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CONTENTS

EDITORIAL.....*Anne Marie Todkill*..... 1

CREATIVE NONFICTION AND ESSAYS

Behind the Orange Door: A Memoir ... *Janine Johnson Gaffney* ... 3

Life Study.....*Helen McLean*..... 26

A Sensory Experience in the ICU.....*Coralee McLaren*..... 61

SHORT FICTION

Rock.....*Jenifer Sutherland*.....13

Offbeat.....*Roshan Vijay Sethi*..... 37

Matter and Energy.....*Lorie Kolak*..... 70

At the End of Breath.....*Rebecca Rosenblum*..... 86

Collision.....*Susan Mockler*..... 94

The Ant in the Desert.....*Cees Baas*..... 103

CREATIVE PROCESS

The Creative Process:

Atwood Talks to Lam.....*Margaret Atwood*

Vincent Lam..... 22

The Bereavement Team.....*Emily Givner*..... 47

Looking Back at Those Paintings.....*Andy Patton*.....81

POETRY

Helen Hutchinson.....*Michael Rowe*.....11

Needle Eater.....*J. R. Salling*..... 21

Eden and I Are Playing Go Fish.....*Susie Berg*..... 25

Before Flu Season.....*Daniel Becker*.....35

I Am a Ghost.....*Eric Cadesky*..... 45

Longing.....*J. Elizabeth Clark*..... 56

Prenatal Exam.....*Sarah Cross*..... 68

Code to Salvation.....*Desi Di Nardo*..... 79

Biopsy.....*Douglas Haynes*..... 85

Between Two Worlds *Matthew J. Nadelson* 92
The Blue Dress *Josie Gable Rodriguez* . . 102

NARRATIVES OF ILLNESS

The Loss and Reconstruction of a Self . . . *Menorah Rotenberg* 107

Editorial

Writing about Patients

Anne Marie Todkill

A patient walks into your office. And so does a story. Every patient has a story, many stories, and the point of history-taking is to take a certain possession of one of those stories, to extract and interpret information that will drive the plot forward: diagnosis, therapy, improvement (or at least comfort, which may in itself be an improvement), and sometimes a satisfactory ending.

Some stories are recurrent to the point of apparent predictability: theme and variation on chest pain, bronchitis, missed birth control. But once in a while a story walks in that strikes you as more memorable, instructive, or moving than most. You can't predict which one: perhaps the chest pain, or the pregnancy in a middle-aged woman, was not so typical after all. Perhaps the throat pain signalled laryngeal cancer, if only you had suspected it earlier. Yes, that story gives you late-night waking thoughts now.

For so it is that when a patient walks into your office, so does an episode in your own story as a physician: how you react, problem-solve, fail, or grow. The patient defines the physician as the audience creates the actor, as the reader completes the writer. The urge to write about clinical experiences seems a natural response to the gift of the "history"; it arises from the healer's interpretive attendance. It answers to the desire to learn, to probe, to seek relief in meaning, and to transmit experience.

The trouble is that patients do not *give* health care professionals their stories. Their narratives are on loan, provisionally, for a specific purpose, to an implied end, and they are intensely private. That privacy, as medical

ethicists from Hippocrates onward have said, is the foundation of trust on which the therapeutic relationship rests. Without trust, there can be no disclosure, and no basis for the healer's work.

And so we remind health care practitioners to respect that trust in their submissions to *Ars Medica*, to honour the duty of confidentiality, no matter how tempting it may be to appropriate the story that has walked into the clinic, disarmed.

There are two solutions to the "narrative temptation," one simple (but not always easy), the other difficult (and potentially more interesting). The first is to obtain consent from a patient whose case or story appears in your memoir or story. It is wise to bear in mind that the identities of real patients can no more be disguised by substitutions of place, time, hair colour, or gender than a black bar over Elizabeth Windsor's eyes would disguise a photograph of the Queen. Besides, even if patients are not recognizable to others, they may well be so to themselves.

The second solution is to leave the patient's story behind and work toward something less obvious, something that only the process and craft of writing will reveal. The story that the patient with the veil of pain over her eyes has confided in you is not the only material at hand: perhaps a detail, a gesture, a memory triggered by your interaction with that patient will lead to a different story, something imagined or real, that is unequivocally your own.

The real work of writing begins at the point where we encounter what we do not already know. This is likely not the narrative windfall that has entered the office, but a new point of departure, a sometimes risky encounter with ourselves. As Annie Dillard notes in *The Writing Life*,

The line of words is a miner's pick, a woodcarver's gouge, a surgeon's probe. You wield it, and it digs a path you follow. Soon you find yourself deep in new territory. Is it a dead end, or have you located the real subject? You will know tomorrow, or this time next year.

Anne Marie Todkill is on the advisory board of *Ars Medica* and is a member of the founding editorial team of *Open Medicine* (www.openmedicine.ca). Her fiction has appeared in *Ars Medica* 1/1 and 2/1.

Behind the Orange Door: A Memoir

Janine Johnson Gaffney

July 1975

What's wrong with her?

It was a hot summer afternoon in 1975 and I was riding my red banana seat bicycle up and down our driveway. Although my bike was used, I treated it like it was my first car, washing it weekly and decorating it with all the extras. To the wheels I added playing cards that made a “clip, clip, clip” sound as the bike moved forward. I also had the flowered basket and bell all the other girls had. My flowered seat had a small tear that grew, regardless of how many times I repaired it with duct tape.

Suddenly, that particular hot summer day, the garage door rose, and my mother slowly backed the car down the driveway. I waited for her to stop, open the door, and wait for me to get in, as she always did. My mother stopped, rolled down the window, and told me, “I’m going into town, Janine.” Then she drove away.

I stood frozen, not because of what she had told me, but because of what I had just seen. Certainly my mother had to be wearing more than a pair of shorts and a bra. *She's going to town in a bra! What's wrong with her?* I never told anyone what I saw that day. I was seven years old.

February 1976

Please save her.

After coming home from a high school basketball game with my father, I went to say goodnight to my mother. She was already asleep, with a

half-empty glass of red wine marked with lipstick and an empty bottle of pills on the nightstand. This night, she still had her makeup on, and she was wearing the clothes she'd worn that day, instead of her pajamas.

My father went to wake my mother and tell her we were home. He touched her and gently tried to shake her awake. That didn't work, so he tried again, but this time he shook her harder. She still wouldn't wake up. Then he started saying her name louder and louder. "Dido! Dido!" he shouted, but still nothing. My mother lay motionless. My father ran out of the room and yelled for my oldest sister, Kathy, and she ran in to see what was happening. They were both frantically trying to wake my mother. Why won't she wake up? I thought.

"Help me carry her out to the car!" my father shouted at Kathy in a panic.

They lifted my mother off the bed by her arms and legs and carried her out to the garage. They laid her in the back seat of our new Oldsmobile, where she remained motionless. Her head was left in an awkward position against the car door. I thought for an instant that I should run and grab a pillow off her bed, but Kathy and my father jumped into the front seat and sped out of sight before I had time to turn towards the house. What was happening to my mother?

I turned around and saw my two other sisters, Meg and Gail, standing behind me. They both looked terrified and were crying.

"Where did they go with Mom?" I asked.

"To the hospital," Meg said as she stared intently at the floor.

"Why do they want to go to the hospital?" I asked again. Meg then explained to me that Mommy was sick and needed a doctor. I asked what my mother was sick from, but no one would answer me. From that moment I knew that something was wrong with my mother, but what? *Please save her.*

The next morning I went to my mother's room and found the bedspread in the same clump as the night before, but the wineglass had been removed, along with the bottle of pills. My father, mother, and Kathy were still gone.

On my way to the kitchen, I saw Meg sitting in the living room. My mother was a fanatic about her vacuuming. She vacuumed every single day, whether the carpets were in need or not. Our living room was off

limits unless it was a holiday or other special occasion. No one dared disturb the tracks left by the vacuum, as though a fence surrounded the room. These tracks were a permanent fixture of the room, yet they were newly applied with each day's vacuuming. There my sister sat, oblivious to what her footsteps had done to the carpet. I asked Meg when my mother would be coming home.

She replied with a quick but unpersuasive, "Soon."

I asked my sister if I could tell my Grade 2 teacher that my mother was in the hospital.

Meg shot around with a quick, "No, Janine. Don't tell anyone."

"Why not?" I asked.

"Just don't," she said.

I didn't quite understand why, but I could tell from my sister's stern response that I should not question her.

December 1978

I hate her!

It was a bitterly cold Minnesota winter evening around 6:00. My sister Gail wore her heavy coat over her cheerleading outfit. This always made me laugh since there was no protection on her legs other than a pleated white and black skirt. She carried a purse, rolled up posters, ice skates, and giant black and orange pompoms (our town's mascot was a tiger). I loved to play with those pompoms. They were huge and it was often difficult to find the handles lost somewhere in the curled plastic fringe. I didn't practise cheers or even fantasize about being a cheerleader. I simply got a kick out of twirling the pompoms back and forth to watch them move, like the giant cleaners at the car wash in town.

I had been waiting at the window, fully winterized, wearing my parka, gloves, hat, and multi-coloured moon boots. I ran to the car and got in the front passenger seat. I sat looking steadily ahead at the growing circle of clear glass, the blowing air from the defroster working hard to eliminate the frost. The car was so cold that my entire body started shivering, causing me to sit as stiff as a board as my back began to spasm.

"What are you doing?" Gail asked.

"I'm going to the hockey game," I replied.

"No you're not," Gail said. "Janine, you *have* to stay home with Mom."

"I'm going to the hockey game," I insisted, still eyeing the ever-growing circle of clear glass.

Gail reached over my lap and opened my door for me, telling me to get out. I refused. She began to push me out the door. I stood my ground but then realized that I would not be able to win this battle.

"*I hate her!*" I screamed and then got out of the car without looking at Gail. I did not want her to see the tears of defeat in my face. I ran into the house. I was never going to speak to her again.

I hated my sister Gail when she left me alone with our mother. No, it wasn't hate but rather an overwhelming feeling of jealousy of her high school status. Gail was the only member of the band to play on the field in her cheerleading outfit during the half-time show at football games. Extracurricular activities offered Gail an escape from home. I had just started middle school, so I had no options other than attending Girl Scouts and Sunday school. And they met only once a week.

January 1979

Please stop!

"I'm not going to die tonight, Janine," my mother said with a slur and wave of her hand, dismissing the fear she must have read in my expression.

She was able to grab onto a stool before she went headfirst into the cook top. Johnny Mathis crooned in the background.

I held my arms out like guardrails in case my mother fell forward, away from the kitchen counter that was holding her up. She put her hands up to her hair to pat down any strands that may have been dislodged in the near fall, but she managed only to pat the cushion of air surrounding her head. I glanced out the window to survey this January evening's audience, but all I could see was my own eleven-year-old reflection.

There was nothing left in my mother's highball glass but ice. The outside of the glass showed the number of drinks she had had, her bright red lipstick leaving overlapping bands around the rim. The white cabinet door was ajar, with the highball glass on the counter beneath, telling me that I had found my mother just before another refill of straight gin. This cabinet had become her unofficial liquor cabinet, cutting short the distance from the kitchen to the living room where Johnny Mathis and

her old yellow chair were waiting.

“Do you know the story of Dido?” my mother asked me.

“No,” I responded, my voice giving way to a slight tremble. My eyes welled up with tears and my face grew hot. I wanted to scream, *please stop!* I wanted to run out of the big orange front door as far and as fast as I could go.

“Well, she is very famous,” my mother said.

Then our conversation ended. My mother staggered back to her yellow chair; her highball glass of freshly poured gin held less ice than the previous refill.

I needed help, but my two oldest sisters, Kathy and Meg, were away at college and I was not about to call my father at his apartment and let him know that I could not handle my responsibilities. *How could he have left us like this!*

April 1979

I hate her!

I did not want to closely observe my mother’s nightly degeneration, so I was downstairs in front of the television, pumping up the volume once Johnny Mathis hit the turntable upstairs. When I passed by the living room, my mother wasn’t in her yellow chair; I found her already in the kitchen fumbling through the white cabinet.

In an act of defiance, I went back downstairs and mindlessly watched television. I stayed awake until my mother slowly made her way to her bedroom; I waited to hear the ceiling joists creak with my mother’s footsteps. My mother’s withdrawal to her bedroom marked another successful evening. I was never able to fall into an instant deep sleep, as an eleven-year-old going to bed at 11:00 should have been able to do. Instead, resentment would flood my mind nearly every night, no matter how hard I tried to shut it out and replace my thoughts with recollections of trivial events—resentment mixed with hate, jealousy, and pity, chased by guilt. *Why couldn’t I have been given a normal mother? She’s ruining everything! Not one of my friends has to stay home and babysit her own mother! She’ll eventually do it, so why stay at home with her at all? Why did God have to give me my mother; a mother who wants to kill herself! I hate her! I hate her! Stop it! Stop it! Stop it!*

February 1980

I love her so much.

One Friday evening in February, I stood at the front door and told my sister Gail, "I won't be home tonight."

Gail said, "Neither will I."

Later that night, during Maggie Thompson's slumber party, while I was playing Truth, Dare, Double-Dare, Promise, or Repeat, and later while dancing to the Village People's YMCA, I put on my game face to help me make it through the night.

