, I had seen it before. Her absolute confidence in her doctor's abilities and advice, the way his words seemed to comfort her, I had seen it before.

And then it hit me, like a ton of bricks. This wasn't my first house

call. My first house call was nearly twenty-three years ago. Since I was a child, all this time, I wanted to be a family doctor. And there were lots of reasons. But it wasn't until that moment, standing in this patient's living room, that I realized the reason. I wanted to give to my patients the sense of comfort this doctor was giving to Mrs. Stewart, the same comfort that I believed I was giving to my great-grandmother many years ago.

During the course of my medical training, it has become abundantly clear that family physicians are well-suited to this type of endeavour. It's the family doctor that has known the patient for years and decades. It's the family doctor that knows the whole family. It's the family doctor that, in a sense, becomes a part of the family. Even well-crafted buzzwords like "physician-patient relationship" don't do it enough justice.

So, what ever became of that Fisher Price doctor's kit that my great-grandmother had given me so long ago? Well, it is sitting on a bookshelf in my bedroom. Every now and again, I look at it and I'm reminded of my first house call, and what medicine really means to me. Medicine is much more than diagnoses, lab values, and medications. It is a vehicle through which all of us are able to touch and make a positive difference in the lives of others, and nothing in life is more important than that. That's why I went into medicine, and that's why I want to be a family doctor.

Jonathan Kerr grew up in Belleville, Ontario. He attended Queen's University for his undergraduate degree, the University of Toronto for medical school, and is currently completing his family medicine residency training at Queen's University.

Ed's Right Hand

Monica Kidd

A Tuesday night, eight p.m. Homework was light tonight, so after supper I came up to the emergency room to see what's what. On a plastic chair against the wall sits a fifty-something man in jeans and white sneakers, cradling his left hand as a nurse gingerly peels back the bandages. Another woman looks on through half-shut eyes, as though she knows what to expect.

The nurse comes to the end of the gauze. "Boy, you did a number on that one," she says "How'd you manage that?"

Ed was scrapping his old car in his garage this morning. Though he knew better, he decided to lift out the engine on his own. It took him with it when it crashed to the floor, pinning his left arm, and leaving his right hand a few taunting inches from the phone. Unable to call for help, he grabbed a ball pine hammer and pried up the motor enough for him to slip out his hand. Remarkably, nothing was broken, but his pinkie looked like it had been through a food processor. He hadn't planned to come in to hospital. He thought he'd give it some peroxide, put on a Band-Aid, and be done with it. His wife Sheilagh dragged him in by the scruff of the neck.

"When did you do it?" I ask. His wound is a ragged gash of red in the skin blackened with engine grease.

"Around 11:30 this morning."

"How long have you been waiting here?"

"Since about 3:30. I had a school run to do first."

"A what?" I look up. His light blue eyes are rimmed with red.

"I drive a school bus. I had to get the kids home."

The doctor comes in then, gets three quick reports from three waiting nurses: a car accident has sent someone in on a backboard; that one with asthma is still not responding to steroids; the first customer from the rave up in Airport Heights—a twenty-year-old with chest pain—has just arrived. He nods and turns to Ed to ask him if he’s in any pain.

“No, sir. I’d say now it’s going to get a whole lot worse once you start shaggin’ with it.”

As we prepare the suture tray, the doctor asks Ed where he’s from. This is a small place—just over half a million people—so a favourite pastime is placing people’s accents and tracing bloodlines.

“From the shore. Conception Bay.”

“You’re not,” says Sheilagh. “You’re from Gander Bay.”

“Well, not these last twenty years.”

“Even so.”

He considers this for a moment, then says to the doctor, “I don’t suppose you’ve ever heard tell of Carmanville?”

“Sure I have.”

“Well. My hometown is seven miles from that.”

The pin on the map, everyone is a little more comfortable.

As the doctor is injecting the freezing, I notice Ed’s arms. The skin is puckered around both elbows, and his forearms are hairless.

“What’s that?” I ask, unsure if I ought to. “Were you burned?”

He lifts up both arms to give me a better look, twisting them from side to side. “That’s what 97 degrees centigrade will do to you. It was water from an oil well. I was working out in Alberta. I was five months in the burn unit in Calgary.”

“That’s awful.”

“No, maid, I’ll tell you awful. There was a twelve-year-old boy there. He got himself up on a chair and pulled down a bottle of acid on his head. He had almost no skin at all. In there a whole year. No, there’s always someone worse off than you.”

“They don’t make them like you anymore,” I tell him.

“That’s the truth,” says Sheilagh.

“I’m trying to get back there, to Alberta,” Ed says. “All you have to do is show up with a pair of boots and they’ll give you a job. I applied to one

place. I'm supposed to hear tomorrow." He winces a little as the doctor roots around for intact skin to anchor sutures.

I look at Sheilagh, who has not once shied away from her husband's mangled hand, his bright red blood clots on the cotton pads and metal surgical tray. Her eyes are tired like her husband's. "I suppose you stay here when he goes away to work?"

She nods. "It's hard. But my family's here, and there's no work for him. What are you going to do?"

He leaves, she mourns, he comes back. They continue their lives together when circumstances allow; when the money runs out, he goes again. This is reality here, where in some communities unemployment rubs up against 75 per cent. Ed yo-yos across the country; Sheilagh mends him when he is broken.

I marvel at the bond between them. I wonder if I am capable of that kind of faith. There is so much more to learn here tonight than how to tie off a suture.

Eventually, the doctor says there's nothing more he can do. "That's going to have to do a lot of healing on its own, I'm afraid. There's not much left to sew up. I'm going to give you some antibiotics. Are you allergic to anything?" he asks, pushing back from the suture tray and walking over to the computer.

"Nope."

"Just the wife, right?" The doctor jokes, having heard that one a million times.

"No, sir," Ed says, suddenly quiet. "No, buddy. That's me right hand."

Monica Kidd is entering her third year of medical school at Memorial University of Newfoundland. She is the author of *The Momentum of Red* and *Beatrice*. Her poetry was featured in the first issue of *Ars Medica*.

Meetings

Priyadarshini Raju

3 a.m.

Always the right place
at the right time.

The woman has something funny
going on with her brain,
says her family,
and she takes the sleepy doctor
and waltzes him around the emergency room.

“No dancing, no dancing” he says
and grips her hand,
but she lifts it
and slowly
(shuffling)
she does a pirouette.

Dilate

When I burst businesslike into the room, no one turns around. The first-time mom is relieved that it’s over—breathing still lined with shudders, moaning lined with Mandarin, hot white lights on her belly, empty now on the operating table. Rubber hands straightening, stitching, wiping, turning off the lights.

The new son is having trouble breathing and they’ve called us. I head

straight for the lamps at the other end of the room, the heating table, the writhing Baby. He's pale-bluer than he should be, and his muscles are tearing at the air, chest heaving, tiny hands flailing, larger hands busy all over him.

The protocol I learned last week told me to ventilate by squeezing a bag. I squeeze the bag.

I won't learn the parents' names, and they won't learn mine. The translator hasn't come. I'm a small dark shape at the periphery of their vision, inaccessible in this cold humming beeping bright world, just some brown with more mint green. I keep squeezing the bag.

Soon the others melt back from the light of the heating table. The student can do the grunt work, this Baby will be fine. And my hands are now part of the bag, part of the machines, gloves glowing, so the rest of me stretches and looks around. My eyes get used to the dark. I watch Dad.

He's been slipping around in the shadows, comforting his wife, standing back, holding his knees, holding his elbows. Under the lights, my hands have stopped ventilating Baby and we're finishing up. I'll fiddle with some more things, the blankets, the little hat. Dad has inched closer to the warming table now that the others have gone. We flail stupidly at each other.

Me?, yes, nodding, There? Okay?, yes, yes, come closer.

Dad leans over and his face is suddenly lit bright by the lamps. He hasn't slept. He takes a good look, lips twitching, at his firstborn. There are others still attending to Mom across the room, and her face is turned away, her breathing slow and even. Dad's face floats, glowing and uncomfortable, above the bundle on the table.

This . . . can I?, yes, go ahead, There?, no problem, please.

Dad slowly raises his left hand. It breaks, fingertips first, into the light of the heating table, and hovers gingerly over Baby's head. The new father caresses the air over the tiny cheeks, barely brushing eyelashes.

"My son . . ." he says shakily, in English. He looks in my direction for a split second—eyes half-panicked with joy, watery, incredulous—then jerks his gaze back to his trembling hand.

The light, the pads of his fingers just above the damp skin, that space in between electric.

And again, this time with a period at the end. "My son."

He looks at me one more time, I nod hastily, and the space closes. His fingers meet the skin of the cheeks, trace the searching mouth.

I don't know if I'm helping or not. I'm embarrassed to be there, devouring his pilgrimage, forcing his tongue, a part of why he's been so hesitant to approach his own son in that pool of hard light.

My supervisor has already left. I've stayed too long. I say goodbye to Dad. He is busy calling out to a newly-roused Mom across the room, his head and hands adjusting now to the brightness and preparing to gather up the little boy into the world outside the table's lamps.

And then I'm out, blinking, pulling off my gloves, heading for the big sink in the hallway. I run my hands, dark but dusted with latex, under the tap. They work themselves through soap and water, rinsing back to life. I shake them dry and make my way down the hall, past mop buckets and metal shelving, while the ceiling lights beat ceaselessly down on a host of warm weak shadows.

Priyadarshini Raju has lived in Ottawa and Sherbrooke, and is now a medical student in Toronto. She cooks, works, reads, and laughs. She has a story, and everyone she meets has one too.

Second Sight

Helen McLean

Plato was probably right when he said that the root of artistic creation was an inspired madness. Artists can be obsessives, driven human beings who can't entertain the thought of quitting even when they're overtaken by old age and infirmity. During his last years Renoir painted with his brushes strapped to hands gnarled with arthritis; aged and half-blind Monet combined pigments from memory while he painted one of the major masterpieces of his life. Bonnard lay on his deathbed directing his niece who was looking after him where to dab a few more brush-loads of colour on what turned out to be his final painting. But it's not only geniuses who are obsessed. As a non-genius painter, even I can't imagine still being on this earth and not wanting to draw and paint. Maybe the way to bring on real craziness is to prevent an artist from working.

Art was never Plato's favourite thing anyway. In his view anything from the natural world, a pot of geraniums, say, is sandwiched between an immaterial Ideal Form of geraniums of which the plant itself is already an imitation, and the final imitation that is the artist's image. To him art was at worst a dangerous delusion and at best an entertainment. Here Plato and I part company. I think an artist's goal and what fuels his or her desire is neither to translate into material form some abstract concept of Beauty nor to make a lifelike copy of that wretched pot of geraniums, but something else entirely. I have never begun a painting or even a drawing without first having had not only a fleeting vision in my mind's eye of how the finished work will (or should) look but what kind of emotion it will arouse in me when I see it. That moment of intuition

is not only what sets me going but is the standard by which I will judge the piece at the end. While there is the rare euphoria-inducing occasion when it seems almost impossible to make a wrong brush stroke, most of the time I only come close to where I want to go and frequently fail altogether. The thing may be well enough executed but it will have a kind of slackness, a lack of energy and compression, so that the feeling is weakly expressed or missing altogether. The strange part is that, far from discouraging me, my failures egg me on to start anew and this time get it right, so around I go again.

Where the fleeting vision comes from that stamps itself so firmly on my mind's eye is a mystery, but what is certain is that it calls the shots, and if the phenomenon is as universal as I believe it to be it shows no more mercy toward the genius than to the artist of small talent. Cézanne wrestled through more than a hundred sittings for which the dealer Ambroise Vollard patiently posed before the artist finally abandoned the project, remarking, as he tossed down his brushes and shoved the canvas into a corner, that he was not entirely displeased with the shirt-front. No one but Cézanne himself could know what he found unsatisfactory about that never-finished painting.

Not that eyesight of the ordinary kind doesn't affect an artist's work. I have read that the figures in El Greco's monumental works may have been so strangely elongated because he had astigmatism and that Monet probably used so much blue in his later paintings because that was one of the few colours he could still see. From my own recent experience I've begun to wonder whether Claude Lorraine suffered from cataracts, if he painted all his romantic Italian landscapes bathed in a golden-umber light because that was the way he saw them.