The next morning my father picked me up from the party. He had planned to drop me off on his way to a rare working Saturday, but instead, he decided to come with me inside the house. I headed toward the big, orange front door, but was drawn to the garage by the sound of a faint, constant hum. I did not have to get close to realize it was the car running in the garage with the door shut. At that instant I knew that my mother had finally done it. I threw open the side door and ran into the garage as choking, grey smoke came pouring out. My father opened the car door and I saw my mother slumped over in the front seat with a small pool of blood next to her mouth. My father reached over and turned the ignition off then frantically punched the garage door opener. I just stood there, frozen.

My father was sobbing, "I think she's dead, I think she's dead! Oh, Dido, no!"

He then grabbed and hugged me, crushing my face into his chest. I felt no remorse; there were no tears and no sobs, just pure guilty relief. I looked at my mother again. She looked completely at rest; the hardened lines around her eyes and mouth had softened.

Relief was soon replaced with bewilderment and vomiting. I retreated to the bathroom to shower as my father lamented the loss of my mother and began phoning relatives and Gray's Funeral Home. I had an need to shower, to cleanse myself of what I had just seen. In the bathroom, I stared at the beach wallpaper my mother had chosen. I read *Atlantic City*, *Malibu*, and *Cape Cod*, under caricatures of grinning women in vintage bathing suits. I wanted to scratch out the faces of the smiling women and rip the wallpaper off the wall. Instead, I turned on the shower, and while I was waiting for the water to warm, my stomach suddenly turned.

Everything came out violently.

As I stepped into the shower, I realized that I had made a terrible mistake; I desperately wanted my mother to return to me. The shower was not able to wash away my guilt.

I love her so much.

May 2006

Remember me.

As a child, I had longed for my mother's death. For months, I pretended that I had prepared myself for it. Often, in mental conversations, I dared my mother to get the sleeping pill dosage right and hoped the wine or gin would sweetly seal the deal. I was giving her licence to end the game. I was growing tired of waiting for the next time, knowing there would always be a next time.

More than anything, I wanted to grab onto my mother and shake her, yell at her, awaken her. Instead, I allowed my mother sit upstairs, self-anesthetized, in her old yellow chair.

In 1979, Kathy and Meg were away at college and my father moved out of the house. The night my father left, I positioned myself in our upstairs den and listened to forty-fives on the record player, in formal protest, refusing to send him off. He never offered an explanation for the horrific responsibility he handed to Gail and me the moment the orange front door closed behind him—dividing us, leaving my father on the other side.

When I had babysitting duty, my mother and I quickly fell into our roles: me playing the watchful eye, my mother the detainee. No rehearsal was required. My mother never asked me to leave her in isolation or to stay by her side. She was indifferent.

When I was on duty, my mother would sit in an old yellow chair and stare blankly out the window without saying a word, or she would drink and drink, making me yearn for the contemptible Johnny Mathis renditions of *Misty* or *Chances Are*.

I fulfilled my babysitting duties by surveying my mother when I passed the darkened living room on my way upstairs to the kitchen. I hesitated to look directly at my mother, not wanting to accentuate our role reversal. Instead, I would glance at her out of the corner of my eye,

never fully seeing what I knew to be there, occupying the yellow chair.

Ultimately I had handed my mother her long-awaited sovereignty. I had made the calculated decision to attend Maggie Thompson's slumber party and knew the consequences. I was twelve, a tenured employee, desperate to resign. I finally found the courage to let my mother go. The one night I was not there to help her was the biggest, yet most painful and enigmatic gift I ever gave her. My mother was waiting for a window of opportunity, a time alone. And she was the victor. She finally won the game; no longer tormented by her own demons. My mother was dead at the age of forty-five.

I was the final one to cross the threshold, closing the orange door behind me, leaving my mother alone to take her last breath. It was what lurked behind that orange door that made our small town whisper and tell tales far beyond the walls of Bea's Beauty Salon on Main Street.

My mother fulfilled the prophecy. My mother was named after the protagonist in my grandfather's favourite opera, *Dido and Aeneas*, a love story that concludes with the suicide of Dido, queen of Carthage.

*"O relics, dear
while fate and God allowed, receive my spirit
and free me from these cares; for I have lived
and journeyed through the course assigned by fortune."
. . . Then Dido's words were done, and her companions
can see her fallen on the sword; the blade
is foaming with her blood, her hands are bloodstained.
Remember me, remember me, but ah! Forget my fate.*

In addition to writing, Janine Johnson Gaffney also works as a graphics designer. She lives in Falcon Heights, Minnesota, with her husband Patrick, and children Madison, Jerry, and Burke.

Helen Hutchinson

Michael Rowe

I

Father, you had three months to live
and I came to say goodnight.
You sighed in bed as Demerol settled in,
your hand, a bark green tan, worried
the white feathers of your hair.
A glance at burgundy curtains waived fifty years
and Helen Hutchinson in her red velvet dress
at the church social walked up to the boy
with the wavy black hair who pitched the no-hitter
and you wanted to be for her the one
sure thing in a savage world.

Wondering at the mystery of her movements
at the sound of a telephone's ring,
the pulling on of nylons,
the eating of an orange—
all, all must be transcendent things for her.

But you sat her down at a stained glass window seat
and set your arm, so, and told her it couldn't be,
that there was another. You almost forgot her
but one day in wartime she walked down the aisle
of the Boeing plant and poled you on the line.
Talking with her into middle night when summer air
squats on the windowsill but won't come in,
I have your resolve to thank for this breath.

II

Everything inches out of reach.
Peace we crown the eager dying with
gives the slip like, soon, silky flesh
melting off bones under hospice sheets
tossed with memory hair taste touch name.

The doctor kneeled at your side and took both your hands
and said cancer had flushed you at point-blank range
but you were Leo Gagney from Providence,
a clothes buyer you'd done business with
twenty years before. Besides, you had to go home
to be with your wife, take care of the shrubs,
finish the carved geese you'd rough-cut
jerking marionette-like downstairs
to your basement shop two days before your last ride
to hospital Providence Hospice oblivion.

It's over now. No more radiation sick,
no more sugar needle in cotton candy flesh
and no more pain to make light of.
You won't see Helen Hutchinson walk down
the airplane factory aisle of your memory again
or see her grope for teeth and wig and glasses.

At the end no hand could stay the chill
blue worms crawling up your fingertips
and I could have held you in my arms
like my little boy, though you no longer
looked liked anyone I knew.

Michael Rowe, a sociologist at Yale University, is the author of The Book of Jesse: A Story of Youth, Illness and Medicine, and Crossing the Border: Encounters between Homeless People and Outreach Workers.

Rock

Jenifer Sutherland

Lucy had forgotten the girls again, forgotten to feed them. She realized this on the way to her Monday morning session with Dr. O, cycling in the dark. Halfway across the Rosedale footbridge the sound of a siren somewhere to the east made her put the toe of her boot down on the narrow wooden slats. She steadied herself with her gloved hand on the railing. There was no emergency vehicle in sight, only the lights of the pre-dawn traffic under the bridge and her bicycle lights flashing jitterbug red and glow-worm green.

Lucy had promised her son Will that she would feed his lizards while he was away at university. Each evening she was supposed to take six or seven crickets out of the small plastic holding box, shake them in a bag sprinkled with calcium powder, then dump them out on the rock in the middle of the lizards' tank. Will had carried that rock up from the river, its surface pocked with the spiral cone of a trilobite. The crickets darted across it, shedding white powder. Alma would strike first, a second body wriggling in her mouth by the time Aphrodite emerged from the cave. By then the crickets had dispersed and Aphrodite clambered slowly across the sand, rustling up her dinner in the far reaches of the tank. The crickets chattered, and one of them eventually struck up a crick-crick-crick that rose above the others. When Will first got the lizards, Lucy complained the crickets kept her awake at night. "They always leave the loudest one till last!"

"Is it my fault that males are superior and should be spared as long as possible?"

"Who said loud and obnoxious was superior?"

Will made one of his hooting noises, a goofy gee-I'm-male-whaddyagonna-do-about-it sub-verbal communication originating, no doubt, from some television character, bending his head to look at her from one eye and punching out with his long arm, his fist landing playfully on her cheek.

But when Lucy continued to complain, Will started sexing the crickets before he bought them, squatting beside the large cricket tank at the back of the Menagerie Pet Store, scooping handfuls out of the swarm, looking for ovipositors, extensions like thin dry grass between the females' hind legs, shaking the males off his wrist back into the tank. "Gendercide," he said, pulling the all-female bag out from under his jacket and holding it up to her accusingly. His long thin back curved over the tank as he dropped seven crickets, their bodies whitened by calcium powder, onto the rock. Just before he put the screen back on, he reached in to rescue one that had jumped into the water dish, pushing it with the tip of his finger till it got a grip on the little stairs designed specifically for crickets to climb out on.

For several nights Lucy lay awake listening to the silence. Then she forgot about the calcium-dusted ovipositors extending from the lizards' jaws. But when Will moved to Halifax the silence deepened. Gone were the little zippity-thwip noises the computer made when he sat in front of it. She wondered what he thought about, lying alone in his room in a residence called Radical Bay. It sounded like a crater of the moon. In the evenings she emptied a packet of powdered miso soup with seaweed into a cup of hot water and drank it standing in the doorway of the living room. If she didn't like what she saw, rain on the dark windows, piles of bills, appeals for donations, invitations from mating services beside the unread stacks of newspaper, she could turn back to the kitchen, put on the kettle, check the level of wine in the bottle on the counter, study the calendar above the sink. Wine came after the tea that came after soup. Rain, soup, tea, wine. I'm drowning, she thought. There was nobody's finger to push her up onto little stairs so that she could climb out.

At the end of September, when Will had been gone for four weeks, Lucy stood in the doorway of the back room at Menagerie, watching a boy about Will's age scrub out the bottom tray of a rat cage in a large concrete tub. The Menagerie was not your cute dog-collar kitty-litter kind of pet store. A mammoth sculptured iguana stretched across the door on its street front, green and scaly. Inside you could buy mealworms

and live crickets for small reptiles, mice for the snakes and larger species. There was a dark smell like humus and an occasional chuckle from the parrots whose green talons grasped the wooden bars of cages swinging overhead. Tattoos coiled around the boy's neck and arms, and his ears and nose and eyelids were hooped and studded. Lucy imagined that he slid in and out of the back alley through a tunnel in the cellar.

"Forty crickets, please. Big ones," Lucy said. The boy turned off the water and ripped a plastic bag off a roll. He scooped the crickets out of the swarm with a special funnel, as though they had measurable volume like flour or sugar, and pressed the plastic flat over their bodies while he counted them. Then he popped a piece of cardboard egg carton inside, filled the bag with air, and twisted the end round with elastic. At home Lucy emptied them into the holding box, replacing the piece of egg carton, bespeckled with shit, with two clean sections set one above the other. This housing she thought of as equivalent to one of the rooming houses up the street—not luxurious, but enough to prevent them from walking on top of each other while they waited for their fate. Crick crick crick crick. The noise kept her awake but it comforted her, too, as though Will was trying to tell her something. If she listened hard enough, she might understand.

But it was early December now, and she had understood nothing. The siren wailed into the pre-dawn darkness. The lizards were starving, the crickets were dead. Will's trilobite rock was completely bare and had been for days. First the Menagerie was closed by the time she left work on Friday. Then she'd meant to go on Saturday and hadn't, and when she did go, finally, yesterday afternoon, she forgot to unload the bag into the holding box. She had left the forty crickets to suffocate beside the tank. Aphrodite, her triangular head spotted with gold and brown, would be dreaming of them, coiled in a hungry sleep in the plaster cave at the west end of the tank. Alma, a shade closer to green and crowned with a black double-U, would be wide awake, her toes touching the edge of the rock, listening to the chitter of crickets grow faint. Lucy unsnapped the collar of her jacket, leaning with her bicycle against the bridge railing. In through the nose, out through the mouth—pointless for her to stop breathing.

It was Will who had the broken nose. But he was going to be all right. The dean of residence had said so when she phoned in the wee hours of Saturday morning, and afterwards Lucy phoned the hospital and talked

to Will. He was in pain, on codeine. Three men had jumped him from a car, bashed him up a bit when they found out he had no money, broke his nose, and snapped the bone above his left eye. He'd been drunk, of course. She figured that out without asking. Staggering home from the bar, alone, his friends still there celebrating someone's birthday. He had an essay to write, he said, on Plato's *Republic*.

She lay for awhile on the bed, the phone next to her. The silence reminded her she hadn't bought crickets on Friday. At noon she pulled herself together and went out. But although Menagerie was across the street from the liquor store, she came back with a bottle of wine and no crickets. Sunday she graded papers, dashing out in the late afternoon for another bottle of wine, this time stopping for crickets. She put the bag on the table beside the tank, uncorked the wine in the kitchen so it could breathe, put the kettle on for tea, hung up her coat in the hallway, then—what? Went upstairs to the bathroom, probably. Came down to make soup and forgot all about the plastic bag full of crickets.

And Will? Had she forgotten him, too? Would she sit through her session with Dr. O this morning and say nothing about her son, released from hospital to lie alone in some crater called Radical Bay far away on the East Coast, his nose and the bone above his eye—what did they call them, oracles, oculars—broken? Lucky it wasn't worse, his skull split open or his spinal column snapped, or a bullet through his heart or brain.

Above the salmon-coloured lights of the Bloor Viaduct, a nearly full moon hung low in the sky, spun around by haze. Was it waxing or waning? Lucy felt dizzy and nauseated. She had no story to tell Dr. O today, tricky devil, always after her straw, like Rumpelstiltskin. Lucy's father spun glass into angel hair. He stood on a chair wearing leather gloves, arranging haloes of prickly fibre around each coloured flame-shaped bulb on the Christmas tree. Would it be safe to tell Dr. O about the angel hair now that her father was dead? Where was her mother? This question would interest Dr. O. Lucy would tuck her feet up on the big chair, getting into it. Let's see now. Was she kneeling over a box of glass balls, each one tenderly wrapped in tissue paper? Was she in the kitchen baking cookies shaped like stars, or mulling cider, filling the house with the scent of cinnamon and nutmeg? No, she was dreaming upstairs, her bedroom door closed, oblivious to the wind blowing snow into the house. Lucy's father

stood in the open doorway slapping his gloves on the brick wall above the frozen garden. Angel hair is dangerous. Where was it now? What if in spring a bird carried it in its beak to its nest?

Lucy's front and rear lights continued to flash. It was dark, but not perfectly. By the time she got home that night the crickets would have been inside the plastic bag for twenty-seven hours. The air would have leaked out through the elastic-bound opening, the plastic slowly collapsing onto the ragged piece of egg carton, the crickets, with or without ovi-positors, silent. Lucy leaned over the railing, shivering. She had to find something to say to Dr. O, get through the session and go to work. But there were too many stories, one moment glistening like spun glass, the next moment scattered like loose straw on the floor of a slaughterhouse. Darkness clung to the dark masses of trees beneath the bridge, so thick it could be swallowed. If she stood long enough here on the bridge she could swallow the night, all of it, then spit it out later, somewhere else, like the boy in the Chinese folk tale who could swallow the ocean, a talent that had come in handy, for what reason she had forgotten. From the lighted tunnel at the south end of the bridge a man emerged, jogging toward her, his legs invisible in the shadows, his breath audible before his footfalls. In a few minutes he would be in his shower, looking forward to coffee and the morning paper. She had left her place in a mad dash, tossing the *Globe* up the stairs without even glancing at the headlines. FORTY CRICKETS ABANDONED IN A PLASTIC BAG. She smiled. Maybe she would tell Dr. O part of the story for the sake of this joke.

Silence. The siren had stopped. The east-facing windows of a bank tower turned gold. She put her foot back on the pedal and let go of the railing.

DR. O'S LEGS WERE CROSSED at the knee like two strands of spaghetti stuck together in the pot. Both clocks, the one on his side of the room and the one on hers, said 7:07. Monday morning they agreed with each other but by Wednesday they diverged by almost two minutes; Friday, she chose one or the other, depending on whether she wanted to linger or escape. She leaned towards the window, looking through the beige slats of the shutter. Was that vague shape someone waiting for the streetcar? If she didn't say anything, Dr. O's eyes would close. Straw into gold into straw. She refused to give him her first-born son. Air began to blow out

of a vent on the ceiling. Lucy clutched her arms to her chest. Sometimes this gesture caused Dr. O to get up and turn down the air-conditioning. But today the pasta legs remained stuck together and the eyelids drifted shut. She reached into her bag for her shawl.

FORTY CRICKETS ABANDONED IN A PLASTIC BAG. That was the headline. The vent rattled. Possibly it was a portal between Dr. O's office and her living room out of which might suddenly tumble a week's worth of junk mail, empty wine bottles, crushed soup-mix packets. Embarrassing. The vent was starting to crick now. Crick crick. 7:20. Half her session was already gone. I'm drowning! She wanted to say this out loud, to tell Dr. O. His big round face was composed in concentration, listening, maybe, to the cricket cricking in the vent. If only he would say something, tell her which way to swim. Why couldn't he reach out with one finger, push her across the water to a little set of stairs she could climb up onto? Lucy looked around the room at the useless objects—an engraving of an owl, a sculpture of a corn goddess, an African mask, a child's painting, books. Even the agreement of the clocks was nothing to go on. The lament of the cricket swirled on the breeze around her chair. She pulled her shawl closer.

"I forgot to feed the girls," she said. Dr. O's eyelids fluttered and then opened. His eyes were pale today, the lashes frosted like the silver line of his beard. The legs of Humpty Dumpty, the head of the man in the moon. "The lizard girls. They're leopard geckos, from Afghanistan. Privation's not a big deal for them." Was he listening to her or the cricket? She turned back to the window. The girls would be fine, true, but the crickets were fragile. Like dried leaves they crumpled and dropped. They fell on top of one another trying to climb out of their cardboard cells, the weaker ones trampled underfoot. Even the babies, bred inside the cartons and in the sand under the rock, were as brittle and brown as last year's seed. The males sang by scraping their limbs together, without any gesture to suggest internal phrasing. Crick crick crick crick. On and on into the night.

But now it was her voice going on and on into the room. She was regaling Dr. O with stories of the lizards. The girls were pleased with the mixed bags she brought home from Menagerie. The male crickets, lacking that straw-like protrusion between their legs, had something Alma and Aphrodite wanted. Music. In the night their crick crick crick was an evocation of the land between here and there, the edges of the Don Valley,

the river flowing down through the Chester Marsh from the Oak Ridges moraine. A talented male could, with his particular cadence and pitch, push the edges of the living room out into the dark lap of the night outside the windows, throwing his crick from rock to tree to ridge, articulating the line of the Niagara Escarpment dividing the old orchards from the estates along Airport Road. When she sat alone at the table with her glass of wine, she told Dr. O, turning momentarily from the window to glance at his pale wide-open eyes, it happened once or twice that a particular song rose out of bulrushes and irises through hickory and apple trees up to the cedar on the top of the drumlin and, from some nearby thatch of chicory and wild carrot, sang to a star-filled universe. The girls left the best musician till the very last, thus, over the course of a week of nights as she lay awake, Lucy forgot her dreams, listening to the chorus dwindle to a lone voice, a kind of Scheherazade singing to the constellations, giving them names just before dawn. Sometimes a great artist lasted a second week, dying untasted, his instrument lying intact in the southwest corner of the tank, where, in the dark, Alma and Aphrodite deposited their feces, pale white-grey tubes like mummies.

“I’m afraid we’ve run out of time,” Dr. O said. Lucy looked at him, startled. Both clocks announced that she’d gone a minute over. She took off her shawl and folded it into her bag.

The kitchen clock was ticking. That was all Lucy heard when she came up the stairs into the living room. The plastic bag lay beside the tank, deflated around the filthy carton, the mass of crickets converged like a clump of burrs in the last remaining pocket of air. The moment she lifted it, shaking it slightly, Alma’s flat head emerged from the cave, and in the deep shadows behind her, Aphrodite’s tail flickered. Lucy shook the bodies loose into the holding box, carefully, in case one was still alive. Forty cricket corpses. They looked like bits of mud-caked grass that had dried up and fallen off the treads of Will’s shoes the day he came up from the river, carrying the rock. Later, after she’d had her soup, she would empty the container into the garbage and give it a good scrub. Then she would take the garbage bag out and put it in the bin behind the apartment. She didn’t want dead bodies in the house overnight. But after her soup she poured a glass of wine and then brought another glass upstairs with her. She forgot about the garbage.

She was in bed when she heard him. Crick crick crick. On the pillow lay a book she hadn't opened for days. Above the roof across the back laneway the moon was rising, shining through the upper pane of the window above her desk. When Owen bought Will a telescope, he was disappointed that the moon was so big, so bright, so close: he could see its craters better through binoculars, he claimed.

At first she thought she was hearing things. But it was a fine clear sound now, crick crick crick. A cricket was singing out of the kitchen garbage, revived by damp tea leaves. She leaned over the side of her bed to pick the phone up off the floor, then changed her mind and reached for her wineglass. The blotchy face of the moon stuck to her windowpane like a decal with bubbles, forming, where it was peeling away from the glass, a dark shadowy shape like a cricket, half-eaten. But as she watched, it came loose, floated east across the laneway, then up over the Don River Valley, above Lake Ontario, above the St. Lawrence River, past Montreal, past Quebec City, up above the Matapedia, across the Bay of Fundy to the Halifax harbour. In Radical Bay, it shone through Will's window.

What part of her day could she tell him about? What part of his could she hear?

Dr. O's eyes remained closed. He had become transparent, she could see into him, the Man in the Moon, made of a thousand and one fibres of spun glass, which he had swallowed and turned into light. His pain was unbearable, a sacrifice that pulled at the terrible darkness of the sea and the night. He had swallowed everything she could not tell him. If only she were a better spinner. Or swimmer. Or whatever it was the story said you needed to be. If only there was an edge, moulded with little steps for drowning creatures to climb out by, so that they could rescue themselves. If only the imprint of the trilobite was something you could climb into, in through, and disappear.

She put her hand on the phone. What was she supposed to do or say? Crick crick crick went the cricket from the tea leaves at the bottom of the kitchen garbage. She lifted the phone and composed Will's phone number in Radical Bay.

Crick crick crick crick.

She listened for his voice. She listened with all her strength.

Needle Eater

J. R. Salling

We turn our attention
to a pale female form
displayed on the illuminated dais.
A scene of astonishment unfolds
the hatching of the cavity
provoking mild revulsion, pleasure
when contents double
as a professional seamstress kit.
It is proper to celebrate such anomalies
from environments called passages
such pregnant absurdities
their meaning more than mere differences.
A change of status thus required
for the mad woman so addicted to morphine
she often consumed its host.

J. R. Salling is an antiquarian bookseller specializing in the history of science and medicine, a fact sometimes reflected in his written work, more often not. His writings have appeared in many publications.

The Creative Process: Atwood Talks to Lam

Margaret Atwood and Vincent Lam

Hi Vincent:

Here's my six questions. All you have to do is fill in the answers, and we're done.

1. You wanted to be a writer before you wanted to be a doctor. To support one's writing habit, one can choose all manner of things—bartending, accountancy, banking. Why did you choose medicine?

In bartending, I could have had a career watching other people getting drunk and having a good time, while I remained sober, found them less and less witty, and worried about whether they might do something rash while under the influence and subsequently hold me responsible. As an accountant, I could have spent decades with clients who pressed me to “massage” their tax returns and then become enraged when they were audited. As a banker, I could have watched while a fraction of the world became wealthy beyond any sensible human conception, while I ruthlessly nickel and dimed all the less fortunate masses in service of the bottom line of my institution.

As a doctor, I have the much simpler task of meeting people who are ill and becoming involved with their lives by trying to help them. Medicine does become more complicated than that, but the details of life (and any profession) are so arcane and disorienting that I really wanted to do work that at least seemed simple in its most naive ethical conception.

Also, I thought medicine would be great character study.

2. Fiction writing and doctoring both involve narrative. Is the story of a novel in any way like the story of an illness?

Yes. Both start out with characters who were happier, or if not happier then at least more innocent, before the narrative began. Both contain surprises.

However, there is only one possible conclusion at the end of the condition we all suffer from—that of human life. With novels, the writer can stop them whenever they like.

3. A medical student friend of mine once summed up the human body and the difficulty of being absolutely certain about what's going on inside it by saying, "It's dark in there." How dark is it inside a novel, when you're writing it?

I am in the midst of writing a novel at present. It is a very, very dark place. I'm constantly asking myself how I got into this mess. Perhaps more terrifying, I can't think of exactly how I will get out of it. Often, I'm not even sure where I am. In terms of my personal emotional content, it reminds me a great deal of being the only in-house on-call person on some off-service subspecialty rotation that I somehow ended up doing because, in a rash moment of inspiration, I thought it would be great to do said rotation as an "education experience."

4. A number of writers have been doctors: Chekhov, Conan Doyle, Somerset Maugham. Do you feel in any way related to them? In subject matter? In style?

I feel we're all having a little chuckle together. Also, a little laugh at each other.

Medicine makes a person both more aware of, and then blunted to, the range of human experience. There are certain inner defence mechanisms that physicians may use, in order to retreat from the clinical world they are confronted with.

So, consider this: If a person tries to subdue his own reactions to humanity after being assaulted by it in his medical practice, but then realizes he was destined to be a writer and must stir it all up and make it both beautiful and horrible in a literary sense, what can I say?

I'd hate to be that doctor-writer's analyst.

5. Are writers and doctors both voyeurs? Do both live vicariously?

I think writers do this more than doctors. Doctors have enough on their plate with playing the roles they think best suit doctors, never mind living vicariously through patients. Medical people do occasionally live vicariously through their colleagues.

In success: "Brilliant. Aren't we great?"

In failure: "Phew, could have been me."

6. Doctoring is supposed to make people physically better. Does writing make anything better?

Writing makes the morning worse (that's when I draft). Writing makes the afternoon tolerable (that's when I edit). Literature has the potential to make the evenings wonderful (that's when I read what others have written).

There. Over to you!