For my part I prefer blue Italian skies to look blue, or rather that colour into which our eyes translate empty space, but over a period of two or three years I became aware that an ochre cloud was dulling the colour of my own Canadian skies, darkening the page I was reading, smudging my drawings, and fogging the words on my computer screen. The cataracts were at first a nuisance, and then a trial, and finally an intolerable despoiler of everything my eyes fell upon. The ophthalmologist I consulted showed me a little bottle of formaldehyde containing the cataracted lens from a human eye. It looked like a bead of tapioca dipped in

coffee or dabbed with yellow-brown paint. No wonder my view of the world was jaundiced. I decided to go ahead and have the surgery he recommended, even though the thought of letting someone go at my eyes with a knife was, to say the least, daunting.

I arrived at the hospital early in the morning during the tail end of Toronto's outbreak of severe acute respiratory syndrome. Did I have fever, chills, a cough, or difficulty breathing? No. Was anyone in my family ill? No. Had I visited another health-care facility during the past two weeks? No. I was handed a mask and told to clean my hands with antiseptic gel.

Upstairs in the Day Surgery Department I was shown to a cubicle, told to take everything off and put on two cotton hospital gowns, one forward and one backward, plus plastic shower cap, paper shoes, and another mask. A plastic ID bracelet was fastened to my wrist. In a waiting area I was assigned a comfortable Archie Bunker chair with extending footrest and a kindly person wrapped a warmed flannelette sheet around me. Two other capped and masked patients tucked up in their own chairs had been watching me settle in; we smiled at one another by crinkling our eyes.

That I was nervous as a cat showed in my elevated blood pressure when they took it. Today's surgery would be on my right eye, the one most seriously afflicted, and several kinds of drops were now put into it, of which some stung mightily. A needle with a syringe tube attached was inserted into a vein in the back of my hand, capped off and taped down. In due time an orderly came to lead me and the two other patients, all of us trailing our blankies, down a corridor, onto an elevator, off again on a higher floor and through a pair of doors marked DO NOT ENTER, at which point he was relieved of his charges and we were shown to another waiting area.

A nurse carrying a clipboard sat down beside each of us in turn, checking things off. Was this my signature giving consent to the operation? I was without my glasses, so I couldn't actually read anything because of the rotten vision in one eye and the other being completely out of it from the drops, but I said yes. Was I allergic to anything, did I have diabetes, could I climb a flight of stairs, could I—not would I, but could I—tell her my date of birth? Yes I could: six-six-twenty-seven I said smartly. She checked that off, stood up, took my arm, and led me

through another set of doors into a brilliantly lit room where a group of masked and gowned people were standing around a white-sheeted table. Among them I recognized my eye doctor, who greeted me and helped me onto the table.

I lay there with nothing to do while they fussed around with equipment. They stuck some leads on me here and there and I noticed with bemused interest that a rhythmic beeping from somewhere behind my head was cleverly coinciding with the beating of my heart. A spurt of cold liquid went shooting up my forearm through the needle in the back of my hand and seconds later I felt a spreading warmth, like the first good swallow of a straight up extra-dry martini. Now they were rolling the lid of my right eye up on something, a handy matchstick perhaps, so I couldn't close it any more—but no matter, someone began sluicing the eye comfortingly with tepid water.

I sighed deeply, without moving of course, just to let them know I was still in there. Suddenly a dark tunnel appeared in my field of vision and at the end of it, a dazzling white light. If I was being launched on that final journey through space and time to where Glory awaits, I thought, I'd better pay close attention in case I wanted to describe it later to some old friend in the next world. There was a little intermittent whirring noise, like a dentist's drill with the sound turned away down. Kaleidoscopic colours and lights appeared, sparkled and fragmented and reassembled. More whirring. More lights, more colours, some red, some blue, some a blurry mixture. No pain, no pressure, just a sense that things were going on close to where I lived.

I had a pretty good idea of what was happening because I'd read up on it ahead of time. The doctor had made a tiny incision in my eye where the coloured part meets the white, through which he inserted an ultrasound-tipped probe to break apart the cataract and then vacuum out the pieces, leaving behind the little cup called a posterior capsule in which the natural lens used to sit. In the olden days surgery had to wait until the cataract had matured, or ripened, as they called it, which really meant hardened to the point that it could be plucked out like a dried pea. In the days before the invention of modern suturing materials the eye had to heal on its own while the patient lay abed, head sandbagged down to keep from shifting around and disrupting the healing. Sutures

were used later, but even then, with no lens in the eye to focus light onto the retina, the patient would have to wear bottle-bottom glasses forever. Nowadays implanted lenses are made-to-measure for the customer from space-age plastics and the incision is shaped in such a way that the fluid pressure inside the eye miraculously seals it shut without the need for any sutures at all.

When it was over, a nurse helped me to sit up on the edge of the table and I perched there for a moment, collecting myself. She stood in front of me, steadying me with a gentle hand on my shoulder, and to my freshly hatched eye, even with its enormously dilated pupil and overflow of fogging tears, her gown was the most astonishing blue I had ever seen, a blue so remarkable that I closed the new eye and looked at this phenomenon with my other, unoperated-upon eye. There was the blue I'd become accustomed to over the years, a dulled down greenish-brownish melancholy blue with all the power drained out of it, the blues of the Sistine Chapel ceiling before the layers of varnish and dirt were cleaned away.

Back home, still drowsy, I flopped down on the sofa between the windows in the dining room. My glance fell on a blue pitcher on the serving table across the room, a kitchen item really, but its colour and shape are appealing so I keep it in view and use it occasionally as a vase for flowers. I stared. What was it with blue? Like that nurse's gown, the pitcher was so blue I could have wept for its blueness, could have dived into that blue and submerged myself in it, been absorbed by it. It was a cerulean sort of hue but with a little more purple to it, maybe a touch of cobalt or ultramarine but not enough to make it dark or turn it into the kind of blue that backs away and lets other colours take precedence. This blue was right here, present, on the surface of the air, like the blues in one of Bonnard's paintings of the descending terraces at Le Cannet, with their red roofs and palms and pines and finally the distant azure sea, and above it all a great arc of the infinite Mediterranean sky. His last canvas, painted at the age of eighty, was of an almond tree in bloom against just such a sky, just such a blue.

Monet was seventy-two when he was diagnosed with cataracts in both eyes. He was offered surgery, beginning with the eye most badly afflicted, but was afraid to undergo it in case he lost his sight in the eye entirely. I could sympathize. Even as I walked into the operating room

I wondered if some unexpected anomaly would crop up and I'd end up worse off than I was before. I could still see, after all, even if what I saw was blurred and tarnished. When Monet faced his decision in 1912, there were no antibiotics to prevent or combat infection, no steroid drops to reduce swelling, no cunning stitchless self-closing incisions, no lasers, no ultrasound probes. He turned it down.

Eleven years later his vision had degenerated to the point that it was virtually non-existent in the right eye and there was only 10 per cent remaining in the left. With so little sight in that right eye he figured he had nothing to lose. He entered the clinic in Neuilly and underwent surgery, after which the eye was kept bandaged for ten days and another twenty days passed before he was fitted with corrective glasses. As it turned out the surgery helped with his close vision but the distance vision remained far from good, and colours were elusive. Later, when a celebrated ophthalmologist visited him at Giverny and asked how his eyes were coming along, Monet said, "*Je vois bleu, mais je ne vois plus le rouge, je ne vois plus le jaune.*"

Now, in order to paint with colours he could no longer see, he chose them by their names on the tubes, mixing the pigments in the proportions he knew would produce the oranges and greens and violets, the rosy hues and the russets and golds of his garden. Some art historians, determined to look on the bright side, like to claim that his diminished sight opened up new spheres for him, a more inward vision that was dependent on knowledge and spiritual insight rather than direct perception. What is true is that he knew the colours of his garden at Giverny in a way that he could not have known those of any other landscape, since he himself had designed and supervised the construction of every path and bridge, planned the ponds, laid out the shapes of the flower beds, and directed the planting of all that was to grow therein. He worked in a hangar-like studio in a corner of his garden, choosing colours and forms dictated by his mind's eye while he painted the series for which he has become most famous, the enormous water-lily panels that were later installed according to his own directions in the Orangerie in Paris.

Monet once said he wasn't sure deep down whether he was actually more a gardener or a painter. Marcel Proust, who was an avid admirer of Monet's work, said that if one day he could see M. Claude Monet's gar-

den he felt sure he would be looking at something that was not so much a natural flower garden as a colour garden, because it was planted in such a way that only the flowers with matching colours would bloom at the same time, harmonized in an infinite stretch of blue or pink. In those latter years the artist would have been able to see only the broad forms of his ponds and willow trees and bridges, and of the details not much at all, but it seems not to have mattered. The artist, after all, strives not to imitate nature but to imitate its Creator, and art needs no reality beyond its own. As Proust said, "*Le peintre traverse le miroir magique de la réalité.*"

I CHECKED around the dining room. With my new eye, the yellow wallpaper appeared to be brighter, clearer, but not altogether changed in character the way the blue was. The same for the coral-red seats of the chairs, which looked as though they'd had a good washing perhaps, but were not utterly different. It seemed that although blue had been forced to reveal itself in previously unimagined brilliance, red and yellow were still more or less able to take my new powers in stride. It had been a dull and rainy morning, but after a belated breakfast I noticed that the sun was coming out, so I walked into the living room and looked toward the large front window. In the sudden blast of light tears sprang and flooded my new and still photophobic eye, but through the mist I could see the fresh rosy brick of the house across the street, the sparkle of a bicycle anchored to its iron railings, the deep viridian leaves of the maple tree next door, the dazzling emerald of the vines around the windows. And the sky. Oh my God, the blue sky!

Helen McLean in Conversation

A painting represents not whatever its subject may be, but the artist's feelings about that subject, and it is toward achieving that end that the painter manipulates his or her materials. The work is an expression of emotion, but the creation of it involves hundreds of calculations and decisions that come less from the heart than from cold hard thought.

Writing, on the other hand, may appear to be a cerebral activity, but it is almost always bound up with remembered or imagined images. When I am writing a descriptive passage I must express in words what my eye—or my mind's eye—have seen, in a way that will arouse in the reader the same feelings about that sight that I experienced myself. Whew!

When I was seven, I stood one afternoon gazing in amazement at a shaft of low winter sunlight that had come shooting in through the living room window, the kind of light that in a baroque painting would have been beaming an angel down to earth or carrying the Virgin Mary up to heaven. The beam I saw that day contained no angels, but it was full of motes of dust; to my childish and astounded eyes it was glittering tube of diamonds stretching from the upper part of the window clear across the room to the floor, where it struck the red carpet with an explosion of fire. That may have been the beginning of what was to become a lifelong addiction to looking.

Whether I am engaged in either writing or painting, the membrane between my thinking apparatus and my looking equipment seems to be an almost permeable one.

The essay "Second Sight," about the restoration of my eyesight through cataract surgery, is one of a collection of pieces about the two activities that absorb most of my waking hours.

AM: *You mention Plato at the beginning of your piece, who suggested that creativity is tied to some form of madness or divine inspiration. Aristotle viewed creativity as a matter of praxis, of technique. How do you see these two processes, of inspiration and craft, playing out in your work?*

MCLEAN: They're both right, of course. Inspiration by itself can't

produce a work of art, nor can skill at manipulating materials, which must be learned. Michelangelo had first to “see” the figure within the block of marble, but to realize the work of art he needed to be an expert stonemason. These days what Umberto Eco calls “an orgy of tolerance” is in mode, the idea that everyone comes into the world blessed with something called “creativity” (a word that makes me flinch); just hand the kid or the hobbyist the materials and art will happen. As for my own work, I’ve learned a few things over the years that make painting less of a struggle, but as Bonnard said, an artist needs two lifetimes, one to learn and the other to paint.

AM: *We agree with you, and Bonnard, about the need to learn an art. Still, we wonder about what the future artist is born with, and what develops early in childhood. Your sensitivity to colour, as reflected in “Second Sight,” is remarkable. Do you recall becoming aware of seeing the world differently from others?*

MCLEAN: I’m not sure how a person could know how anyone else sees the world. I was aware at an early age that I had something extremely enjoyable and always available to me that most other people didn’t seem to have: I could draw. I think I had a kind of visual curiosity that consisted in *noticing*, as opposed to merely seeing. Seeing is “Look at the lovely sunset.” Noticing is observing the variety of colours within a single cloud. In my high school days, having this gift (a completely appropriate word for it) was a little like belonging to a secret society in which our art teacher and a very small number of other students held membership.

AM: *Francoise Gilot, a creative painter in her own right, as well as Picasso’s muse, was asked how one can tell if one can be an original artist. She said it was quite simple: if you can remain alone almost all of the time, you can be a painter. Any thoughts?*

MCLEAN: Gilot’s statement is false. A taste for solitude does not a painter make. But the reverse is true: if you can’t remain alone almost all of the time, you can’t be a painter. Nor a writer either.

AM: *It has been said, of such disparate productions as legal testimony, stories in psychotherapy, and literature, that breaches in the narrative suggest something more may be going on, and that understanding that gap may help us understand much more. Two questions: first, are the difficult areas in a painting similarly important? Second, perhaps the only moment in “Second*

Sight” we felt sounded hollow was when you wrote that you decided to have the surgery, “even though the thought of letting someone go at my eyes with a knife was, to say the least, daunting.” “Daunting?” We’re imagining a much more intense affect. Did you hold back at this point in the story?

MCLEAN: I’ll answer the second question first. No, “daunting” was about right, and besides, I qualified it with “to say the least.” The word was carefully chosen. My glasses were getting thicker and thicker and my eyesight worse and worse. I won’t say I wasn’t nervous but I had confidence that the surgery would be successful. I’m an optimist. I anticipated a good outcome. My hip replacement was daunting too, but it was either the surgery or a wheelchair. Blind woman in a wheelchair? No thanks.

The difficult areas of a painting? If a painting becomes too literal, I scrap the whole thing and maybe try it again later. To suggest is always better than to “tell” in both painting and writing. In psychotherapy you are trying to discover what’s behind the words in order to get at the patient’s “real meaning,” discover what issues the words, or the gaps in the narrative, are masking. I don’t believe it’s the same in painting and literature. I think of the viewer or reader as a participant, even a collaborator.

AM: *Can you tell us more about the viewer as participant/collaborator?*

MCLEAN: I probably have an ideal reader—one who savours words as much as I do and doesn’t mind using a dictionary now and then, a person who will have his curiosity piqued by what I imply or leave unsaid and fill in the blanks for himself. Someone who will be moved by my word-pictures. What I love about Nabokov is the demands he makes of his readers, or as he calls them, rereaders. His work still offers joyful discoveries after several rereadings.

Of my novel *Significant Things* a few readers told me they were pleased that my protagonist had triumphed in the end. Well, they missed the point: he didn’t triumph at all. He didn’t learn anything about himself, just found a way to accommodate himself to a narrowed emotional life. My ideal reader would have comprehended that he was, in the end, a loser.

As for painting I have to assume that the viewer knows enough about painting to understand what I’m getting at and whether I’ve achieved it,

which doesn't necessarily mean he's going to like it.

AM: *What does it mean for a painting to become "too literal"?*

MCLEAN: A painting isn't about its subject, whatever that may be, but about how the artist feels about that subject. When the artist's concern is only about the apples or the likeness of the person sitting for the portrait, the work will be devoid of the emotional element that would give it life. Check out the portraits lining the atrium in your own hospital. When the formal elements become more important than the feeling, the painting should probably be put out of its misery.

AM: *Following up on your point about Monet, we wonder if having the cataracts allowed you to perceive or appreciate anything that was previously hidden.*

MCLEAN: It's wonderful. I see brilliance in colours and nuances between one tone and another that I now realize I had been missing out on for a long time. Everything I looked at—my own paintings or other people's or the world in general—was dulled with a brownish yellow glaze. After I had the second eye done, I pulled a sweater out of my drawer that for a minute or two I felt sure couldn't be mine. What I had thought was a brown sweater was actually an aubergine-purple colour. After several years I'm still dazzled by the blues.

Helen McLean's paintings are in numerous collections. Her portrait of Margaret Laurence hangs in the Margaret Laurence home, Neepawa. She is the author of four books. Her novel *Significant Things* was short-listed for the 2004 Commonwealth Prize.

Three Poems

Richard M. Berlin

After Reading Music from Apartment 8

For John Stone

When I started out in medicine,
before I married and before
I had written a single poem,
I read your poetry like a hiker
on a treacherous trail who finally
stops to rest and drink and admire
the view of snow-capped peaks.
Thirty years later I imagine you,
a decade younger than my father
would be if bad genes, bad luck, and bad
doctoring hadn't killed him long ago.
Without a father to guide me north,
your poems were a compass
pointing toward a world
where doctors can be poets,
where the pulse of each line
begins with the heartbeat we hear
when we bend close to our patients.
I pray you, too, are drinking deep
from whatever stream brings you

to your knees, and I hope
you can hear my boots striding
behind yours, cracked from the heat,
covered with dust, both soles still strong.

Artist's Studio

Northwest light, pine trees and open sea,
a pair of eagles circling Manana Island,
the *Laura B.* gliding into harbour,
picking up mail and passengers for the trip
inshore, the sound of the sea pounding
granite cliffs, cries of ravens and gulls,
one last summer fly buzzing at the window,
a room arrayed with easels, drying racks,
brushes and brooms, the smell of spirits
of turpentine and spar varnish, walls
covered with paintings—a single sunflower,
portraits of four old men seated on a porch,
a still life of onions and gourds rolling out
from a paper bag, the middle gourd striped
and tan, posed like a bent-over woman
seen from behind, onions on either side
arrayed like her escorts at a royal ball,
their papery brown skins peeling away
in psychiatry's greatest metaphor:
that our minds are structured like onions,
each layer understood as a revelation
of some deeper, more meaningful mystery.
I know the artist will laugh when I tell her
what I saw in fall crops painted on a piece
of cloth, and she will point out her craft—
brushstrokes on a yellow background
bright as the harvest moon, the blending
of colours and light, how the bag couldn't
hold the abundance, yet was big enough
to contain the worlds we both imagine.

Cutting Toenails

After I slipped
my finger inside and felt
death's rough stone
I knew I should grant
the old man's wish:
Just cut my toenails.
Down on my knees
I admired them, thick
as a silver dollar,
long and curved as
the shofar, the ram's horn
Jews blow on Judgment Day.
And I was dressed in white
like Yeshua, Jesus, my favourite
Jew, a healer I knew
would have been down
on his knees with me,
worshipping the beauty
of an old man's body.
I filled a vessel
with warm water,
soaked the nails soft,
washed the cracked
and calloused flesh,
and with my surgical steel
scissors cut sharp brown
crescents, like slivers
of a harvest moon,
imagining Yeshua,
what he atoned for
on Yom Kippur,
what pain he felt
for people he had not healed,
the expression in his eyes

when he heard the shofar's song
flying toward heaven.

Richard M. Berlin (www.richardmberlin.com) is a physician and poet whose first collection of poems *How JFK Killed My Father* won the Pearl Poetry Prize. Berlin's poems also appear monthly in *Psychiatric Times*.

Friendship Bracelets

Jon Hunter

In Memory of Kenny

My daughter makes friendship bracelets. A skill learnt during the long car rides to the cottage as a way to pass the time, it was quickly forgotten when we arrived, and more active outdoorsy times beckoned.

But, over the years, sometimes on rainy days, sometimes as a break from the pressures of studying for exams, sometimes as a special gift for a friend or cousin, she would dig out the box of embroidery thread. Then you'd find her, crouched in the yard, or in front of the TV, bent over a skein of multi-coloured threads pinned to the knee of her jeans, twirling and knotting.

For awhile, I got one a summer. The process was always the same—a casual question as to whether I thought these colours went together well, then a few hours in that “native woman weaves cloth” pose, with intermittent “give me your wrist” demands. Eventually, on one of those occasions the bracelet would be deemed correct, and knotted around my wrist. Then, with a quick peck on the cheek, she'd move on to the next thing on her internal list of things to do. There was no clasp, no choice as to whether or not I wanted to wear it to work, for instance. That was the deal: I got it without asking, had only a little choice about how it looked, and even less about how long it lasted. But while it was there, it became a part of me, a perpetual reminder, just on the edge of consciousness, that somebody else cared enough about me to make this effort. The colours and design became perfect, because she picked them

with me in mind and wanted me to have them.

Once I got it, it was tied on until the day when the cotton finally frayed enough to let go. No matter how ragged it became, its going almost always took me by surprise. I might have noticed a loose thread, or even retied the odd one, but when I awoke to find the bracelet loose in the bed, or felt an unexpected



nakedness on my wrist in the middle of a busy day, I was always taken aback—a little sad, a little reluctant to give up the band of faded and blended tatters.

A short while ago a dear friend, someone I met during our training years ago, died. We saw each other's children grow, shared beefs and triumphs, and commiserated with each other over the big and the small—the worries about an ill child, or the haplessness of the Blue Jays. Our relationship was as unique as a friendship bracelet, woven at one moment in time, but bearing the signs of experience. In fact, it occurred to me that life is like this for any of us: We get a start; if we're lucky, it comes from a place of love. Then, once made, we begin to wear out. Our colours, once so distinct and clear, become melded into one another, more Monet than Mondrian. This change is not so much a loss of clarity as a development of character. Some threads break and are retied, others spray into a fan. Through it all, most of the time we pay it no heed; it is something that goes on while we concentrate on the things that feel immediate. We may have a dim awareness that it's not the same as it used to be, but we're used to having it, and feel no need to focus on it, at least, not right now. And then, the bracelet falls off. It hits us as if without warning, and even though the signs may have been there for some time, we are most often shocked.

For my friend, the signs came only a short time before he died, before his life was cut short, and he fell out of our lives, like a bracelet off a

wrist. A bracelet too short-lived, but certainly one marked by generosity, love, and more than a bit of mischief in the design.

Some trace remains—as if the bracelet had left a white band on my wrist after a sunny summer. One can hope it will last forever.

Jon Hunter is an associate professor at the University of Toronto, and a staff psychiatrist at Mount Sinai Hospital, where he treats medically and surgically ill patients psychotherapeutically to help them with their adaptation to illness.

Elysium

Pamela Stewart

“My brain is for pleasure now,” Peter says. He is pinned between the two women. They hold him in a sitting position on the bed. His wife, Rose, encircles his upper arm with one hand and supports his back with the other. Yvonne mirrors her actions. She is paid for her intimacy. His two daughters lean forward to hear. His voice has become as shrivelled as his body.

“That’s good, Dad, only think about nice things,” the oldest daughter, Susan, says.

“It’s the body I don’t trust,” he says. “The body cheats you. It turns you into a jealous lover, always looking for signs of betrayal. The rest of the time it lulls you into a false sense of security. And when you’re not looking, wham! You’re the last to know. My body is divorcing me. Except for my teeth,” he says, smiling at his reflection in the dresser mirror opposite the bed. “My teeth make me proud, and I’m taking them with me.”

“Maybe it’s the drugs making him like this,” Rita, his other daughter, whispers to Susan. “Or maybe it’s something no one knows about. Maybe the cancer has spread to his brain. Whatever it is, it’s helping him. I mean, he seems almost happy.”

“He can’t be. He can’t be happy to be dying,” Susan says, “unless he’s in denial. None of this would be happening now if he had quit smoking.”

“He doesn’t have lung cancer, Susan.”

“Well this wouldn’t be happening if he had eaten more fibre. Or something.”

“You know it hasn’t affected my hearing. I can hear you girls just fine,” Peter says.

Rose gently pushes the two women toward the door. “Stop blaming your father for a disease. Everyone dies of cancer now. It doesn’t matter what you eat or if you smoke. It’s in the air, the water, the food. Stop lecturing. We all know smoking is bad, OK? Daddy doesn’t deserve this. Now leave us so we can get him cleaned up.”

“Sorry Dad, I didn’t mean to imply . . .”

“It’s OK, honey, I ask the same questions myself.”

Yvonne helps her remove his damp pyjamas. They wash him gently.

He has a colostomy bag, and Yvonne takes care of it. The doctors had to remove a large section of the cancerous colon, followed by radiation and chemotherapy, but it was still too late. The cancer had spread to his liver.

“I don’t want you looking at me, Rose. I’ve become so ugly. Let Yvonne do it. She’s used to seeing people in this state. Sorry, Yvonne.”