Best, Margaret

Throughout her thirty-five years of writing, Margaret Atwood has received numerous awards and many honorary degrees. She is the author of more than thirty-five volumes of poetry, fiction, and nonfiction. The Blind Assassin won the Booker Prize in 2000.

Vincent Lam's first collection of short stories, Bloodletting and Miraculous Cures, won the 2006 Giller Prize. His forthcoming novel, Cholon Near Forgotten, tells the tale of a Chinese gambler in 1960s Saigon, and will be published in Canada by Doubleday. Dr. Lam lives with his wife and son in Toronto.

Eden and I Are Playing Go Fish

Susie Berg

She wears a pink cap to cover her bald head.
She misses her hair.
A lot.
She's five.
There's a tumour on her brain.

Do you have any . . .

She stops
and studies her cards,
points one by one, silently counting spades.

. . . sixes?

Her mother shakes with laughter,
soundlessly,
clears away tears, touches
Eden's chin.

You make me so very happy.

Susie Petersiel Berg is a Toronto writer and mother of two whose work has appeared in several publications. Her chapbook of collected poems, Paper Cuts, will be published in September 2007.

Life Study

Helen McLean

I've been looking with renewed interest at a work that's been hanging on my living room wall for the past twenty-odd years. It's a drawing by the late Erik Loder, a painter and consummately talented draughtsman whom I knew during the dozen years I lived in the country near Peterborough, Ontario. The work is executed in black crayon on white paper, with a few strokes of red and some smudges of violet to emphasize roundness of contour and areas of shadow. The model is a young girl who stands turned away from the viewer, so the right side of her face and one breast and the gentle curve of her belly are in profile. In the three-quarter view of her back, both shoulders and the elbow of the far arm and all of the near arm can be seen. Her muscles are supple-looking and unexaggerated, the hips slim, buttocks rounded. A few lines on the lower part of the drawing represent folds of drapery, as though the model had allowed a wrapper or gown to slide down to below her hips where she now holds it against either thigh with her hands.

But there's more. Within the figure's outline Loder has drawn and shaded in parts of the girl's skeleton—the neck bones, the vertebrae of the spine, the bones of the nearer upper arm and forearm and the neatly articulated projection of the elbow; a shoulder blade, a slab of ribs, the pelvis where it joins the lower end of the backbone—all without any sense of the macabre or feeling that the work was intended sardonically as a memento mori. When I bought the drawing from Erik all those years ago, I asked him if, during the course of his studies in New York, he'd been required to work from the skeleton and from those flayed figures that expose the musculature of the human body. He replied, "Of

course,” sounding surprised by the question, as though such exercises would have been part of any art-school curriculum. He went on to say that he included bones in many of his life-studies because he particularly liked drawing them, and after all it was the bones that gave the body its form, the way foundations and beams are what give its final shape to a house.

Bones have been very much on my mind lately. If I were to use Erik’s fanciful simile and liken my own bones to the foundations and beams of the fleshy house in which my spirit dwells, I would say that the building had begun to go askew, that the beams and foundations were showing signs of deterioration that was causing a sagging and a listing and a painful grating of the hinges.

A specialist I consulted told me the problem was one that had to be taken seriously: the supporting timbers were no longer sound or true and the whole edifice was being thrown out of kilter. No makeshift propping up would do, either. The place was old, in case I hadn’t noticed; in real-estate lingo it would be called a heritage property. Things were not going to right themselves on their own, either. What was happening now could only get worse, and would certainly do so if the situation were ignored. Fortunately there were modern methods for restoring old frameworks like mine. A rotten beam and joist could be cut away and discarded and a metal jack and other parts installed in their place to set the structure in line again. In his skilful hands and with the use of the best modern materials the renovations would last—quick glance to check my date of birth—my lifetime.

At the clinic they took X-rays, and parts of me I’d never seen before—or what I was told were parts of me (I wasn’t convinced they hadn’t mixed my pictures up with someone else’s)—were put up on the computer screen. Severe osteoarthritis of the right hip, the only cure: total hip replacement. *Total hip replacement?* Whoa there! Just a darn minute! Yes, of course I’d been having discomfort walking, that was why I was here. All right, *severe* discomfort. Yes, I suppose you could call it pain. Getting into the car was a bit of a hassle, but I’d gotten used to lifting the leg with both hands and hauling it in after me so that wasn’t a real problem, but I would admit that climbing the stairs was becoming a pain in the neck, I mean the hip. The man in charge tapped on the screen with a pencil.

Look. See. Right there. The cartilage has all worn away, the lubricating juices have dried up, the hip socket and the ball on the head of the femur are all frayed and scruffy. The joint's worn out. What you've got there is bone grating on bone.

When I got home I did some Internet research about the surgery I'd just agreed to undergo. I turned up what looked to be a reliable article on the subject, but found I couldn't read it all at once without breaking out in a sweat and having my hair stand on end, so I downloaded it and decided to absorb it in gradual doses over a period of time.

The steps for replacing the hip begin with making an incision about eight inches long over the hip joint. After the incision is made, the ligaments and muscles are separated to allow the surgeon access to the bones of the hip joint. Once the hip joint is entered, the femoral head is dislocated from the acetabulum. Then the femoral head is removed by cutting through the femoral neck with a power saw.¹

The brochure showed the parts in question in the form of simple diagrams. I imagined the details for myself—the clamps and vises, the pipe-wrenches and hacksaw blades, the spattering blood and the bone chips flying through the air.

I don't know with any degree of accuracy how the bones of the human body articulate with one another, where the muscles attach, how an arm or a leg works. My artistic education, unlike Erik Loder's, was somewhat hit and miss. Much as I love drawing and painting the human figure, my knowledge of its mechanics is rudimentary, and any skeleton I might draw would look like a decoration for a kids' Halloween party. A lot of paper still gets wasted when I draw, and much trial and error lies buried under layers of paint on my canvases. During my early student days I learned a few schemas for making parts of the body look plausible, like sectioning off a basic egg shape for a head and getting the features in more or less the right places by setting the eyes halfway between crown and

1. Medical Multimedia Group, "A Patient's Guide to Artificial Replacement of the Hip," eorthopod, http://www.eorthopod.com/public/patient_education/6493/artificial_joint_replacement_of_the_hip.html (accessed July 31, 2007).

chin. I recall being taught in high-school art classes how to measure a standing figure into an appropriate seven or eight “heads,” to put a man’s navel at his waist and a woman’s a little lower on the abdomen, to have the legs account for half the average person’s height. The classrooms were full of live human beings of which any one might easily have served as a model for the rest, but at that early stage of our artistic education few if any of us were ready for drawing from life. We hadn’t learned the language yet, did not know how to reconfigure in our heads what our eyes were seeing and translate it into intelligible marks on the paper. Arriving at that level takes a great deal of study and practice.

If you give a three-year-old paper and crayons and ask him to make a picture of a tree, he doesn’t run to the window to look at the maple on the front lawn, he draws what he already knows about trees and produces a green lollipop on a brown stick. It would be nice to think that all budding artists have to do is grab pencil and paper and learn everything they need to know by looking at what’s in front of their eyes, but before a painter can even begin to develop an individual style by which his work may later be identified, he has to bring the overwhelmingly complex natural world under control by devising and storing up a repository of abstract templates, like the child’s lollipop tree. In his book *Art and Illusion* art historian and theorist Ernst Gombrich quotes Nietzsche, who said that since nature can’t be subdued by the artist, he chooses from it what he likes, and paints that. And what does he like? Why, what he knows how to paint—which will be the things that have caught his attention and he has developed the skill to represent—like Erik Loder with his figures and bones.

Special rasps are used to shape and hollow out the femur to the exact shape of the metal stem of the femoral component. Once the size and shape of the canal exactly fit the femoral component, the stem is inserted into the femur . . . the stem is held in place by the tightness of the fit into the bone (similar to the friction that holds a nail driven into a hole drilled into wooden board—with a slightly smaller diameter than the nail).²

Gombrich calls it the modern dilemma that the developing of a schematic vocabulary has been thrown out of art-school curricula, leaving

2. Ibid.

the artist high and dry. High and dry, and, one might add, as blissfully free as a toddler on the beach flinging sand in every direction. The old sine qua non of the artist as being someone who knows how to draw has been tossed aside. “Creativity” (a word that makes me flinch) is thought to lie within every breast, and for those who can’t discover their own vein of the precious lode there is no shortage of workshops offering to give the process a kick start. What Umberto Eco calls an orgy of tolerance is in mode, a bland all-inclusiveness that lacks even the wryness of Dada or the irony of camp.

Those in favour of the kind of painting that makes no reference to the visible world argue that the work itself is an object in the visible world and as such is not required to represent or even refer to anything else. Fair enough, but curators and gallery-owners and artists themselves seem unwilling to leave it at that. Lest the work and the circumstances of its conception be misinterpreted, they print up and post alongside it lengthy tracts about the artist’s philosophy, his intentions, and his psychic state at the time of painting, often in language so turgid as to make one wonder if it’s actually about the painting in question. One such commentary doesn’t necessarily jibe with the next. Barnett Newman’s jumbo tri-colour canvas *Voice of Fire* in Canada’s National Gallery was described in the accompanying literature as “an objectification of thought that floods our consciousness with a sublime sense of awe and tranquility,” while elsewhere the same painting was said to represent “the anguish of man’s abandonment.” Take your pick.

When there are no clues as to what the artist wanted the viewer to take from a work, everyone who looks at it will dredge up something from his own experience and project it onto the painting, deciphering its forms as mattress ticking or flying tiddlywinks or a chicken’s viscera. If that kind of subjective reading was the artist’s intention, fine, but if he really wants to get his own point of view across it’s no fair breaking into print to do it. There’s a whole world out there for him to weld his ideas to, whether it be forms from nature or esoteric icons or commonplace objects, like the pots and bottles Giorgio Morandi managed to infuse with so much mystery and metaphysical meaning. Cézanne chose apples and a blue-and-white ginger pot and the faceted slopes of Mont Ste. Victoire as the framework for his formal discoveries, probably for no other rea-

son than that he enjoyed painting them. I doubt whether artistic talent, where it actually exists, is so fragile a flower that it shrivels under exposure to diligent instruction. The compulsion to make art is not easy to repress or divert, and it would be better, I think, to have mastered a repertoire of schemas and procedures against which to rebel, or to revise to suit one's needs, or in the end discard altogether, than to be cast rudderless into a sea of benign permissiveness.

In the uncemented variety of artificial hip replacement, the metal shell is simply held in place by the tightness of the fit or with screws to hold the metal shell in place.³

Among my late mother's childhood keepsakes (she was born in rural Ontario in 1901) I found a doll, a baby's form reduced to the simplest of schemas—seven round wooden balls of graduated sizes strung together on a cord, with a tiny ball on either side of the largest one for ears. The toy is of a size to fit small hands, and it bends and nods just enough to give it a semblance of life and motion. It has no arms or legs as such—this baby is obviously swaddled, so the bottom end of it comes more or less to a point, like Popeye's "adoptid infink" Swee'Pea—and the face has no features unless you count those ears, but even a tiny child would know what it represents. We project what we want to see, which is most often an image of our own kind, and we manage to find it on the moon or on the knotty trunk of a tree, a decayed masonry wall, or in a blob on a toasted cheese sandwich. Perhaps all earthly creatures seek others of their own species to reassure themselves that they're not alone in the universe—like my dog who becomes exhilarated at the sight of another dog a hundred yards away across a grassy field. I am no exception. When a human figure appears in a work of art, even a tiny one in a very large painting, to it my eye flies first. I'm with Auden who wrote,

To me art's subject is the human clay
 And landscape but a background to a torso.
 All Cézanne's apples I would give away
 For one small Goya or a Daumier.⁴

3. Ibid.

4. Auden, W. H. *Letter to Lord Byron*, edited by Edward Mendelson (London: Faber & Faber), 100.

Lucian Freud admits to harbouring a little of the Pygmalion fantasy, a barely conscious hope that some day one of his painted figures might actually come to life. He has said that when it becomes obvious that a work close to completion is turning out to be just be another picture after all, he feels let down. If ever a painted figure were to draw breath and step down off the canvas it would be one of Freud's, but probably most figurative artists feel a little God-like when a new work is getting under way, when the image is still immanent and the painting can become almost anything wished for. If actual life can't be imparted to a painted figure, there can be another kind of life in the work as a whole, an aesthetic quality that infuses it with electric energy. When Erik Loder wasn't drawing his eloquent half-transparent nudes he turned his attention to what was growing in his garden and drew huge cabbages that were ready to burst, or sprawling clumps of rhubarb shooting their seed-stalks skyward with such force one could almost hear them screech.