“Don’t apologize. It’s my job, and I like taking care of people.”

Rose tells him he still looks like the man she married. She loves his damaged body.

“Call it like it is,” he’s says. “I’m rotting. You romanticize everything.”

The women rub lotion into his skin. They turn him. Rose’s hands echo the care she gave her three babies.

After they dress him, they help him into the chair next to the bed and cover him with a blanket.

“It’s supposed to be the other way around. I should be carrying you.”

“You did, remember? Over the threshold. In sickness and in health.”

Peter always loved to lift Rose off her feet and carry her around. She was so tiny and light. He looks at the black-and-white photograph on the bedroom wall. They were still dating then. He is giving her a piggyback ride in the snow. They are smiling, and snowflakes cover their wool coats. He remembers shortly after his brother took the photograph, they fell backward into the snow, laughing and kissing each other, her rosy cheeks, plump with youth and cool against his face.

Rose opens the bedroom door and calls the others back.

Susan carries in clean sheets and lets her sister strip the bed of dirty sheets.

“I’ve brought these from outside where they’ve gathered the smells of the garden,” she says.

She places a fresh sprig of lavender from the herb garden in the pillowcase.

When she leaves, Peter will throw it in the garbage.

Susan lives in a Martha Stewart world and sees everything, even illness, as a challenge to be overcome through home decor.

Earlier, she had brought in flowers and arranged them in containers, not noticing that he doesn't notice.

They fold him into a cloud. All white, feather bed, pillows, and duvet.

A ladybug crawls out of the pillowcase. They sit quietly and watch the drop of red until it flies away.

When they hear him snoring, they tiptoe out of the room.

"Every time he goes to sleep I'm afraid he won't wake up again," Rose says.

"I know. Like when you have a new baby and you watch it sleep so silently, you end up waking the baby to make sure it's still alive," Susan says.

The women sit around the kitchen table drinking tea and coffee and talking about babies. Rita's daughter is almost nine months pregnant with a son and lives in Montreal. Rita was supposed to be with her now. A part of her does not want her father to linger so she can be there for the birth of her grandchild.

"They are going to name the baby Pierre Michel, after Dad and Michael," she says.

Peter is alone in the bedroom dreaming about his son. Michael is driving a car and Peter is a passenger.

Michael says, "When you are driving, you are always heading into the future."

Peter watches the speedometer climb.

"Let's get there faster," Michael says.

He wakes confused. At first he thinks it is the day they told him his son was dead. Brain dead. They want to keep his body alive and remove the organs for donation. Rose, too distraught to make decisions, is sedated. He says yes. Michael had a donor card but they cannot find it. His body is sent to the funeral home after everything is removed. He wonders how he will get through it, picking out a casket, cremation or

burial. That was ten years ago. He has thought of that day for over 3600 days now. He feels that the pain crept into his bones, slid into his bowels and remained there, causing the cancer that was now killing him. There would be no organ donation from him.

Colon cancer. Stage 4, also known as Dukes D. He asked his oncologist if it was named after John Wayne.

His doctor said, "Before you ask, it's a fallacy that John Wayne had forty pounds of impacted fecal matter in his bowels. No one can live like that. They never did an autopsy on him so no one knows how this rumour got started. People who do colonics, no doubt."

Rita comes into the room with a bowl of soup.

"Please, no more soup. I want something solid. Some meat."

"Daddy, you know your system can't handle real food anymore. Meat is what caused this."

Peter was allowed to eat whatever he felt he could tolerate, and it was too late to worry about such things now, but he went along for the most part with his family's care. She pushes the spoon toward his mouth and he bites her on the hand, not hard, but enough to indent marks on the skin.

"I have teeth," he says, "for masticating food."

Peter's smile was the best thing about him and he used it. His teeth were always perfect, white, and straight. He smiled naturally, and he found it opened people toward him. He smiles and falls back asleep.

Rita sits and eats the soup, then sneaks out of the room.

Peter wakes to see his dead son's daughter, Gina, sitting at the end of the bed. She fades into the darkness of the room dressed in her usual black. Her hair is dyed blue black and her eyes are rimmed in black liner.

"Look on the bright side: you won't have to get anything new for the funeral," he says to her.

"I'm going to wear red, because I know you like it. I've brought you a treat." She opens the foil wrapper of a burger with onions, tomato, relish, and mustard. She pulls a bottle of beer from her backpack and opens it and takes a sip then hands it to him. He doesn't question her, even though she is only sixteen years old.

"Don't tell," she says.

"It'll be our secret."

Other than Rose, Peter feels more comfortable with Gina than anyone. She knows something about death. She was six when her father died. She took it to heart when her mother told her that her father was still alive but in a different way, and that death is just another form of life. Her mother told her that one day she would be with her father when she gets to the other side, and she shouldn't be afraid, but it would be a long time and she should gather as many experiences as she can, so that when she gets there she will have lots of interesting stories to tell her dad.

Now Gina knows her grandfather will be seeing her father soon, and she has given him a book of poems she wrote for her father. They will put it in the casket and it will be burnt in the crematorium, and the spirit of that book will rise up as smoke in the air, mingling with the spirit of her grandfather.

In grade eight, Gina did a school project on Dia de los Muertos and practised her presentation on her grandfather, before they both knew he was sick. The people of Mexico were not afraid of death. They believed that during the Day of the Dead the departed family members will come to visit. Gina has a collection of Day of the Dead figurines, Calaveras. Little clay-and-wire skeleton people dressed in colourful clothes going about their lives. She has placed a Calaveras of a nurse on the bedside table to look after her grandfather.

They had decided they would travel together to Oaxaca next October for Day of the Dead, and there they would make an altar for Michael like the Mexicans do. They would decorate it with marigolds and chrysanthemums and have his favourite food and music and celebrate his life. They would eat candy skulls and sing and wait for his spirit to come.

Soon she would have one more reason to go. Peter provided the money for Gina and her mother, in his will, to take the trip together.

Gina made him feel free and alive. What others saw as morbid he found refreshing. She loved him intensely. He knew that and there was nothing frivolous in her behaviour.

"It's not my life flashing before my eyes at all," he says. "It's more like watching TV. Or a movie on the VCR. Stop, start, rewind."

"Skip the commercials," she says. "I hate it when you fall asleep watching TV. And the commercials sneak into your dreams. I think they're designed that way. They want it to become part of you."

“Yes.”

Gina tells him that some other family members are here.

He says he wants to see them too, but he is tired and wants to sleep first.

The door in cracked open and two boys peek into the room.

“He’s not in a coma is he?” one of them asks the other.

“He doesn’t even seem that sick,” another child says.

“Well he is. Mom said the doctors said he could die at home like he wants and that they couldn’t do anything else for him except give him morphine and stuff.”

“He did seem kind of out of it.”

The sound of their voices overrides the fracas his cells are causing inside his body, and he is half awake.

He wafts in and out until Rose says, “I know you are in there.”

“Jesus Christ has skin like porcelain and the blood looks so red dripping from the wounds. But he looks so clean and unblemished. His hair isn’t greasy or tangled. Everything is like falling asleep in front of the TV,” he says.

The doctor comes. Everyone leaves the room and he can’t tell how much time has passed, but it doesn’t seem to matter anymore. The doctor leaves.

It is night because it is dark and Rose is in the bed. She wanted to sleep on the cot next to the bed but he wants her there even if it causes pain.

“Let me rest my head on you.” he says, “Oh, that’s your breastless side.”

“Breathless?” She feigns. “Yes. You still leave me breathless.”

“No. I mean . . .”

“I know. It was supposed to be the other way around,” she says. “I was supposed to go first.”

He touches his hand to the scar and around her remaining breast. “Thank God it wasn’t.”

“I am space and time encased in skin. I am. Don’t tell me I’m not,” he says, when he wakes up in the middle of the night.

“I know you are.”

“Take off our clothes.”

She fumbles under the covers. It takes a long time.

Everything falls away. The one night stand he had when he was forty-five with a younger woman. He was out of town at a conference. Rose had not been feeling sexual for awhile. Drinks, a stranger, a hotel room, and he slipped. One time. He felt as if he had lost a part of himself with that woman and could never get it back. A strange strangling dark thing held him for days, but he did not tell Rose. He did not come home with flowers. He was cold to her for awhile as if he blamed her, and then one night she fell asleep in front of the television and he woke up alone in bed and realized how much he loved her. He went out to the living room and sat on the floor and looked at her face illuminated by the glow of a television preacher and then lifted her and carried her into bed.

The policeman at the door telling them their son had been killed in a car accident. The decision to divide his body as gifts to others who were dying.

The time he lost his job and didn't tell her for two weeks. Dressing for work every day and spending the day looking for a job, then sitting at the library.

The month after their youngest daughter left home, Rose checked into a motel because she didn't know how to be anything except a mother, and he was neglecting her as a wife. A cheap motel, because she didn't want to spend the money. She left him a note and told him she was OK so he wouldn't think something bad had happened to her.

He still believes she had an affair but chose to forgive her. She was alone for three days, and in that time watched television, knit him a sweater, and filled two notebooks with her fears about growing old and not knowing what to do with her life. When she came home, he took her to the Royal York. They had room service and champagne, though they couldn't really afford it.

She holds him and listens to his breathing.

Then he falls away from her. His father and mother lie naked on the bed. He sits between them, eight months old.

The boy reaches for his father's penis with his tiny hand. They laugh and his father picks the boy up and puts him in his crib. He watches them make love. He is inside his mother's womb and his father holds her tight.

He is in God's eye.

God looks down and he drops out like a tear. The tear lands on Rose's face as she

Kisses him goodbye.

Pamela Stewart's work has been published in literary magazines, most recently in *Descant*. Pam is not a medical professional, is addicted to Internet medical sites, and is a breast cancer survivor.

The Cure of Metaphor

Kenneth Sherman

Heart

So there you are at last,
on the diagnostician's screen,
fluctuating between clinical grey
and amber, your chambers
opening and closing:
a mollusc
kneading its vital fluid.

You look so primitive.
Who would suspect you to inhabit
a human chest, to fasten
with such tenacity
onto a touch, lyrics,
frames of an old black
and white film?

Hoarder. I lie awake at night
hearing you thump thump
as if you were banging on the door
of my life, pleading
for one more chance
to wipe the slate clean
and begin again.

Venus Occluded

I awoke one morning to discover one eye
 Weird, blurry, as if opened underwater.
 At first I thought I was imagining the effect,
 Denial my reaction to any physical mishap.
 But two days later I found myself sitting
 In the darkened chamber, the ophthalmologist
 Hunched over me, his miner's light probing
 The flooded landscape of my retina. "There it is."
 Then the ominous pause. "A venous occlusion . . .
 Some damage . . ." I understood occlusion as blockage,
 But not being from the scientific side of things
 Or wanting, perhaps, to accept responsibility for failed vision
 I heard him speak the name of the goddess
 And wondered if those images were fading
 Because they'd not been loved enough.

Kenneth Sherman has published ten books, including *The Well: New and Selected Poems* and *Void & Voice*, a collection of essays. His book-length poem, *Black River*, is forthcoming from Porcupine's Quill.

What Caused Buddha's Death?

Sonal Singh and Peter Morrell

Introduction

Buddha¹ was born Siddhartha Gautama in the town of Kapilavastu (present-day Lumbini), a small town in Nepal bordering India around 563 BC. He is said to have attained nirvana² at the age of thirty-five in Bodhi-Gaya. After forty-five years of teaching and travelling all over India, he is believed to have died at the age of eighty (483 BC) in Kushinagar, a small town in present-day northern India. While much has been written about his life (Thomas 1960), his death remains surrounded in mystery.

In the genre of retrospective diagnosis we attempt to recreate the last few days of Siddhartha Gautama's life from historical Buddhist texts. Applying modern medical knowledge to the events surrounding the last days of his life we have taken up the challenging task of retrospectively analyzing and exploring the causes of his death. We realize that this attempt is fraught with potential for error as people with concepts of disease different from our own wrote the accounts, and the sources are sometimes inadequate. Any potential errors that may have crept in are our own.

Buddhist Texts

There are two fundamental types of Buddhist texts: canonical texts, which are associated with Buddha, and non-canonical texts, which are

1. One who turns the wheel of dharma when it has not been turned
2. Freedom from the cycle of birth and rebirth

commentaries on canonical texts and commentaries associated with Buddhism. The three types of canonical texts—*sutras* (discourses), *vinaya* (rules of monastic discipline), and *abhidharma* (analytical texts) make up what is known in Sanskrit as the “Triptika,” and in Pali as “Tiptika.” The *suttas* (Sanskrit *sutras*) are mostly discourses delivered by the Buddha or one of his close disciples and are all, even those not actually spoken by him, considered to be *Buddhavacana*.³ The most definitive account of the last few days of Buddha’s life is given in the *Mahaparinirvana Sutta*⁴ from the Pali Tiptika, written soon after his death (*Last Days of the Buddha* 1998), although there are different versions of the *Mahaparinirvana Sutta*, each translated from various Sanskrit editions (*Mahayana Mahaparinirvana Sutra* 1999–2000).

Historical Theories of Buddha’s Death

Most historical accounts (Mate 1978) claim that he died of food poisoning after eating rotten *sukaramaddava*⁵ offered by a layman. A few scholars believe that the Buddha became seriously ill a few months prior to his death. He is said to have recovered and then died of natural causes in poor health (Keown 1996). An analysis of the description of the symptoms and signs given in the *sutta* using modern medical knowledge argues that there might be another possible cause of his death (Mettando and Hinüber 2000; Mettando 2001).

The Last Days According to the *Mahaparinirvana Sutta*

In the eightieth year of his life, Buddha was said to have grown old: “Now I am frail, Ananda, old, aged, far gone in years. This is my eightieth year, and my life is spent. Even as an old cart, Ananda, is held together with much difficulty, so the body of the Tathagata⁶ is kept going only with supports” (*Last Days* 1998).

3. The word of the Buddha

4. Known as the great discourse on the final passing. *Mahaparinirvana* is the final nirvana, the ultimate aim of all Buddhist practice to obtain freedom from the cycle of life and death.

5. The exact ingredients of *sukarmaddava* are widely debated, but literally translated it means “soft pork.” Some scholars believe it was a special dish of mushrooms, while others believe it to be a dish of wild boar.

6. The one who comes and goes without taking anything from existence—another name for the Buddha

The sutra begins with the Buddha leaving Rajgir, in present-day northern India. Buddha gave his last major teaching at Vultures Peak in Rajgir and decided to proceed northwards towards his birthplace Lubmini in the Himalayan foothills, along with his closest disciple, Ananda. He reached the village of Beluva where he decided to spend his rainy season retreat. He was stricken by a mysterious illness in Beluva, which caused severe pain, and he nearly succumbed to his illness. Subsequently, Mara, the God of Death, visited the Buddha and invited him to pass away. The Buddha is said to have initially refused the invitation. However, Ananda failed to recognize his hint that he could live on and so Buddha accepted Mara's invitation. He suppressed the illness and continued on to the town of Vaishali, where he told Ananda that he would pass away in three months, which he spent walking from village to village until he arrived in Pava, close to Kushinagar, in the mango grove of the blacksmith Kunda.

Kunda invited the Buddha and his disciples for a meal, which Buddha accepted. Kunda had prepared a large amount of *sukaramaddava*. On Buddha's insistence, the meal was served to him alone, and he asked Kunda to bury the remaining food in the ground and not to serve it to his disciples. Immediately after consuming the food he had an attack of severe bloody diarrhea and severe sharp pains, that he had been experiencing earlier (Mettanando 2001).

Nevertheless, he continued on to Kushinagar, six miles away, with his disciple Ananda. He felt intense thirst along the way and asked Ananda to bring water from a stream. Ananda initially refused, as the stream was dirty, but the Buddha pressured him into bringing water. Ananda finally obliged, only to find that the stream had cleared. After resting twice on the way, Buddha settled between two *sala* trees in a grove, belonging to the Malla clan, outside Kushinagar. He told his attendants to prepare a bed using four sheets of cloth (RatnaSinghe 2004). He asked Ananda to reassure Kunda that he should not feel any regret for the meal he had offered the Buddha and his companions. Later that night he is said to have attained *Mahaparinirvana* and died on the full moon night of the lunar month of *Visakh*.⁷

7. The lunar month of May and June

Retrospective Analysis

The sutta paints two alternative explanations for the cause of Buddha's death: One is that Ananda failed to invite him to live on to the age of the world or even longer. The other is that he died from a sudden illness, which began after he ate *sukaramaddava*. The first was probably a legend, whereas the latter is more accurate in describing a real-life situation.

A number of studies have focused on the special cuisine that he ate. Some scholarly interpreters have expressed the view that *sukaramaddhava* was a kind of mushroom, an edible fungus also known as "boar's delight." While RatnaSinghe calls it *Psalliota comestis*, we believe it was *Psalliota campestris*, which is an edible mushroom known to cause diarrhea.

It seems unlikely that food poisoning was the cause of Buddha's death, as food poisoning has an incubation period and is unlikely to cause immediate bloody diarrhea with severe abdominal pain. Besides, it would not explain his previous illness during the rainy retreat. Theravada Buddhist tradition adheres to the belief that Buddha passed away during the night of the full moon in *Visakh*. But the timing contradicts information given in the sutta, which states clearly that the Buddha died soon after the rainy season retreat, most likely during the autumn or mid-winter. Autumn and winter, however, are unfavourable to the growth of mushrooms. The unseasonal blooming of flowers on the *sala* trees at the time of his death as well as its occurrence months after the rainy season suggest that it may have been sometime later in autumn or mid-winter (Mettanando 2001).

The first symptom of the illness was sudden, severe pain. However, the sutta provides no description of the location and character of his pain. It mentions his illness briefly and says that the pain was intense and almost killed him. The symptoms of severe abdominal pain after a large meal along with bloody diarrhea point to another common disorder of the elderly, mesenteric ischemia, which is usually precipitated by a large meal. It is usually preceded by symptoms of abdominal angina, which could be the cause of the severe pain that almost killed him a few months previously during the rainy retreat. It is also likely to cause significant thirst, dehydration, and shock confirmed by the subsequent events like his pressuring Ananda to bring water signify intense thirst

and dehydration, as he was too weak to do it himself (Mettanando 2001). He rested under the *sala* tree, suffering from weakness and shock. His use of four cloths suggest that he was very cold from the dehydration and shock. All of these events are consistent with blood loss from an acute mesenteric infarction. Although it is difficult to explain how a man in a state of shock could walk, Mettanando (2001) argues that his disciples probably carried him to Kushinagar, the closest village, but we do not have a definitive account in the sutta. He died several hours after the attack of pain and diarrhea consistent with the timing of mortality from mesenteric infarction, which usually occurs hours after the attack of mesenteric ischemia. Buddha also told Ananda that Kunda was not to be held responsible for his death, which could be a sign that he knew it was not the food but his own previous illness that killed him.

Conclusion

From the events outlined above, it seems entirely plausible that Buddha succumbed to his second fatal attack of mesenteric infarction, which had been troubling him for the last few days of his life. While scientists and philosophers debate the ultimate cause of his death it is inarguable that this extraordinary man died of an ordinary human condition. His last words were “Impermanent are all created things; Strive on with awareness” (*Last Days* 1998).

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Peter Morrell is a Leeds zoology graduate who has taught physiology and environmental science for thirty years. In 1999 he received an MPhil from Staffordshire University for a thesis on the history of homeopathy in Britain.

Sonal Singh is a general internist at Wake Forest University. He grew up in northern India and Nepal. His interests lie in writing on medical history, the life of Buddha, and the health status of vulnerable populations.

All Out of Funny in Crystal Lake, California

Stephan Clark

DEAR ABBY:

First off, let me say I've never done this before, so if you find yourself needing to edit for length or content, you just go right ahead. From what I've read of you this last year, you sound like a real reasonable woman. Smart too.

Now the reason I'm writing is Feeling Helpless in El Segundo, California. That woman sure has had it rough, Abby. First she loses her son Jesus in a drive-by (which is reason enough not to go naming your boy after the Lord), and then her husband's arthritis acts up and keeps him out of that mariachi band. I'll tell you, when I heard that, I just had to do something, and so now I'm writing this. It's not much, I know, but it's all I can offer, and at least maybe it'll show that woman she's not alone.

This evening I'd like to start, I came home to find Junior plopped down and drooling on the living room floor with one side of his diaper peeled away. Smelled something awful, Abby, he did. But I'd just punched the clock—my dogs were barking, I'm saying—so I walked right on over to the La-Z-Boy and turned on the tube. That puts me in a bad light, I know. No man should walk by his son, giving him little more than a quick rub on the head and a sad shake of his own. But you gotta understand. I thought Rosie'd be coming home soon. I thought maybe she'd just snuck out for a pack of her GPCs or a pint of that Canadian

whisky she loves. So yeah, you could say I was ignoring my boy, which I hear's all but a prison crime these days, but you could just as easily say I was counting to ten. And I heard that on Oprah the other day. Says you gotta count that high to keep from getting angry. It works too. Round about eight I usually stop seeing red.

I was angry, though. Junior was born funny, you see. And I know that's not the way to put it, but if a doctor had ever told me any different, I'd be telling you the same now. We had that damn state insurance, you understand, and so far as I can figure it, it don't pay for much more'n the slap on the ass. My son's problems were plain to see, I thought. He came out looking all wrong. And I'm not saying I'm Tom Selleck, because I'm not. I got a face like one of them stones on that island, and my hair's all thick and red, which I guess works for some people. But Junior came out looking like he was from another planet, not just the back of the line. Grab the picture I sent you. You'll see. He's got so little chin he's gonna need help changing a pillowcase when he's older. And those ears? I find myself trying to pull'em up damn near every day, to say nothing of his nose. Will you look at it, Abigail? It's like a razor blade with a cherry stuck on one end.

And yet still not one doctor said a thing. He was delivered, they gave him the slap, and then out the door he went. State insurance, you know. It didn't get no better either. When we got him home, Junior wouldn't suck on Rosie or the plastic nipple. To get him to eat, Rosie had to pour that formula right on down his throat. I couldn't stand to watch. He'd get to bawling so bad I'd turn the volume up on the TV till whoever was talking there sounded like they wanted us to evacuate. Finally when he did take to the bottle, half the formula came right out his nose. I guess if he did it, he did it poorly or late. Sitting, crawling, walking, talking—everything. His first words weren't no different. They were ma-ma, Abby. But they were to me, the man of the house. He called his mother ball. So yeah, excuse me when I say it, but he was born funny. And whenever Rosie started bending down in front of him, saying, "C'mon, say ball, say ball," I guess we turned a little funny too.

Those doctors, though, they really burned my butt. They took all these tests, telling us Junior was slow, and had asthma, and was born with two holes in his heart, and had a weakened immune system, and a

cleft palate, and was obsessive-compulsive, and then they said Rosie must be neglecting him, that she must be watching *Jeopardy* instead of dangling something bright and shiny in front of his face. Fuck them, Abby. Excuse me and edit that out, but fuck them. That's just me expressing myself, and that's another Oprah says.

Anyways, looking back I can see how Rosie maybe got to blaming herself. Because I'll admit it, I felt half-happy to hear a professional man say it wasn't my fault. I'm ashamed of that now, but it's true. Half-happy I wasn't the one to blame. Which brings me back to that day when Junior was just a-sitting there with his diaper half-peeled away. When Rosie still hadn't shown an hour later, I all but crawled inside the TV. The Giants were playing the Dodgers that day, and those boys in blue just had me tickled pink. Hideo Nomo, Raul Mondesi, Wilton Guerrero, and Chan Ho Park—it was like they were the United Nations, not some team from Los Angeles. Damn near only white guy they had was Mike Piazza, and he's Italian. But then it was the final out and Rosie was still gone and the room got soft and dark. I turned off the TV and just sat there. I can't stand that new guy who does the *Family Feud*.

It was a rough night. A rough couple of nights and weeks, I should say. I hit the bottle, for one. And I know that's not what you're supposed to do, but it's still what I did. I'd go on down to the Driftwood and drink my Oly and roll dice until I sometimes couldn't even pay the babysitter. Not that she was worth a damn anyway. That girl was a dooper, Abby, just sixteen and with all the smarts of a dried-up houseplant. One evening I came home to find her having her way with my glue-gun. Damn near everything I owned was stuck to my living room wall, Abby. Bills, Pop Tarts and Fiddle-Faddle, my Elvis Presley bourbon bottle, and even the red bandanna I caught when Willie Nelson came through town. It was a sight, and so right then and there I told her off. I said, "Girl." And I looked at her too. I said, "Girl. I won't have no speed-freak watching my son. Now get. You hear me? Get!"