*You now have a new weight-bearing surface to replace your diseased hip. The therapist will carefully instruct you on how to avoid activities and positions which increase the risk of hip dislocation.*⁵

The structure now requires only the support of a single flying buttress, and even that becomes less and less necessary as weeks pass. Until recently I never gave a thought to canes or the people who carried them. My father sported one in his younger days for purely ornamental purposes—during the thirties a slender brass-ferruled cane was a dandyish Burlington Bertie accessory to be swung forward and allowed to hit the ground only at every other step—a balletic manoeuvre that distinguished the debonair from the disabled. My father-in-law on the other hand, whom I knew only in his later years, was a serious walker, and would sally forth on a brisk four- or five-mile hike of a Sunday afternoon having made a selection (usually a gnarled blackthorn) from an assortment of sturdy walking sticks kept in a polished brass stand in the vestibule. Now that the snow has melted and we of unsteady step are able to venture out of doors, I'm surprised to note that I pass half a dozen other cane-users during a stroll of only a few blocks, many of us women and all

5. Medical Multimedia Group.

of us vintage to a greater or lesser degree. There's a sort of camaraderie among cane-users—we nod to each other or raise our walking sticks in greeting as we pass, perhaps saluting one another's continuing mobility.

Hopefully, you can expect 12–15 years of service from your artificial hip.⁶

That ought to do it.

When I was a young child at the Loretto day-school in Toronto, Mother Maureen used to lead our Grade 4 class in prayer each morning, asking God for the quick release from purgatory of the soul that was closest to heaven. We were convinced of the strength and effectiveness of our supplications, certain that if we all prayed like sixty the transfer would occur immediately, with a sound like a popping cork. After a long cold Toronto winter, my whole being yearns for spring, but I no longer pray for specific results, and in any case I know that yanking the new season up from below the American border into this temperate just-right latitude would be well beyond my spiritual powers. Yearn as I might, I don't expect to get up one morning and find that all the trees in the park and on the hillside are suddenly green with fresh new leaves just because I want them to be. I do however take careful notice of their miniscule day-by-day changes.

Gombrich says perceiving is not the same as seeing, that perceiving is an active process that should more properly be called noticing. We look, he says, when our attention is aroused, and only then do we notice that things aren't the way they were before, or as we expected them to be. Over a period of several days of intense observation from my eighth-floor balcony I thought I could detect an incremental thickening of the skeletal upper branches of the trees in the park. One morning there even seemed to be a decidedly purplish-pink colour in the crown of the great copper beech, so I went down on the elevator and out the front door and around the corner to the park and stood leaning against that massive trunk, staring upward. Sure enough, at the very tips of the highest branches little pointed red leaves were beginning to appear. I looked

6. Ibid.

around and saw that tiny bright green blossoms were beginning to burst forth on the lower grey branches of the neighbouring maple tree.

As though to confirm my observations, a rosy-headed house finch swooped down and landed on the back of one of the wooden park benches, trilled a few notes, and took off again.

“Life Study” will appear in Helen McLean’s forthcoming book Just Looking and Other Essays. McLean’s four previous books include her novel Significant Things, finalist for the Commonwealth Literary Prize, Canada and Caribbean division, 2004.

Before Flu Season

Daniel Becker

It's a bunionette not a bunion,
not a rock or shell or glass bead
wedged between the base of the fifth toe
and the inside of her slipper.

A sharp little knife, a #10 blade,
pares away the keratin,
her heel in the palm of my hand,
her sole waiting like a microphone,

we talk about callus and the glory days
of soft skin, arches, tiptoes, and cotillions
that defied gravity.

I tell her the story of the little mouse

who went to visit his mother and on the way
wore out two sets of wheels, a pair of shoes, both feet.
What nice new feet you have his mother says
as mothers will.

The patient doesn't get it.
It's one of those stories where
you had to be there, one of those stories
where money buys anything

and then a happy ending.
Flecks of dead skin fly off
never to be seen or thought of again.
The big pieces click on the tile

as we whittle away our time together.
This is easy. This is fun.
This is maybe a little weird.
I remember my mother's feet.

No wonder there are so many podiatrists
and podophiles and prostheses.
It's hard to know when to stop.
We move from convex to concave.

What's the difference between a hole
and half a hole? Is flu vax
safe as well as effective?
I offer her a shot. She may as well.

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Offbeat

Roshan Vijay Sethi

After having his coffee, the doctor began thinking of all the ways you could break a heart. His mind overflowed with the cases he remembered and the faces he couldn't forget. He recalled chaotic rhythms and holes and blockages. He remembered hearts swollen like overgrown fruits and the lines of EKGs jerking across thin, fragile paper. He could still hear the terrifying noises that had emanated from the chests of patients, murmurs and gallops. Sitting there, thirty years of being a cardiologist was raining down on him. He thought he might know why.

It happened after he woke up that morning. He stumbled groggily to the bathroom and began shaving. Looking up, he found his reflection in the fogged mirror. It might have been a trick of the light, but his wrinkles suddenly appeared to be deep, as if there were canyons etched into his face. He examined them for a few minutes, trying to will them away. The canyons didn't fade, and another, odder feeling bloomed within him. It felt like a revelation or a burst of prescience. Something different was going to happen today, his face said.

A lot of people asked him if he ever got tired of the heart, and its problems, and people making the same mistakes. It was true, he would respond. A lot of what he did was the same thing. But he never got tired of it, he would tell them, because the satisfaction that came from mending a broken heart never grew old. He wanted them to feel a mixture of surprise and admiration when they heard this. Often they seemed to, or they would laugh a little nervously.

AS HE WALKED down the hall, he quickly scanned the chart. Delaney Smith, an eighty-year-old white male with Alzheimer's dementia, diabetes mellitus type II, and hyperthyroidism. The patient had a long medical history but his fractured hip and episode of rheumatic fever jumped out at the doctor. No family history of heart problems though.

Smith was here today because of recent chest pain. His physician thought it was a cardiac problem. Probably mitral stenosis, the doctor agreed, despite himself. He usually tried to stave off conclusions until he had examined the patient, but sometimes, when it was near the end of the day, he would guess. He opened the door.

"Hello," he said brightly, surveying the two men in front of him. One was a young man reading the medical poster on the wall: "Lowering Your Cholesterol." The other man, much older, was sitting slouched on the examination bench. The younger one stood up as the door opened and strode towards the doctor.

"My name is John," he said, taking the doctor's hand and shaking it violently. "My father is your patient."

"I'm Dr. Ronald," he said in response, wincing and extracting his hand. He looked toward the old man, whose eyes were focused on him.

"Hello, Mr. Smith," he said. "How are you doing today?"

"It's been nine weeks," Smith said urgently, looking relieved that someone had addressed him. He spoke with a clear steady voice. "Have you put the saddle up? It's broken."

"He's got Alzheimer's," John said quickly, stepping forward.

"I saw that in the chart," the doctor said. "It won't be a problem. You should be able to help me with some of the questions and I can still examine him." The son nodded, though he still looked nervous.

The doctor moved towards the older man and turned his wrist over to check the pulse. Smith watched him. The pulse felt strong and regular.

"Can you unbutton your shirt, Mr. Smith?" he asked, scribbling a note in his chart. The patient smiled vaguely and looked at his son.

"Your shirt, Father," John said impatiently, and began to loosen the buttons himself.

"We'll have to do it later," his father said, peering down and gently trying to push John's fingers away.

"We're doing it now," his son said and sighed. He looked over at the doctor and said, "I'm sorry. He's ready."

The doctor pulled a stethoscope from a hook above the sink. He fitted it into his ears; it felt like a clamp on his head. Ignoring the pressure, he snaked the thick cord towards the old man and pressed the diaphragm to his chest. The patient flinched as the cold metal landed on his skin, his chest muscles knotting. The doctor avoided Smith's lonely face and concentrated on the noises in the stethoscope. He heard only a crackling. Frowning, he pressed the metal circle deeper. He strained for the familiar sounds of a heart, the relentless "lub-dub." There was nothing like it.

A noise suddenly blasted towards his ears.

It was music, the doctor realized, feeling an explosion of shock. Some kind of an orchestra. He picked out the instruments, the murmuring of a piano, the thick yawn of a clarinet, the thrill of a flute. Cymbals crashed in the background, alternating with galloping drumbeats. All of it wound together in a way that made the song seep into him, like exhaustion. He couldn't think for several seconds, lost in the swirl of notes.

When it seemed that the music wouldn't stop, he pulled the stethoscope away from Smith's chest, noting that the old man's lips seemed to hold a smile.

"What's wrong?" John asked, worried. He leaned closer to his father and the doctor.

"Just a moment," the doctor finally managed. He put the stethoscope down and checked his pockets for a radio or an iPod. He briefly examined the old man as well. There was nothing, he thought. The son was watching him intently and wringing his hands.

Taking a deep breath, he wondered if he had had a hallucination. The doctor plugged the stethoscope into his ears and brought the diaphragm back to the old man's chest. The music was there again, just as loud, the same tune, the same instruments—the same everything. He listened for awhile, thinking that the song was beautiful.

"What is it?" the son asked insistently. He must have seen the doctor's expression. The old man was definitely smiling, the doctor realized, and he wondered if Smith would laugh.

"Your father has . . . an irregular heartbeat," he said, after composing himself. John looked at the stethoscope, as if he wanted to try it on. Dr.

Ronald felt protective of his discovery; he didn't want the son to hear it. He didn't even want the nurse to hear it. It would probably panic them, he reasoned. He was having trouble remaining calm himself, the instruments still echoing in his head. *How is this possible?*

"What does that mean?" the son asked. "What do we do?"

"It means that his heart isn't beating normally. I'll get my nurse to run an EKG," the doctor said, "just to be sure."

The nurse came in and began sticking electrical leads to the old man's chest. It looked like silvery thoughts were being drawn from Smith's torso to the machine. The nurse finished tying them together and flipped the machine on. Gears and toner shifted noisily on paper. Lines and numbers inched out. Everything was normal, just as the doctor had feared, each peak exactly where it should be. He had no idea what to do, he realized, mouth dry. He felt like he was slipping from the edge of a cliff, scrambling for purchase.

He brought the results back to John.

"Strangely, I don't see anything unusual on the EKG," he said, and inspiration burst in him, "but I'm going to put him on a Holter monitor for the night. I want to keep track of his heartbeat over the next day. Sometimes an EKG doesn't catch everything."

The son was nodding rapidly; he wanted to catch the mistake too. Something about his eagerness bothered the doctor.

HIS DAUGHTER NEEDED to be tucked in, his wife told him. He sighed and leaned his laptop bag against the stairs. He didn't know if he could send someone to sleep, in his state. The music skittered across his brain, a frenetic rhythm.

His daughter was sitting upright in her bed, fiddling with the sheets at her waist. He smiled despite himself and gave her a hug.

"You were late today," she said as he pulled the sheets up to her shoulders and switched the lamp off. Even in the semi-darkness he could tell that she had not closed her eyes yet.

"It was busy at work," he said, "a lot of hearts to fix." His daughter still thought the hearts he fixed were the kinds she drew on cards for Valentine's Day, with lines curving toward one another. He couldn't tell her about the one he had seen today, the heart that had sung to him.

She was silent. He could tell that she was chewing over some thought, so he waited and smoothed her sheets down.

“Have you ever seen a heart that doesn’t need to be fixed?” his daughter asked him finally.

“Sometimes,” he said, frowning. “Not that often.” It was odd, he thought, he never really paid much attention to the unbroken hearts. They did come. The consults didn’t take as long, usually, and they were always less interesting.

“It must be nice when that happens. Then you don’t have to do anything,” she said. He nodded. “If you had more of those, then maybe you could come home earlier,” she said hopefully. He smiled and patted her hair down.

“Maybe,” he said. “Now go to sleep.”

She wasn’t done. “Also,” she said, holding on to his fingers, “you could just not fix some hearts. Right? Couldn’t you? You don’t have to fix everything.”

He looked at her and shook his head. “That would be wrong, Emily,” he said as gently as possible. “I have to fix every heart. I’m a doctor.” There was a long silence and she didn’t answer. She had fallen asleep, he thought, relieved.

He quietly left the room and began to close the door when he realized that her eyes were still open, gleaming with light from the hallway.

HE SLEPT FITFULLY, slipping in and out of dreams. An EKG machine had come to life at the clinic. It was lumbering around, spitting reams of paper from its mouth, leads spraying all over the place, like tentacles, attaching to unsuspecting patients. The doctor stood alone in its path now, armed only with a stethoscope. He waited resolutely, holding the diaphragm in front of him. The EKG machine approached even closer; its printout showed an ominous flat line. The doctor’s courage wavered. Just as his panic began to spill over, the EKG morphed into John, gliding towards him with an open, eager face. The doctor took a step back and the dream dissolved.

His eyes flew open to the darkness of his bedroom. He shook his head, his mind slowly releasing the dream. His wife, feeling him bolt upright, grunted. She was a light sleeper and he knew she would find it difficult

to find rest again. He murmured an apology that she couldn't hear and lifted himself out of bed. He felt wide awake. He tiptoed out of the room and made his way down the stairs to the first floor. Without lights on, the house looked like a completely different place, shadows stretching in long grotesque shapes and moonlight floating through the windows.

He walked to his study, which neither he nor his wife ever used. The room had little furniture, just a mahogany desk and a rich leather chair. He settled down in the chair and propped his legs on the empty desk. Leaning back, his eyes ran over the stippled ceiling, and the built-in shelves lined with untouched books. He knew that his thoughts had woken him, the same thoughts that had made it difficult to fall asleep, perhaps the same thoughts responsible for his strange dream. Sometime before his eyes had finally closed earlier that night, he had realized that this was the biggest problem he had ever faced. Delaney Smith's heart was beyond broken—it was singing. He had to fix it, his mind repeated like a mantra.