I didn't have to point long before she was out the door, and then I was left looking down at my boy. Junior's head was tilted back a-ways, and you could hear him kind of gurgling the spit that had collected in the back of his throat. He was bouncing his hands together too, which is something he does every now and then but never too well. Right as

you think his hands are gonna meet, he pulls 'em back and starts all over again. It's funny, like he's playing patty-cakes but doesn't know how. So that night I told him, "Boy, that ain't how it's done." And I got on down on my knees. I did, Abigail. I got on down on my knees and showed him how to clap, pressing his hands together until they met. "See?" I said. "You feel that?" And he just grinned and gurgled and went right on back to clapping the empty air. "Shit," I said. And I wish I'd said something else now that I'm telling you, but that's what I did right there in front of him. I just looked at my boy clapping like he does, and I said to myself, "Shit," as if it were the most beautiful thing in the world.

Things picked up after that, and then one afternoon down at the Snatch 'n' Save a kind of miracle happened. I can't remember what I bought, but while this pretty young clerk was scanning me through, she asked if my boy had a condition. I moved Junior from one arm to the other and told her no, but she came right back and said he might have a genetic defect. "What makes you so smart?" I said, and she said, "Not saying I'm smart, just that he might have a defect." Junior kind of laughed then, as if he knew something was going on. I asked her, "Don't you think the doctors would've thought of that?" and she folded her arms and just looked at me as if I was the one born funny. "You'd be surprised," she said.

And I was too. The next day at the public library I got one of the women there to help me with the Internet. All it took was but a few minutes of searching and typing and then there it was, something called DiGeorge's syndrome. The ears, the chin, the nose—it was all the same, Abigail, and right then and there I knew that that's what my boy had. DiGeorge's syndrome. Put a name to it, you know. And that's something. A start at least.

That night I parked outside the Snatch 'n' Save waiting for the girl to get off work. I was afraid she was gonna think I was some kind of pervert, but when she came breezing through the glass doors and saw me, she came right on over and leaned down into the open window.

"It's DiGeorge's syndrome," I said, lifting the papers I'd printed out.

"That right?" she said.

I told her it was, and then I asked if she'd like to get a pizza. She cocked her head to one side and squinted as if trying to decide if this was

sexual. She must've decided it wasn't, because she said, "You gonna let Junior sit on my lap?" and I told her, "You best ask him." We looked at him, then, sitting there on the front seat beside me, and he kind looked up and made his gurgling noise while clapping the empty air like he does. "I think he likes you," I said.

That girl was pretty smart, Abigail. She read what I'd brought her and told me Junior was missing a little chunk of his DNA. Said it was from the second-smallest of twenty-three pairs of human chromosomes, the one they call the twenty-two. Said the part of my boy that was missing moved on down to another chromosome, the number ten, none of which made much sense to me until she put it like this: "It's like when he was being made, someone attached his carburetor to the exhaust pipe." And let me tell you, my eyes just about jumped outta my head on that. I mean, a carburetor don't got no business being on an exhaust pipe, not even on a Chevrolet.

In the weeks that followed, the girl made some calls to the county and found out there was a way the state would pay her to take care of Junior. The money isn't much, but it's almost the same as what she pulled in at the Snatch 'n' Save, and she likes the work some. Most nights I get in late off the road and find her sleeping on the sofa with my boy in her arms. She's really something. Sweeter than a peach and prettier than a pear, my momma used to say. And no funny stuff goes on either, Abby. She's almost twenty years younger'n me, her whole life still a tray of wet paint. Wants to go off to the junior college, she says, and study nursing. So yeah, nothing funny. If I ever get to feeling something that won't go away, I just reach for a dirty magazine. I'm a changed man, I'm saying. Rosie'd be surprised.

But you really should see her. Some nights when she puts Junior away she tells him bedtime stories even though he can't understand. They ain't normal stories either, not the ones you and me grew up with at least. This one she favours is all about the Human Genome Project. She tells him it's the biggest thing since the A-bomb, and that all these smart fellas from all over the world are working non-stop to map out the millions of parts that go into our DNA. "It's a scientific revolution," she says, "and pretty soon they're gonna be able to twist and tinker and play around with our insides until all the funny's gone, maybe even before we're born."

Now, I don't know where you stand on that, Abby. I was raised Baptist myself. But something about it keeps me standing in the doorway listening. It gets to me every night. Come the end of her story, my boy brings his hands together and almost claps. And he's gonna do it one of these days too. That's what I'd like you to tell that lady in El Segundo. Tell her one day Junior's gonna clap, and when he does, it's really gonna be something.

Sincerely,

All Out of Funny in Crystal Lake, California

Stephan Clark has an essay in the forthcoming issue of *Swink*. It is part of a planned book about Ukraine, where he is currently living on a Fulbright Fellowship and researching the "mail-order bride" phenomenon.

Leave Me Summer

R. A. Pavoldi

Naming the Birds

For Beth

She no longer remembers the birds,
S just their colours that too will fly
from her easel, red-orange, blue-grey,
palette forever November,

squinting at smeared faces she hears
the dry cattails thick with starlings,
wondering which of her birds
takes her by the hand out walking

through the canvases of her years
realism, impressionism, this
winding abstraction dumping her
where everything becomes surreal,

nothing reaching her, bare trees,
clouds missing their linings, leaves
down the embankment she tumbles
translucent, renaming every bird.

Stage IV

For Rose

I want a house with a little paint
on the windows so the dividers look
slightly wavy to passersby.

I want to feel the early summer air
of 1941, my mother with
one foot in the lake hesitating.

I want to see her in perfect form
on the end of the dock the moment
before diving into memory.

I want to wave to her across a field
of daisies where she sits
plucking petals one by one.

I want her cancer to find its way
back to hell so I don't have to see her
poised on the edge of eternity.

I want her to surface into summer
never having to take this world this life
one day at a time

He loves me . . . He loves me not . . .

R. A. Pavoldi's poems appeared most recently in *Hanging Loose*, *The Christian Science Monitor*, and *Field*. He received an International Merit Award in *Atlanta Review's* International Poetry Competition 2005.

The View

Salil H. Patel

5^{7,615} BC. That proved to be the last year in which the Red Planet deigned to cast its glance from a vantage so near—a mere 35 million miles from Earth. In the summer skies of 2003, the orb returned for an encore. It was a heady time.

As a “junior medical student,” newly minted, I was eagerly engaged in the worlds of histories and physicals, management and medications, gleaning as much experience with patient care as could be expected in the four-week span of an outpatient clerkship. At the end of an unusually frenetic and long day in clinic, having battled a skin abscess, chronic emphysema, Klippel-Trenaunay-Weber syndrome, and excessive ear wax, I was, in all honesty, not unwilling, nor unready, for a warm shower and an evening spent making friends with my pillow.

And yet, there was the issue of Mars.

Our university observatory had generously thrown open its doors on that night, offering wanton stargazers a glimpse through the telescope. The evening was cool, but the air was heavy and wet, and by naked eye the span of the heavens was quite unremarkable. I’ll go, just for a few minutes, I thought. Best do it now and avoid the rush. I climbed aboard the long yellow school bus that lumbered periodically to the campus, and napped.

When we finally arrived, my jaw dropped. A snaking clique of humanity whipped around stairways, hallways, and doorways, comprising a queue imposing enough to leave theme-park veterans shuddering. Swatches of conversation lilted from the line, with celerity: “not so sure about this,” “cut our losses” “crazy, plain crazy.” Undeterred, having ruled

out a swift egress, I staked a space and prepared for the wait. Then came a slight tug at my elbow.

“Excuse me, are you a doc?” a rail-thin young man asked, tentatively. I had forgotten to remove my ID badge, with its declaration “Medicine” emblazoned across the corner.

“No, not a doctor, but I am a student here,” I replied.

“Well, maybe you know about this . . .”

Those words, as many a health professional can attest, augur impending consultation, in the least. I braced myself.

“See, I just don’t feel right, there’s nothing I can do to help it,” he offered. There was a jaunty yet nervous timbre to his voice. His head, plastered with scraggly brown curls, seemed most comfortable when slightly inclined downward. He slouched slightly, dressed in faded flannel and jeans. “Name’s James, by the way.”

I extended my arm, and he reciprocated with a limp and uncomfortable handshake; we began to chat. He spoke of abdominal pain, bloating, weakness, lethargy, all of a long and relentless course. He never gained weight. He tried the gamut of common drugstore pills and salves, to no avail. Then, after discussing his symptoms, and his tribulations, we talked about him. James was a twenty-one-year-old living in a small town on the eastern shore of Maryland, who stayed at his parents’ home and worked at a nearby hardware store. He “didn’t much care for the hammer and nails biz,” especially since the other workers there, often five years his junior, would goad and insult him.

“Why do they pick on you?” I asked.

“I tried bringing my crafts in once.” He loved to create Star Wars figures from clay, he explained. When he paraded his Jabba-the-Huts and Hans Solos at the store, however, his fellow employees laughed, and laughed more, and very shortly, James became the local piñata.

He took no umbrage. James was used to being different, “just a little on the outside,” as he put it. He was devoted to seventies-era TV shows; he catalogued episodes in a manila folder. He once sewed a black cape, for himself. His dream and goal in life was to pen and produce a screenplay. “It’s going to be a movie, a really great thing,” he said, “about my number one passion in life—Mars! How we’re going to get there. It’s why I’m here, right now, you know. My parents drove me for three hours. I

couldn't sleep for two nights waiting for this!" His eyes widened, and his lips began to quiver.

The line inched forward, slowly. Ninety minutes having elapsed, we were a fifth of the way there. Maybe.

Soon, in small portions, came the rest of the story. James had tried his hand at writing before, but he realized that he was without experience and needed a guiding hand. He couldn't make it to a nearby junior college, because he couldn't drive.

"Why aren't you able to drive?" I asked, curious.

"I don't have a licence," he deadpanned. As it turned out, James had never learned to drive because he felt his parents would never want to teach him, and he "just never got around to having someone else try."

We were three hours in, and the line was making better progress. Then an announcement came over the loudspeaker. "Thanks for your patience. We will stay open until two a.m., but be advised of poor weather conditions." Clusters of people made hesitant exits from the ranks.

I decided to refocus. "So you were telling me about your stomach troubles."

"Oh yeah, let's zap that," he responded. He spoke of the frustration he felt every day, and its persistence every day, especially in the mornings, and especially after eating certain foods. With more pointed probing, it was clear that James was probably suffering from a syndrome rooted in gluten sensitivity.

Celiac sprue, a diagnosable and treatable condition. James was familiar with the disease. He had been surfing the Internet, and he was prepared for the diagnosis, he revealed. He had even gone so far as to schedule an appointment with a physician at Hopkins, six months ago, but cancelled at the last moment.

As our watches inched toward one o'clock, James and I had reached an outdoor metal deck, 100 feet away from the observation tower. Then, the droplets, drizzles, and a fine mist, and finally brief fits of proper rain. Another batch of the remaining hopefuls disbanded.

We were wet, but we didn't really mind somehow. We talked some more.

We talked about how James was going to meet his parents back at the hotel in just a little while, how he was going to tell them what had

happened tonight, and about his health, about his life, about his aspirations. We talked about what was possible, what was so close within reach, and what was holding all of it back. We talked about inertia, and about how James was willing and ready to conquer it, tonight, forever. The tremble had dissolved from his voice, with his former slouch all but banished.

At that same instant, we found ourselves entering the observation room. In the centre lay a series of tubes, extending upwards, reaching towards a slice of the starry blanket above the dome. Within another split second, those stars disappeared. One final brilliant shimmer emerged, in a stylized parody of the final bars in the Berlioz *Symphonie Fantastique*, a bright burst, followed quickly by grand emptiness. The sky was black. The former wisps of damp haze had finally coalesced into a solid fondant pall, the wind now disappeared.

We stood in the room, with four others, eyes transfixed upon the grey. The telescope technician broke the awkward silence: “Sorry, guys. I know you must be disappointed. Unreal.”