As he wrangled with the problem, he heard strains of the music, floating in and out of his thoughts. He curled his fingers into a fist and pushed it against the desk, trying to ignore the music, trying to concentrate on the heart. It was dark and late, however, and he gave in, letting his memory of the music wash over him. The notes were accompanied by strange questions, wandering across his mind. How could music be produced by the heart, which could only work or fail? If he cut the man open for surgery, would the music ring loud and clear? Would those notes clang in the operating room with surgeons and nurses watching? Was this band like the one on the deck of the *Titanic*, playing as the heart sunk into watery depths?

The last thought he had, before he stumbled back to sleep, was of his daughter and her questions.

THE NEXT DAY, John and his father came to the clinic with the Holter monitor. The doctor had been waiting for their appointment all morning, unable to concentrate on his work. Every time he pressed his stethoscope to the chest of a patient, his own heart surged with hope. He was always disappointed. His enthusiasm for treating his patients seemed to be waning at the same time, as if it had slipped from his grasp.

A computer processed the recording from the monitor and pronounced Delaney Smith's heart to be completely free of an irregular rhythm, unbroken. Dr. Ronald looked over the printout, barely able to restrain his anger. That's why you need doctors, he thought. You need a knowledgeable human on the other end of a stethoscope because computers can't hear something like music and understand it. They find only what they look for, an ugly and bare beat.

"Mr. Smith and his son are waiting in the first room," his nurse said as she passed the doorway. He nodded, noting that he had crumpled the edges of the printout. He smoothed it out and walked briskly to the room.

"Dr. Ronald," John said breathlessly as he entered the room, "have you found out what's wrong with my father's heart?" Images from his dream of the night before flickered briefly in front of him.

"The Holter monitor did not suggest arrhythmia, as I originally suspected," he said, after clearing his throat. "I'd like to listen to his heart-beat again, though." He said it as routinely as possible. The old man said nothing, but the doctor was relieved to notice that he wasn't smiling.

Nervously, he pulled the stethoscope from around his shoulder. He lifted Smith's shirt up and his hands shook as he placed the instrument against wrinkled skin. The music came like an ocean of relief, bursting towards his ears. He basked in the notes, which wrapped around him as they had before. He did not listen to much music, and never classical, but no song had ever made him feel like this. He never wanted to not hear it, he realized, frightened.

John stood closely behind him. The doctor schooled his expression so that it was neutral, pensive.

Aware that he had little time left, he began probing for some kind of internal structure or repeating motif. It was like scavenging through symptoms to find the underlying cause, he thought, though this was a more frustrating process. The song resisted comprehension. The tune didn't seem to repeat, even though it sounded the same, all the time. A melody that he recognized seemed to sweep out from inside itself. He floundered, finding that every layer of music contained layers within it like those Russian nested dolls that could be cracked open again and again. There was nothing, he thought.

Something broke inside of him, a burden fell away. The stethoscope slipped from his grasp, his hands suddenly limp. It felt as if he were wrenching his own heart from his body. The old man looked surprised or disappointed.

“Mr. Smith,” the doctor said. John’s eyes were wide with expectation. He didn’t look afraid.

“Mr. Smith,” Dr. Ronald repeated, “there is nothing wrong with your heart.” John looked up sharply. The old man was frowning deeply, his face creased with even more wrinkles.

“He . . . he’s completely fine?” the son stammered, looking incredulously at his father. The doctor was breathing much faster now and hoping that John would not notice. He looked down at his chart again, as if to reconfirm the diagnosis.

“Yes,” he said, finally, “I made a mistake when I first heard his heartbeat.”

The son was shaking his head now. The doctor noticed that Mr. Smith was gripping the edge of the bench tightly, his knuckles turning white.

“What about the chest pain?” the son asked, after a moment of silence.

“Probably musculoskeletal pain. Nothing to worry about,” the doctor said casually.

“How can that be?” the old man said gruffly, “there’s an orchestra playing in here.”

His son looked at him with a pitying gaze. The doctor did not look up, afraid that his expression would betray his lie.

Eventually they left and Dr. Ronald slumped into his chair, his pulse racing.

Roshan Sethi attends Yale University with his twin brother. He hopes to pursue a career in medicine following graduation.

I Am a Ghost

Eric Cadesky

I am

A ghost

Moving counter-clockwise

To the waking world.

I am

Standing interminably at the bus stop

Unaware that today is Saturday—

The schedule has changed and the bus has passed.

I am

Floating again into the noisy, haunted vessel

Greeting the other ghosts.

I am

Writing yesterday's date on my consult sheet.

I am

Reviewing lab results

Forgetting that I saw them 20 minutes ago.

I am

Yawning.

I am

Writing my notes more and more unintelligibly

(and sometimes in the wrong chart).

I am

Searching for a patient before discharge

Knocking on the door to the waiting room

Not remembering that

I am

The one on the unlocked side.

I am

Sleeping while standing in the cafeteria line at 07h00,

A ghost
Moving counter-clockwise
To the waking world.
I am
Adjusting still
To the overnight shift in the emergency room.

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The Bereavement Team

Emily Givner

“The Bereavement Team” is a posthumous publication by Emily Givner, who died suddenly of an allergic reaction in 2004, five days after her thirty-eighth birthday. Since her death, her stories have appeared in the Toronto Star, Grain, and Wascana Review. A collection, A Heart in Port, will be published by Thistle-down Press. Her mother, the distinguished biographer, fiction writer, memoirist, and academic, Joan Givner, served as editor for this story. Her thoughts on its publication in Ars Medica follow the story.

“Families often divide down the middle,” said Mrs. Kaminska, seated across from LeeAnne in her chaise lounge, the only one LeeAnne had ever seen in Corner Brook. “You were closest to your mother, I believe, and your sister, to your father.”

“Yes, that’s right,” said LeeAnne. Mrs. Kaminska belonged to another world. She dressed herself in long gowns, pinning up her salt-and-pepper hair in elaborate rolls. In winter, she wore long grey coats tapered at the waist. She rarely minced words, or gossiped. If she wanted to talk, she talked about subjects nobody else would care about.

The relationship between Chopin and George Sand, for example. “George Sand, in her day, had the reputation of a cigar-smoking sexual outlaw,” Mrs. Kaminska had explained, “hardly the kind of woman likely to appeal to a man of Chopin’s sensibility.” At sixteen, LeeAnne tried to make sense of all this. Why, she wondered, were Chopin and George Sand *just* as alive and vital as the Corkums who lived down the road, or the O’Briens who owned the convenience store?

Yes, Mrs. Kaminska belonged to another era. The hand-embroidered

curtains, the tusk of wild boar mounted to her dining room wall, the bookshelves lined with sheet music by composers unheard of by LeeAnne were all remnants of a different time and place.

"It must have been very hard on you, watching your mother go through that," said Mrs. Kaminska, wrapping her shawl more tightly around her shoulders despite the August heat.

By which LeeAnne knew she meant her father's leaving, the divorce proceedings.

"Yes," said LeeAnne.

The divorce, and her father's running off, had shaken Mrs. Kaminska, even though her only connection to LeeAnne's family was the piano lessons she gave LeeAnne on Tuesday afternoons. It didn't make sense to LeeAnne that her music teacher could be agitated by the fact her father had run off with a bleach-blonde who wore too much makeup and short skirts.

"A painted woman" is how Mrs. Kaminska once referred to her father's secretary, Christine. "I had a friend in Poland, married to a man who kept a painted woman for a number of years. But he didn't leave his family. He came home for suppers. Polish men don't leave their wives," said Mrs. Kaminska with great authority. "But in this land, anything is possible. I really don't know if it's healthy, psychologically."

This land. Did Mrs. Kaminska mean North America? Canada? Newfoundland?

Mrs. Kaminska had her own specific take on things, her peculiarities that people in the community had learned to indulge, believing that since she had towed them all the way over the ocean, there was absolutely no point in asking her to give them up now.

At the beginning of every lesson, Mrs. Kaminska brought out a silver tray with homemade squares or triangles of fruit flan arranged on a paper doily. She poured partridgeberry tea. As far as Mrs. Kaminska was concerned, this taking of tea, the chats before the lesson were very important. "I have to *know* my students, what is going on in their lives, in order to teach them. Then I understand why they might be blocked or interpret something a certain way."

Whatever Mrs. Kaminska's teaching philosophy was, it worked. Her students always placed first in music festivals, pursued careers in music, or went on to study at reputable schools like Julliard.

“All right my dear,” said Mrs. Kaminska, picking up LeeAnne’s plate, covered with cake crumbs, “now for some Rachmaninoff.”

After the lesson, as LeeAnne was putting on her coat, Mrs. Kaminska’s granddaughter, Marta, rang the doorbell. Marta used to work at the movie theatre, pouring drinks and squirting butter on popcorn. That was ages ago. Now she was holding a pumpkin pie her mother had made for Mrs. Hurley.

“I guess you heard Mrs. Hurley’s son died in a car accident last weekend,” Marta said to LeeAnne.

LeeAnne nodded. Marta must be home for the Thanksgiving weekend, she realized.

Since the Bereavement Team, Mrs. Kaminska’s kitchen was full of not only her own cooking, but just about everyone else’s. The Bereavement Team was an organization of women from the church who helped families in mourning. It was Mrs. Kaminska’s creation. There was a long history in Newfoundland of people traipsing up sidewalks to drop in with pies and salads after someone in the community had died.

Then, one elderly woman who had just lost her husband nearly died herself when she ate a shrimp hidden in a casserole.

The incident made a strong impression on Mrs. Kaminska, who for many years had been a physician in Poland. She organized the Bereavement Team, first to prevent any more allergic reactions, and second because she believed grieving families had enough on their hands without their doorbells ringing all the time. Members of the community now brought food and flowers to Mrs. Kaminska’s house, and everything was delivered at once.

Originally, Mrs. Kaminska labelled her organization the Bereavement Committee. Then one woman in the group came up with “the Bereavement Team,” and that stuck, because of its rhyme and rhythm. It was upbeat.

“Thank you for taking the trouble to bring over the pie,” said Mrs. Kaminska.

“No problem,” said Marta, very pregnant, her face aflush, her dark hair pulled back in a ponytail. She turned to LeeAnne. “Would you like a ride home?”

Marta led the way down the front path, unlatching the small white

gate in front of Mrs. Kaminska's house. "It's my sonata, she laughed, gesturing towards her car." Marta had been a very good pianist, but she had decided to get married rather than study music.

"Do you still play the piano?" LeeAnne asked, after shutting the passenger door.

"Oh yeah," said Marta, starting the car. "When I have time. I'm pregnant," she laughed, "to state to the obvious, but I'm past the throwing up stage."

"Your grandmother is so proud of you," said LeeAnne. "Getting married, and now you're pregnant. I know this child means the world to her."

Marta glanced over at LeeAnne, then focused on the road again, her lips pursed. "I don't know why I'm telling you this, but the marriage didn't work out. In fact, it's over. I've moved back in with my mom. We never should have got married in the first place but I was pregnant. My grandmother doesn't know that, though."

"Know what?" LeeAnne asked.

"That I was pregnant three months before we got married. And now he's run out on me. I talked to my mom about it, and we agreed not to tell her yet. It will kill her."

"It won't *kill* her," said LeeAnne.

It didn't make sense that a woman whose husband had been murdered by the Russians, whose birthplace had been razed to the ground by the Germans, whose friends had died in the sewers of Warsaw during the Uprising, could be devastated by the collapse of her granddaughter's marriage.

"You don't know my grandmother," Marta said. "She's aristocracy, sooooo Catholic."

LeeAnne thought about it. She wasn't aware that Mrs. Kaminska belonged to the aristocracy, and she really had no idea what that would have entailed, in Poland, in the years she lived there.

"What will happen when she finds out?" LeeAnne said. "Surely she must suspect something."

"She doesn't suspect anything," Marta said. "It's the last thing in the world she'd suspect. Her mind is like a soft drink machine that only accepts certain coins, and her granddaughter having sex before marriage and getting a divorce is *not* one of those coins."

LeeAnne interrupted the conversation to give Marta directions to her house, where she knew she'd find her mother chain-smoking at the kitchen table, drinking watered down whiskey.

In some ways, she didn't blame her father for leaving. It seemed her mother had spent her entire life, or at least a good part of it, the past ten years, doing nothing but sitting at the kitchen table, smoking, and staring out the window.

LeeAnne was in no way enamoured of the Painted Woman. Neither was her sister, who called her the Plastic Woman. *It's like she's completely manufactured. Honest to God, I'm surprised she's not available in stores everywhere.* And yet LeeAnne could understand how her father, a successful man, had succumbed to Christine's allure, her slim hips.

He'd hired Christine three years ago. Two years later, he was gone.

SHE WENT OVER to the house on Tuesday, just as she did for her music lessons before Mrs. Kaminska's illness. She carried the cake carefully as if it were a child. It was the first time LeeAnne had baked anything difficult. A multi-layered chocolate cake. Mrs. Kaminska's daughter, Mrs. Hartwig, answered the door. She was tall and straight-backed like her mother. Her blouse, an immaculate white, was ironed beautifully. Around her neck she wore a blue and white silk kerchief, tied in a knot.

"I'm LeeAnne, one of your mother's students, I heard your mother was very ill."

Mrs. Hartwig nodded. "Come in. I'll tell her you're here. But she may not want visitors."

LeeAnne stood in the foyer, still holding the cake. She had carved what she hoped resembled a piano out of white chocolate and placed it on the icing. While she made the cake, her mother took her cigarettes and whiskey to the living room, as if having to remove herself from the kitchen table was a major sacrifice. LeeAnne was becoming steadily more frustrated. She had always been close to her mother, trying to coax her out of her inexplicable depressions and entertaining her with Mrs. Kaminska stories, but lately she'd had to distance herself. Her mother was going downhill at a rapid rate, and LeeAnne knew that if she involved herself too much and started to identify with her mother's pain, she would go downhill as well. A mother and daughter ski-team.

Mrs. Hartwig returned. She looked worried, her forehead a frieze of furrows. “She’d like to see you. That’s a beautiful cake. Why don’t you show it to her?”

Mrs. Kaminska lay on a mound of pillows, her face ravaged by lack of sleep. Her lungs emitted a high-pitched squeal.

LeeAnne felt silly bringing the cake into the bedroom.

“Oh, my,” said Mrs. Kaminska. “What is that?”

“A cake,” said LeeAnne, walking over to the bed. She showed it to Mrs. Kaminska.

“It is a work of art,” said Mrs. Kaminska, forcing a smile. “You’re a sweet thing.”

LeeAnne placed the cake on a dresser, beside a Bible. “How are you feeling?”

“Did you hear Marta’s getting a divorce, that her child will grow up in a broken home?” Tears emerged from her creamy eyes.

LeeAnne shook her head. Poor Mrs. Kaminska. All the strange customs of this land—men not coming home to supper, not coming home at all—had engulfed her own family.

“It is a terrible thing. The child is likely to have developmental problems, learning disabilities. There will be so many complications.”

“I’m sure the child will be fine,” said LeeAnne with great assurance. Obviously, the anxiety about Marta’s child was making Mrs. Kaminska much worse, if it wasn’t responsible for her catching pneumonia in the first place. *It could be very serious, considering the poor woman’s age.* That was something LeeAnne’s mother said earlier.

“My mother says hello,” she said.

“How is your mother?” asked Mrs. Kaminska with huge caring.

LeeAnne shrugged, and then in an attempt to distract her, unburdened her heart. She talked about her mother’s noxious way of living, the toll it had taken on their family. How even though she resented her father for leaving, she couldn’t blame him.

Mrs. Kaminska sighed. “Don’t be too hard on your mother. I think she knew your father was having an affair with Christine. It really affected her, turned her into a different person.”

“No,” said LeeAnne emphatically, “she became a different person long before Dad hired Christine.”

Lee Anne thought that Mrs. Kaminska's features changed from slightly pained to soberly pensive. After she studied Lee Anne for a silent moment, she continued.

"Dear, maybe I shouldn't be saying this, but everyone knows that affair had been going on for a very long time, long before Christine became your father's secretary."

"How long?" LeeAnne asked, incredulous. How could she not have known?

"Oh, ten years, I suppose. It started when Christine worked at the office supply store."

As she listened to Mrs. Kaminska, LeeAnne's sympathies did a complete shift. This meant that her father's affair with Christina had obviously precipitated her mother's depression. Or maybe not. Maybe her mother had a blue period, the affair started, and her mother spiraled down further. It was hard to know which came first, like the chicken and the egg question. In any case, her father's carrying on like that was abominable.

"My father is a bad man," said LeeAnne miserably.

"Don't blame your father."

"Why not?"

"You know," said Mrs. Kaminska quietly, "for a long time in Poland we blamed the Russians for everything: the persecutions, food shortages, the intolerable pollution. And the Russians were to blame, for a lot of things, but not everything. We blamed them for things simply related to the human condition."

"What things related to the human condition?" LeeAnne said.

"Growing old, a bad tooth, lack of talent, falling in love with the wrong person. It wasn't healthy for us psychologically. After awhile, we couldn't tell the difference."

LeeAnne was completely baffled. First, Mrs. Kaminska had been so disapproving of her father and his painted lady. Now she had become forgiving. What was Mrs. Kaminska trying to tell her? Lee Anne needed to ask. How do you know whom to blame? How do you know what is just the human condition? And what is the human condition anyway?

In truth, LeeAnne wasn't sure she believed it really existed. It struck her as too simple and unified and lacking the precarious intricacies that

constituted everyday life, like the soufflés Mrs. Kaminska occasionally served.

But it was too late to ask, for already Mrs. Kaminska, her eyes closed, was lying back on her pillows.

Soon the Bereavement Team would spring into action. A pie would be baked, carried on the winds from a long way off, and delivered to Mrs. Kaminska's door. Her family would receive it, let it cool, and cut it into neat little triangles, just like the ones LeeAnne was served before her piano lessons.

Emily was such a vivid presence. Long before she went to live in Korea and Poland, I wrote of her homecomings, "She is full of tales, like a traveller from an antique land. We listen enthralled. Ghosts crowd into the house with her, pressing at her elbows."

That was fifteen years ago. Now, three years after her death, nothing else—not photographs, or memories, nor written tributes—brings back her presence so vividly as her own written words. When I read her stories I feel as if she has walked into my room and is looking over my shoulder. "Well, what do you think, Mother?" To feel her presence in this way is to experience her loss all over again. So there is a certain amount of pain in helping prepare her work for publication.

She worked on "The Bereavement Team" in the last months of her life. (It contains at least one eerie prophetic note—death can be random, carried in something as insignificant as a shrimp concealed in a casserole). It was based on an anecdote she heard in Warsaw a few years earlier, and she described its genesis in an email to me:

That was a story J told me, how his mother-in-law had a sister, very Catholic, whose granddaughter became pregnant. This young girl married quickly, and everyone in the family refused to tell the grandmother about the pregnancy. The child was born seemingly premature, and the grandmother worried so much about the child's health that she became very ill. Everyone wondered, in retrospect, if it would have been better to tell her. I found the story amazing at the time. I could picture everything perfectly, as I know that kind of Polish woman.

I assume that the story began as an initial response to her amazement: how could a woman who had suffered so much in her life be considered unable

to accept a granddaughter's sexual mishap? How could she fall ill over possibly groundless worries about a grandchild's health?

As she thought about those questions, her mind must have drifted to discussions with her Polish students and friends, her meditations on Polish history, and her reading of Polish writers. When Mrs. Kaminska speaks of the tendency of human beings to project all the ills of the human condition on a single source, I catch an echo of Czeslaw Milosz and Stanislaw Brzozowski:

The anti-Russian complex sterilized the Poles intellectually and artistically, since it veiled from them the truth about the human condition. As a result, all the evil and suffering with which the human species had to contend was projected by them into a single, limited geographical frame of reference—in other words, blamed upon Russia.

Then she transposed the story to Canada. This was her way of mapping Mrs. Kaminska's generational dislocation within her own family onto the clash of national cultures that was one of Emily's favourite subjects.

Gradually, as you see, I move from being a reader with a maternal eye, much too conscious of the raw material and scaffolding behind the story, to being a dispassionate reader. Since I've been trying to understand and explain fiction much of my life, I slip easily into the role of critic. Thus distanced, I begin to see the story in a new way. I read to the letter, discovering new patterns, appreciating the artistry, relishing those mischievous turns of phrase—"her mind is like a soft drink machine that only accepts certain coins, and her granddaughter having sex before marriage is not one of those coins." (Generally, I would advise, "Get rid of the similes," but that one's worth keeping.)

And so ultimately the experience of working on the story is a rewarding one. I take a great deal of pleasure in the work itself. I am happy that, although she published little in her lifetime, I told my daughter how much it meant to me that she had turned into an accomplished, intelligent writer. Most of all, I have great satisfaction in knowing that Emily achieved at last what every writer most desires—to be read and to be remembered.

Longing

J. Elizabeth Clark

Mad Anna

The poor woman was bred to insanity.

—*Dr. Gayle Whittier*

Even fiction can't save women,
so I finally abandoned Anne,
curled and wilted pages like dirty linens
needing to be replaced.

Her green-gabled tale held so much promise.
I followed her adventures by flashlight,
wandering sleepily to school the next day
only to discover that hers is such an old
and boring story. She could have been more.
She betrayed me after so many years
for her House of Dreams in the Rainbow Valley
where she became a setting for her children's lives.
She became, in her final heroic epiphany
just Mrs. Doctor, just nothing.

Even women can't save reality.
Mad Anna used to be just Anna,
chasing her brothers and sisters around the farm,
brandishing pistols or a pirate's sword
to impress upon them the importance of their lines
just as she had written them.

She rejoiced in the births of her little sister
and each new brother—her mother was supplying
new characters, new cast members.
Hazel, the star of every play, learned her lines slowly,
following Anna everywhere as she practised each word.
Just Anna wore jodhpurs and aviatrix goggles,
scribbling her plays for posterity
in a careful, legible script her schoolmistress
wouldn't have believed was hers.

Another bad ending:
“Your children will be your legacy,”
her mother and aunts told her.
Anna believed that girls had to be girls
even as Hazel put a new leather strap on the goggles,
urging her to take flying lessons.
Anna put away her pens, her riding boots,
reformed her pistol-packing ways.

She was no elegant Mrs. Doctor, no heroine
in Lucy's bad plot. Farm wife on the mountain,
farm wife with plays and stories abandoned, but kept
secretly by her sister in a lonesome, moulding box.

No paper but for news,
for the endless children's homework,
for killing flies.

Took her pencils,
took her books,
took her plays
staged beneath the summer sun's spotlight,
took her leading lady to
World War's fearsome growl,
gave her unending days to script
with bottles and diapers and screams
amid the filth and stench of liquor.

He was drunk and she was pregnant again.

Mad Anna mad, mad Anna mad,
they called her mad as she reviled poison's freeing call,
the lascivious lapping of bathtub water, of riverside's flow,
of the precious possibilities in the inches of a puddle.
She denied herself so many of Medea's temptations.

More, more than rock in her cell,
muttering, muttering, she pressed her lips
achingly to every surface
her jaw working all the while
(no escape), the soft jut of her lips
parted slightly on the bed, the chair,
the floor, the toilet, the window,
the wall, looking for something
to soak up the words.

What Kind of Poem Is This?

Outsider status—a psychological state of being rather than a physical or biological reality—simultaneously inaugurated a new grammar of subjective citizenship and a language for a potentially renewing national identity. A rejuvenated democratic nation would spring from the precious social and psychic cargo of outsiders.

—Shafali Lal

Your suicide wasn't real until last night,
proofing your article before I sent the galleys back,
and on page 3, I wasn't quite sure what you were saying.
For a moment, that unchecked urge to pick up the phone,
send off an e-mail, and then the realization
I had to figure it out for myself.

This morning, I can't stop thinking of you
(and I can't help but think you'd like that).
I want to tell you how I hate New York,
about the deadening light of the Key Food store,
its narrow aisles filled with dented, dusty cans of peas;
about the A & A Middle Eastern food store where I stopped,
white and brazen in my running shorts and sleeveless top,
to buy some grape leaves and the man didn't want to sell them to me.
But this is not that poem.

I want to tell you—because I know you'd understand—that
on Greenway South, about two miles from my apartment,
I was walking on cherry blossoms this morning.
The intermittent carpet of petals, soft, squishing beneath my feet.
And then, the strange thirteen-foot-tall bird cage in the backyard of this
house—
an empty cage. I walk past that house all the time and the cage,
always empty, always waiting.

Sometimes, I feel like the world is trying to consume me,
like I can't get my head around all of it; I can't stay with one single
thought,
there's no natural order. I come home from work,
put on my boxing gloves, and just keep moving around the bag,
elbows and fists flying, slamming into the bag, my feet always jumping
and I think if I just keep jumping ahead—fancy footwork girl—
just keep moving, I'll stay just out of reach of that seductive violence,
the bruised beauty just past the occlusion of the teeth,
just keep moving, just ahead of that consumption:
your suicide, marginally acceptable lesson plans,
the three stacks of student papers I ignored last night to finish the galleys,
Margo's belly blossoming with beautiful baby Owen,
Nancy's comment that I should have kids, Nick's joke about Ritalin,
my father's diabetes, how my friend, my beloved
San Pietro, is getting fired at work, how I really hate academia.

But here's the thing: we were never that close.
I assumed we were moving toward a future where
you would be the kind of person
I would tell my small madneses to
and I would be the kind of person
you would tell your own small madneses to.
I figured you were my close friend thirty years from now.

Instead, four dim outlines, so brief, they are chalk behind my closed
eyes:
you, navigating from the backseat as we drove through Philadelphia
looking for Chinatown without a map, only to discover, an hour later,
it was half a block from where we started. And that fabulous,
fabulous meal on the plastic tablecloth where we pointed to
what we wanted because the menu was in Chinese. One of those meals.

Us, meeting for the first time at the farm where we were roommates.
Head to head on the floor in sleeping bags, we talked half the night
about everything and fell asleep mid-thought only to wake
in that particular August sunlight streaming in through old farmhouse
windows,
chipped paint, the opacity of old glass, our tousled heads sleepily called
to waking
and we picked up right where we left off the night before.