As we stepped away, that final word resonated in my mind. *Unreal*. Why was I there, and what had I just spent the last five hours doing? As I glanced at James, to bid farewell, the firm handshake he offered served as my guide.

In the process of being inculcated in principles and practice of medicine, I had come to regard the paradigm of the healing art as rooted in two spirits, prevention and intervention. But beyond the protective and the reparative, there emerges an equally noble goal: one that is generative. Medicine as a natality, as a starting point, as an agent for change—one summer night, this third way became . . . Real.

So no, I didn’t catch that telescopic view Mars, and neither did my companion James. But we marvelled much, in the August air, in our own ways, each seeing farther than we had ever before imagined.

Salil H. Patel is a recipient of a Fulbright fellowship and a graduate of the Johns Hopkins School of Medicine, Baltimore. He is currently a resident in diagnostic radiology.

Three Poems

Cortney Davis

Croup Weather

It could be November, but more often it's March,
a day surprised by a sudden change in the Gulf Stream,
invisible blue swirls in the sky
like the arrows on a TV weather map, cold air pulled in and up,
jacket weather, scarf-off weather, night-falls-soft

weather. My daughter tries to shrug it off, corner it
in the nether-reaches of her brain,
but memory is body-linked, hard-wired into cells,
chemicals clicked on
when tree limbs scritch against the kitchen window
and a damp chill settles in at dusk.

A child's sudden one-note cough at 2 a.m.
begins the rush, disaster-thoughts
like sequins tossed up and glittering down
over white sheets, the yawning dog, her husband
who sleeps through until she wakes him.
That single cough once drew her
to the middle child's upturned face, flash of glassy eyes,
the thermometer's silver finger pointing 104, 105;

then to the oddly air-conditioned ER,
the moonlighting doc who couldn't intubate a throat
that tight, rescue helicopter grounded by wind, the special team
called from miles away, arriving just in time, they said,
her child blue, almost moribund.

A little shift in weather
calls back the respirator's hiss, those nights in ICU
and, for weeks after, the child's still-hoarse, steroid-crazy cries,
the doctor's voice listing
all seasons, all foods, all infections
suspect, worrisome. "But now," a friend asks, "your girl's all right?"

My daughter wraps her arms tight
around her body. How to explain what it means
when weather changes—the bone-chill at dusk, a damp
lifting of hair. The treetops circle, their bright, back-lit silhouettes
scissored in the dark, and the moon rises in a foggy caul.

Miscarriage

I'm with two children, my son and daughter, and it's clear to me that
I have another child, maybe a boy. I can't recall anything about this
baby—not a name or a face; I don't even have proof that he was ever born.
I get that earth-shifting-beneath-my-feet feeling. What have I done with
this other child? Where is he now, and how is he coping?

Apology to the Woman in Room 23

Radioactive isotopes inserted into the vagina prevent the recurrence of
uterine cancer . . .

The cylinder didn't glow blue,
but we imagined that it might—a death ray
spewing sparks. There were rules.

One nurse in the room for only five minutes,

barely time to say hello
or wash the patient's face—

and we had to mark the spot
where deadly ions shot into a perfect cone
we couldn't cross. In spite of this,

our patient managed a dreamy look
as we sprinted in like a relay team
offering a piecemeal bath.

Once we had to bribe the aide
to fill the patient's glass with ice. She took
long sips, cold cubes crashing down the tumbler

to her mouth. All the while,
her cancer cells were burning into ash,
smouldering in her bones.

In three days she grew so weak
the doctors gloved and gowned in aluminum suits
and pulled the spent rod out.

An orderly locked it
in a little vault with six-inch walls
and hauled it off to God-knows-where.

We gave wide berth, watched it
roll away. The doctors said that we were safe,
but habit dies hard.

Pain? More juice? The light?
We talked fast.
We kept her thick door shut all night.

Cortney Davis's latest poetry collection is *Leopold's Maneuvers*. A nurse practitioner, she is co-editor of two anthologies of nurses' poetry and prose, *Between the Heartbeats* and *Intensive Care*. Her work is also forthcoming in *Descant*.

As One Might Expect

William Bradley

The nun came in the afternoon. At least, I think she was a nun. Although she didn't wear a habit, she had rosary beads, and a tiny plastic statue of the Blessed Virgin that she gave to me. She was a small, dark-skinned, soft-spoken woman with a thick accent, but I understood her question, pronounced softly that first day in her unidentifiable accent: "Would you like me to pray with you?" On the surface, it seemed like a silly question to ask a twenty-two-year-old guy in a hospital bed, with tubes sticking in his chest, a guy without energy, motivation, or hair. Groggy, confused, with a sense that things had once been better. Did I want to pray?

They say there are no atheists in foxholes or on crashing planes. I doubt there are too many in bone marrow transplant centres, either. And even if I were an atheist (and I wasn't—I was simply a Catholic with agnostic leanings), would I really want to take the chance and refuse such a pleasant woman who—maybe, probably—was a bride of Christ? What if Christ were watching, making sure people weren't rude to one of his brides? Ready to put a divine smackdown on anyone who was. Maybe that wasn't likely, but still, what reason was there not to pray?

My mother was sitting in the chair off to the side of the bed, looking up from her book, watching me from behind her bifocals. That was a reason to decline. My mother had never had much use for religion. My father insisted on going to midnight Mass, on saying grace, on rubbing water sent by relatives who had visited Lourdes on the lump that I'd found in my neck. My mother did not seem to care one way or another.

My mother was an English teacher, though, and I was training to

become one. And although we had different interests and aesthetics, one thing that all lovers of literature have in common is an aversion to cliché. My mother liked originality, and I preferred ironic detachment. Really, what could be more clichéd than the cancer patient finding God? The smug Cathnastic begging to be saved, promising to be a better person if only this nightmare would end.

Ridiculous. Horrible. Daytime Emmy Award–winning shit, to be a stock character, as boring as an Amy Grant record being played at Kathy Lee Gifford’s house. Could be a fate worse than death, I imagine.

Could be.

But probably not.

My mother didn’t say anything, returning her focus to the novel in front of her, as I sat up from under the hospital bed’s thin white sheets and let the nun—probably, she was a nun—take my hands. She closed her eyes; I closed mine as well. The words she spoke were low and in that heavy accent, but I made out the relevant parts. Prayers mostly tend to sound alike.

William Bradley’s work has appeared or is forthcoming in the *Missouri Review*, *Flashquake*, the *Snake Nation Review*, and the *Bellevue Literary Review*. In the fall he will begin teaching creative writing at Florida Atlantic University.

Birth of a Holist

Joshua Dolezal

Gwynn banged the two halves of the lid over the steel cadaver tank. Her brown ponytail swung while she worked. She was closing the anatomy lab as she did every Friday afternoon following Hokom's lecture. Gwynn was moderately tall, olive-toned, and strong. Her mother often said that she had a man's hands. After securing the tank, she clicked a padlock through the mounts on each end. The university had intensified lab security during the previous decade after someone kidnapped a male cadaver, dressed him, and left him on a campus bench. It had been late August, brutally hot. No one had noticed until noon, when an administrator phoned security to make sure the gentleman slumped outside her office was not suffering from heat exhaustion. Since then, the policy had been strict: the anatomy T.A. was to lock the tanks and slide the deadbolt on the laboratory door before leaving for the day.

Gwynn enjoyed preparing the cadavers when they arrived. Each was distinct—the veins were much more pronounced in some than in others, and the size of the lungs always varied. Fat had to be suctioned out of even the healthiest-looking bodies to uncover their musculature. Gwynn imagined the donors signing the consent forms, comforted by the thought of themselves laid bare by professionals who would ensure that others saw the truth of their striated biceps, the great spongy heft of their lungs. At times, she felt something like tenderness while moistening and draping the bodies after the Friday lab.

Water splashed in the sink as she lathered her hands, scrubbing beneath each fingernail. It was nearly six o'clock, and the building had

fallen silent. Gwynn took a small bottle from her backpack, squirting a dab of lotion into one palm and rubbing her hands together. The peach scent of the cream rose to her face. She let down her hair and tossed her backpack over one shoulder, glancing over the lab before turning to go. As she secured the deadbolt outside, she heard the thud of footsteps in a nearby stairwell.

“Gwynn?” The voice was distorted by the echo of the corridor. Hokom emerged in the doorway beneath the red Exit sign. He was a tall man in his mid-sixties, with thinning hair, a face tanned and grooved like a sea captain’s, and a wiry frame.

“Closing up?” he asked, his voice softer outside the stairwell. She nodded. He inclined his head toward the door. “I’ve been meaning to ask if you’ve heard anything from Johns Hopkins.”

Gwynn followed him through the doorway, down a short flight of stairs, and out onto the sidewalk. “They called yesterday to schedule an interview,” she mumbled. “My flight leaves in two weeks.”

Hokom brightened, the creases in his face lifting. “That’s excellent, Gwynn. Great news.” He hesitated for a moment. She was such a serious girl. He sometimes grew aware of his own voice when they spoke—how dry he could be, how matter-of-fact. It had always been his way of keeping large laboratory groups on task, but the same professional distance had seeped into his individual relationships with students. Just now, he wanted to say something that an uncle might say to a niece he admired. She was so confident and precise; he should tell her that she had a fine mind. No, she would surely think it odd of him. He turned to go. “Get some rest over the weekend,” he said.

Gwynn fumbled for her keys and bent to unlock her bicycle from the rack. When the U-shaped bar swung free, she shoved it into her backpack, tucking the hem of her jeans into her sock to keep it from rubbing on the chain. As she pushed off, she swung her other leg over the seat. Her hair fanned out over her back as she picked up speed. It was mid-October, and the air cooled her face. The white dome of the art gallery approached, then fell behind. Oak leaves crunched under her tires. Burr oaks arched nearly a hundred feet over her head. Gwynn dodged a few pedestrians, slowing as she approached the street. Easing her way down a wheelchair ramp, she glanced to her left before pedalling into the lane.

Her gears clicked as she shifted.

A few blocks from campus, she turned onto a residential street, coasting for several yards, then shifting down. It was an old part of town, where many of the homes were made of stone and some were covered in ivy vines. She turned into an alley. Gravel scattered from beneath her tires as she rolled to a stop behind a large Victorian home fronted by two massive spruce trees. The wooden sign on the porch showed black script against a cream-coloured background: *Rohr Chiropractic*.

THIS WAS A SECRET she kept from everyone. Her father was a general practitioner at a local hospital and told anyone who would listen that chiropractors were phonies. “Get this,” he would say. “They never turn anyone away. They convince every patient to get an adjustment, and not just one adjustment, several—for as long as it takes to pay off their summer homes.” Gwynn had heard these speeches countless times. Her father claimed that 50 per cent of a chiropractor’s education was concerned with public relations, that their anatomical charts, with specific nerves running to the organs, had no scientific basis. “We cannot duplicate their results,” he often said, “and in the scientific world that means they are frauds.”

Gwynn supposed he was right. She was well on her way to a career as a traditional physician, after all, and had witnessed the power of experiment to force answers from the natural world. Still, she had begun to believe that science could never fully explain the living body. Gwynn had suffered from chronic pain after fracturing her collarbone as a young girl. The bone had healed properly, but the ache had never disappeared. There was no trace of scar tissue near the injury, and none of the specialists she had seen had been able to find a physical reason for her lingering pain. They all recommended over-the-counter painkillers. Beneath the partial numbness of the drugs, Gwynn could still feel the original ache pulsing with her blood.

She had called Emil Rohr six months ago to do something about it. It was the end of her spring semester, the week before exams, and she had been vaguely unsettled for several days. She was not exactly depressed—she was studying productively and retaining what she read—but she felt compelled to eat constantly, even when she knew she was not hungry. If

she fought the urge, a subtle uneasiness crept over her. Sometimes she cracked her knuckles or walked to the bathroom to examine her face close against the mirror, where she looked for enlarged pores, squeezing them until small impurities rose to the surface. All the while, the ache pulsed steadily beneath her collarbone. Whenever she thought about seeing a psychiatrist, she told herself that these occasionally intense moments of self-scrutiny were nothing more than aberrations—toxins—flitting through an otherwise healthy mind.

The anxiety persisted. The more she deliberated, the more she became convinced that she could not live with the pain. As she searched the Yellow Pages, Emil Rohr's ad caught her eye. It was a simple design with the face of a smiling woman whose spinal column was sketched within the outline of her body. The caption said, "We treat the whole person." Gwynn considered how the chronic ache had begun to dominate her thoughts, how badly she wanted someone to root it out. That afternoon, she called Emil Rohr to make an appointment.

Her first visit had been calming. Mounting the steps to the front door, Gwynn thought it refreshing to be treated in a home. The waiting room could have passed for a den, if it were not for the varnished counter where Dorcas Rohr, a middle-aged woman who wore her brown hair in a tightly wound bun, passed appointment cards to clients and received their cheques. A coffee table stood beside three matching wooden chairs and an old davenport with a plush burgundy fabric. An oaken railing flanked the staircase winding down from the second floor. A vase rested atop the post at the foot of the stairs, holding a bouquet of wild roses mingled with sprays of baby's breath. The house smelled of eucalyptus and rosemary.

Gwynn began to relax as she marked the location of her pain on the anatomical sketch that Dorcas had given her. Gwynn's medical history was simple—no history of headaches, no allergies, just this one ailment she hoped Emil Rohr could cure. When Dorcas called her name and led her into the examining room, Gwynn was surprised by the flood of hope she felt. She had been trained her whole life in the scientific method, and she knew it was irrational to believe Rohr could simply glance at her chart, look her in the eyes, and set her right. Still, the hope lingered. She felt it rise against her ribs when he entered the room through a back door.

Rohr was a small German man with craggy features and thick shocks of white hair springing from his head, his ears, and his brows. "Hello," he rumbled. Gwynn muttered a reply. He looked her in the eyes and smiled before glancing at her chart. Nodding to himself, he turned to her with a look of concentration. "How many years ago did this happen?"

"About fifteen years ago," Gwynn said. "I was climbing a tree and thought I could hang from the branch without using my hands."

Rohr grinned. "And you fell." Gwynn nodded.

"Describe the pain, if you can."

Gwynn focused on an anatomy chart on the opposite wall, searching for the words. "It's a dull ache below my neck," she said. "I can feel my pulse in it."

"Right at the base of the neck?"

"It's hard to describe. Sometimes it's up against my shoulder blade and other times I feel it strongest in the front of my chest. It's somewhere underneath the collarbone on the left side."

Rohr nodded as if he understood completely. He asked her to step onto two metal footrests attached to an adjustable table now standing upright. As she hesitated, not knowing where to rest her hands, he took them in his own and guided them to the circular knobs on the sides of the table.

"Down you go," he said, working a foot pedal. Gwynn felt her weight shift forward, coming to rest as the table reclined. Rohr asked if she would mind if he used an ointment on her neck. After murmuring her consent, she heard a metal lid being unscrewed, then the squish of his fingers in the liquid and the sound of his palms rubbing briskly together. As he lifted the hair from her neck with one hand, her skin tingled in anticipation. His motions were purposeful and smooth, gliding from the base of her skull down along a ridge of muscle, following it just under her blouse, then tracing the same muscle back to her head. As he worked, Gwynn became aware that the room was colder than the waiting room had been. A strong minty smell hung in the air. She could feel the ointment heating up along her neck where his fingers were working it into her skin. His voice sank to a whisper as he explained that he was about to adjust her back and that she should relax. The heels of his palms circled between her shoulder blades.

“Imagine the surface of a lake,” he breathed, “with a mountain mirrored in the water beyond the far shore.” A crack sounded throughout the room, and Gwynn realized that Rohr had been gradually leaning into his palms while he was speaking, increasing the pressure as she relaxed, then giving her spine a firm shove. Blood surged up her back into the joint he had adjusted. She felt the warmth in her body more keenly for the coldness of the room.

“Good,” Rohr said. “I was able to get in deep. Now, if you’ll turn over, I’ll check one other spot.” Gwynn slowly rolled her torso, reluctant to interrupt the hot flood in her back. As she arranged herself on the table, Rohr pulled a chair to the foot of the bed, the wheels shrilling as if they needed oil. He took her head in his hands, massaging the space below her ears with his thumbs. Gwynn could hear him breathing softly through his nose.

“Relax,” he said, nearly imperceptibly rocking her head from side to side. She felt his fingers probing her neck, working up and down her vertebral column. The warmth of his hands glowed against her skin as the tip of her nose began to cool.

“Think of your body as a lamp.” She could feel the vibration of his baritone in her chest. “Take a deep breath and imagine yourself lit from head to toe. Imagine the light receding from your head as you breathe out, melting down your chest, fading away toward your toes.” Gwynn’s head suddenly jerked to the side in Rohr’s hands. Another crack rang out. She gasped, startled by his strength. Immediately, his fingers cradled her neck, stroking the column of bones. Blood roiled along her spine as if it had been pent up somewhere. After a moment, he lowered her head to the cushion and stood.

“Excellent, Gwynn. That was a fine adjustment. I’ll need to see you again in a few weeks. Dorcas will make the appointment. Be sure to rest for several hours so the adjustment will hold.”

Gwynn had felt immense relief for the rest of the day, stepping gingerly around her apartment to avoid jarring her spine out of place. The following day was mostly free of pain, but the ache had returned by evening. She tried to massage her own neck like Rohr had, and even leaned her head far to each side trying to crack the bones. But she couldn’t ignore the uneasiness she felt. She was desperate when the day of her next

appointment finally arrived, and she yielded eagerly to the minty smell of the ointment, the faint pressure of Rohr's thumbs below her ears, the moments when he lulled her into a meditative trance just before the jolt of the adjustment and the satisfying crack. Gwynn had been seeing him once a week ever since. When she explained her father's opinion of chiropractic, Rohr suggested that she leave her bike in the alley, where she could come and go unseen.

THE ACHE beneath her shoulder was especially strong today as Gwynn wheeled her bike up the back stairs. It gnawed at the base of her neck, radiating down along her sternum. She had begun to depend on these treatments, but she was worried about the consequences of manipulating the joints so frequently. Rohr had never contradicted her requests for frequent visits. "You know your own body," he would say, as he pencilled her into his book. Gwynn wanted to believe that Rohr took her seriously, but she wondered if he might be leading her on for the money. She remembered overhearing her father joking with a friend on the phone. "Hey Jim," he'd said, "don't sweat the loan. You can always crack a few backs if you're really hard up." She also recalled Hokom mentioning something in his lectures about the degenerative effects of knuckle-cracking. Even though there was no proven link between joint manipulation and arthritis, he said, every pop weakened the joint, increasing the risk of injury in a car accident or even a fall on an icy sidewalk. Gwynn could tell that her vertebrae were looser than they used to be. Sometimes her neck popped from a quick glance over her shoulder, and she could make the place between her shoulder blades crack by easing her weight backward onto a hard surface. She wondered if she might be doing herself real harm.

The hallway inside the back door was dark. Gwynn knew that all of Rohr's regular patients would have gone by now. Sometimes Dorcas would be filing papers and shutting down the computer when Gwynn came for her late appointments, but today the waiting room was empty.

Rohr spoke through the partially open door of the examining room as if he had heard her approach. "Gwynn, please come in. I'm tidying up the place." The door groaned on its hinges as she leaned against it. A chill washed over her face from inside the room. Rohr's back was turned.

He was briskly arranging glass jars in the cabinet next to his anatomy charts.

“Where’s Dorcas tonight?”

Rohr glanced over his shoulder. “She ran to the grocery. We were out of tomatoes and she wanted an avocado or two.” Gwynn dropped her backpack into a chair and propped herself against the doorframe, trying to decide how to ask about the risk to her joints without angering him. Dread crawled over her stomach as the jars clanked in the cabinet. She imagined herself at medical school, living in an apartment much like the one she rented now with the books piled up around the easy chair and the computer screen glowing in the corner. Nothing about her present life would have changed, at least not for the first two years of coursework. She thought of the ache worsening over time. She could see herself opening a strange phone book to the Yellow Pages, scanning the chiropractic ads. A knot formed in her throat. Her pulse hammered against her temples and a great heaviness built behind her eyes.

She suddenly blurted out, “How long will I have to keep getting adjustments? I just don’t feel like I’m getting any better.”

Rohr hesitated for a moment, then turned. “Please sit down,” he murmured, his voice almost inaudible. Gwynn ignored him, her eyes burning as she shifted her weight from one foot to the other. Rohr leaned back against the countertop below the cabinet, crossing his arms and looking Gwynn in the face. The adjustment table lay prone between them. His eyes glinted beneath his bushy eyebrows like patches of melted ice in a snow-covered stream. “So,” he said. “You are not feeling better. I am sorry to hear it.”

“I just want to know if the pain will ever go away.” Gwynn felt her voice trembling.

“No one can promise you that.”

“But you’ve told me that I should hope for full health.”

“Yes. Everyone should hope for freedom from pain.”

“Do you ever really heal anyone?” She was shocked that she had said it.

“Everyone is different, Gwynn; pain has so many sources. Look at the charts—hundreds of nerves, all of their attachments—one mind cannot contain it all.”

“But have you treated someone so well they never came back?”

“Many patients come and go over the years. If they do not return, I assume that their body discovered a way to heal itself. I am just a channel for the wisdom of the body, Gwynn. Your body has been telling you to seek relief, and I have been glad to offer what I can. You have a restless mind and this restlessness agitates your body. I have tried to quiet your mind.”

Gwynn knew that some of this was true. Rohr’s home was comfortable simply because no one knew she was there. She could sink into her own consciousness without feeling trapped, savouring the smell of the ointment, yielding to the heat as it soaked into her skin, Rohr’s voice rumbling like a distant avalanche, his thumbs caressing the tender space below her ears.

“I’m worried about the bones,” she said. “They feel loose in my neck. Maybe we are weakening them.”

“Your spine has relaxed.” Rohr’s voice was clipped. “This releases energy. It lets the blood move freely so the body can heal itself.”

“Do you have a book I can read? Studies?”

A car passed on the street, muffled through the walls. The headlights raked over Rohr’s face through the venetian blinds.

He gazed steadily at the adjustment table, working a muscle in his jaw. “Books. Studies. Yes, they exist. There is a science to chiropractic, and you can enter the courses if you wish to study the science. My method is the art of energy flow, unleashing the blood of the mind—what we call hope—so it can do its work.” Gwynn felt an overwhelming sense that she had heard these exact words before. The dim light of the room seemed to reach toward her. Her body knew the line of Rohr’s tilted head before she could remember what it meant—his crossed arms, the coiled strength of his frame. She pictured him saying *You just have to believe . . .* the bark of her own laughter in response . . . then a moment of silence that grew blacker in her mind the more she considered what it might portend.

Suddenly she was running down the hallway toward the rear of the house, her backpack slamming against the walls. The diamond shaped window in the back door glowed with light from the alley. Her hand found the knob, and then she was on the porch gulping the cold air as she wheeled her bike away, nearly losing her balance in her haste to be gone.

She pedalled furiously through the alley, careening into the street, where she shifted gears and stood up on the pedals. The tires hummed over the asphalt, her hair streaming out in the darkness. Her thighs began to burn, and tears welled up in her eyes. She slowed at an intersection with a thoroughfare, glancing both ways and plowing through the red light when she saw an opening. She grew calmer on the other side, coasting for several yards and finally lowering herself onto the bicycle seat. Pools of streetlight washed over her face as she made her way home along an unbroken stretch of parked cars. Beneath the lampposts, where the doors gleamed in the light, her shadow passed over the steel bodies like a glove across the blade of a knife.

Later that night, the ache beneath her collarbone returned. She sat on her apartment floor, crossing her legs and leaning backward, braced by both arms. Time slowed to the thud of her pulse. She kept both hands on the floor, fighting the urge to crack her neck. Her head drifted back as she relaxed, her throat curving like a crescent and her hair nearly brushing the backs of her hands. Her chest rose with a deep breath. She held it as long as she could while the pain beat stubbornly against her ribs. In that space of time, she imagined the shape of the rest of her life.

Joshua Dolezal is a native of the Pacific Northwest, an erstwhile wilderness ranger, and a visiting professor at Central College. His work has appeared in *Gettysburg Review*, *Hudson Review*, *Quarterly West*, *Seattle Review*, *Natural Bridge*, *Nimrod*, and *Brevity*.

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