And from then, I knew you would understand when I said things like,
“On Harrow Street, these people have wisteria—actual vines of wisteria
hanging off their front porch. And I can imagine the highly paid decorator
saying for \$200 an hour, ‘Imagine the romantic tendrils framing your
doorway,
imagine returning home to that.’” I mean, Shafali—fucking wisteria!
We knew we'd never live in a world where we would have time—
time—to think
about wisteria, let alone plant any, let alone have a house.

Talking to Dick last week, I said, “So I talked to Shafali and she said” and he said, “You mean Sophie” in a real calm tone, and I had that hollow gurgling in the pit of my stomach and I said, “Yeah, Sophie.”

You, cross-legged in a chair in the English department chairing a meeting, your glasses half-way down your nose as you mediated an argument. Everyone in the room—old and young—half in love with you.

Me, waiting for an answer to that last e-mail.

That last e-mail arriving close to—or the day of—your last day.

Me, waiting for an answer and assuming you were busy.

Me, sending a follow-up. *Me*, waiting for an answer.

Me, hoping at least this doesn't fade.

J. Elizabeth Clark is a New York City-based poet. Her work has appeared in journals such as the Paterson Literary Review, the Santa Clara Review, New Writer, Edgz, WOMB, and A & U: America's AIDS Magazine.

A Sensory Experience in the ICU: Thoughts on Benner

Coralee McLaren

Introduction

In *Clinical Wisdom and Interventions in Critical Care* (Benner, Hooper-Kyriakidis, and Stannard, 1999) is a chapter titled “Preventing Hazards in a Technological Environment.” Benner herself has been woven into many of our discussions addressing the complexity of nursing practice today; it is within this chapter that we are again able to familiarize ourselves and explore her philosophies in the context of practice that takes place in a technological environment.

Benner’s attention to what she describes as an invisible, imbedded knowledge in practice is once again a starting point for discussion. She and others suggest that nursing invisibility is based in the non-transparency of the human condition, not because there is a lack of knowledge. In response, she has uncovered the aspects of nursing practice that have remained largely hidden through what are known as nursing narratives. It is not her intention to teach through her own observations; it is believed the narratives themselves teach both nurses and others, and are presented so that they may not only be passed on, but be opened up to argument or critical discussion. It is within these narratives that we will explore the imbedded knowledge present in a technological setting.

Technology

Benner defines technology broadly to include any drug, instrument, device, or machine that is used in the care and support of a critically ill patient, and suggests that even safe technologies can present hazards or cause harm without detailed nursing knowledge, judgment, and skilful management (334). Nursing in the critical care environment also demands an “attentiveness and concerned comportment” (484), and as Marck might describe, an attending to all natural, cultural, and technical signs (2000, 72). An ethic deeply rooted in critical care is the protecting of patients and humanizing of the environment as the use of technology grows and advances. Benner describes this as a working out in practice of the ethical principles of beneficence and nonmaleficence (to do the most positive good and do no harm, respectively) (Benner et al. 1999, 347). Nowhere is this more difficult to accomplish than in a critical care environment, where focal and individualized practices are threatened by what Heidegger might describe as a result of technicity (cited by Wynn 2006, 36). It is both ethical principles that Benner emphasizes as necessary—a depth of personalized, tailored care focused on healing, and the prevention of both actual and potential hazards through technology assessments, safety work, and the skilful use and understanding of the technologies themselves.

Living in a predominantly technological world can alter our relationship to the instruments available in a health care setting, resulting in a desensitization and less thoughtful approach to how we use these instruments. Benner stresses that practical technology assessments must ensure that patient needs and goals of therapy shape technology use rather than vice versa, and must also limit unnecessary and unwarranted intervention (338). The balance of both high-tech and low-tech intervention is optimal; simple availability (as in our daily life) should not dictate use. This awareness is illustrated in number of narratives where highly attuned nurses describe how they came to the decision to, for example, refuse an arterial line, limit the use of restraints, and take a patient off a low-flow air bed. In each exemplar, there was a significant sensory action that involved watching, listening, and analyzing the body and person; this guided practice, allowing technology to augment judgment rather than dictate and overpower decision making (345).

Tempering

Benner might suggest that this sensory attunement to the patient is in fact a way to temper what she calls an “unbridled enthusiasm” for gadgets and devices. “Technology,” she states, “is never an end in itself; therefore, its design and use must be subordinated to patients’ and families’ need and concerns” (342). It is necessary in her view to de-mythologize technology and resist being swept away by the excessive, unexamined magical powers it is often perceived to hold (343). A classic narrative, where a resident directs everyone to “look at the monitor” and the nurse redirects the same people to “look at the patient” (358), supports Benner’s argument that technology needs to be tempered and our relationship to it examined. The literal return to our senses is always a means to an end when the draw and overabundance of information begins to divert our attention away from the living, breathing body of a patient (339). She suggests as well that we continually assess whether our choice to use the technology is for the sake of convenience; this may reveal some of the external issues that put nurses under immense strain, but ultimately it may avoid what is known as a technological cascade, “a self-perpetuating trajectory that unleashes a multitude of other problems” (344). Indeed Benner might suggest that our relationship with technology is far from neutral.

Breakdown

In addressing what Benner describes as safety work, this discussion now turns to the potential for breakdown in a critical care setting. Breakdown, in Benner’s words, refers to situations that unfold in undesirable ways as the result of team members’ performance, the unavailability of essential resources, and/or system problems (440).

Safety work, according to Benner, always involves local specific knowledge (350) and often goes unnoticed unless it is missing. Simple activities such as labelling intravenous lines can prevent patient harm, but it is the tremendous amount of skilled know-how, judgment, and knowledge that is required to keep a patient safe. Learning under stressful, high-demand situations is far from ideal and can distract one from the physiological and sensory assessment of a patient; the technology itself often remains in the foreground in these situations, as opposed to enhancing what a nurse al-

ready knows about a patient, ultimately putting the patient at risk (355). It is therefore necessary to create and sustain environments that cultivate safety and avoid breakdown, emphasizing staff training and orientation, for without proper knowledge and skill, a nurse is unable to prepare for contingencies and act rapidly in critical situations (356).

It is with this thought and attention to the sensory attunement of a nurse that I will continue with a personal experience in an ICU after one year of nursing. The overriding philosophy when I arrived was “a nurse was better than no nurse,” which was disheartening, to say the least.

FROM A DISTANCE I began to unconsciously assess, as I always did, what my day might hold for me as I approached the unit. The movement and frenzied pace of figures from afar often told a story of the night that had been, and foreshadowed the day that was about to begin. This of course was a day I could not anticipate.

My assignment was not visibly present, which meant one of two things: I was not supposed to be there, or I was to be somewhere else. That somewhere else had been the setting in many dreams, and remained unsettling in reality.

With the eyes of both a mother and a manager, my nurse in charge said, “You’re going to ICU. Sorry it has to be this way for your first time, but she’s one of ours. You’ll be fine.”

With the attempt to bring my feet into contact with something solid, I moved down a hallway that I knew but that now seemed a labyrinth. The door at the other end would demand my entire weight to press through—quite a feat, as I was certain I had left my body behind.

I tumbled through, and with the gate shut firmly behind me, I immediately began to assess what I would need to survive in what was now a foreign land. I was motioned towards the room that held the little one I would care for; as I waded through both sight and sound, I eventually found her. She looked different to me, surprisingly peaceful. Perhaps she appeared this way against the backdrop of chaos I was experiencing myself.

I listened to report in my altered state, absorbing the frustration my nursing colleague had been experiencing throughout the night. I attempted to keep it separate from my own, but instead found myself untangling what was rapidly becoming fused into one.

As we shifted our weight to stand—my feet still inches above the floor—the child cried out in terror. In that moment I knew how I would relate to her. I knew we would move through the day together, and we would embark on what would be, for both of us, a distorted journey of the senses. She was terrified of what I might do to her, and I was terrified of what I might not.

With the desire to show this child that I would be travelling with her, my eyes and attention were drawn away and toward the lines that ran from her body to machine. They swirled and crossed her chest in disarray, taunting me to unravel them. The gentle ringing that filled the room met my ear from a direction I couldn't identify, my radar distorted in a way that unbalanced me and sent me searching. The irony of such gentleness of sound resonated long after I left. Church bells perhaps would have been more appropriate to call attention to the severity of her condition.

This gentleness of sound would find its place, as I was about to engage in a game of truth and dare—although this seemed hardly the time or place. The truth lay with the child, the dare with machine. I was introduced quickly to her monitor, a brevity of time that kept me estranged, and powerful enough to rob me of my relationship with her. I elicited help with setting parameters, and then began the game. Heart rate: 216—church bells rang. My eyes traced her body for signs of such life-threatening speed. She lay peacefully, quiet, breaths evenly spaced. Listening confirmed that all signs were in range. She told me the truth—the bells continued to chime. I discovered that the leads were sensitive to movement, and to the relief of the other nurses, I continually rectified the problem by pulling them apart and putting them together again. And thus began a most naïve but intimate relationship with her equipment, as she lay distressed with my nearness in body but distance in self. The bears that surrounded her comforted her while I nursed the screen. It was then that I realized that the equipment itself had introduced a new game—tug-of-war—that was thankfully won by this small child; amidst her cries and the chiming of bells, she asked for purple Jell-O.

This was my way near. But we would have to wait for such a unique request, as there was only red and yellow nearby. The games continued, and my senses continued their orientation to the unit while my mind paused.

As the day progressed it was difficult to put aside a growing uneasiness, for as I looked below I saw no net. What was this system that insisted I be there that day? I moved cautiously forward, looking below, and all I saw was the crumbling away, the breaking down; I almost fell. With my senses in disarray, it seemed that I might be the hazard in this technological environment. And if it had been me behind those mother's eyes, I would question the power that allowed such a situation to be.

The best I could do was to attempt to stay near and use what instinct and knowledge I had brought with me. She settled as I sat on her bed and watched her breathe, visually examining every inch of her from this closer view. And together we waited—for purple Jell-O.

I left that day with my feet still elevated above what was now broken ground. I had done no harm. Was I to be content with that, in my role as “a” nurse? Perhaps I could take strength in the performance I gave. Ironically, it may have been the performance of a lifetime, that single occasion that allows you to walk away. As fate would have it, I would see her again—this time in my world. We chitted and chatted about the places we had travelled, and when I left, she was eating something purple. I think it was Jell-O.

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Prenatal Exam

Sarah Cross

One: fundal height
as measured from pubic symphysis—
slowly unhooking—
to the uterine summit.

Normally unassuming organ:
spends most of its time
in unrequited preparation,
now a visceral tank pushing
toward the lungs.

Thirty-eight weeks at the xyphoid
before she drops.

Two: head engaged
deep in the pelvis,
a compact water acrobat
she is hanging,
ballotable, obliging,
feel for her back.

Three: fooled by the cord blood
at first, which is fast,
but rushing, not beating.
What goes on submerged
within that cavern of muscle?
Listen through the
gel-covered landscape,
spelunker-like
unrefined divination skills
search the heart.

Four: with no map suddenly
the sound comes through
at 153, right of the umbilicus:
unearthed sound reverberating
in the narrow room—
tiny motor, its reassuring speed.

Sarah Cross won the 24th Annual William Carlos Williams Poetry Competition and received honourable mention in the 12th Annual New Physician's Creative Arts Contest. She is guest editing a collection of poems for the Journal of Medical Humanities.

Matter and Energy

Lorie Kolak

Because of his heart condition, Alan feared he would die in bed and the woman with him that night would scream under the burden of his body. He was twenty-two years old and the doctors predicted he wouldn't pass his thirtieth birthday. Since Alan hadn't time to lose, he planned to spend his remaining days in search of the beautiful and the soft. His great consolation was women: blonde and brunette and raven-haired women, public relations professionals with blown-dry hair and tailored suits, college girls with loud laughs who gave him dirty nicknames. He was a man of the finger and of the palm. He slowed down when most men rushed (or so he was told), and he stared at women with an intensity that made them afraid to ask about love. As his skin was pale, his freckles girlish, his files organized, Alan was glad to tell stories of his conquests to the men at the accounting firm where he worked. He found solace in concentrating on the pleasures of a woman's body when he was so pained by his own.

ALAN DIDN'T BRING A DATE to the wedding where he met Bettina, and she, too, had come alone. He watched her arrange the neck of her black dress, tugging it down across her breasts. She pushed her brown hair behind her ears, frowned, and glanced sideways. Alan watched the neck of the ill-fitting dress rise up again, as if pulled by the force of her awkwardness.

"Are you on the bride's side or the groom's?" Alan asked, sitting down at her table.

"I'm on her side," she said, "but he's already won."

“You don’t like him.”

“He’s making her negotiate with him to keep her job.”

“What’s her job?” he asked.

“Secretary.”

“His?”

“He thinks marriage should change her work status,” Bettina continued.

“Do you think she deserves a raise?”

Bettina glared at him.

“I think you deserve one,” Alan said.

While the bride and groom were cutting the cake, Alan and Bettina were in a coat closet. Bettina gripped the dowel rod above her head and did not moan or whisper his name or do the things women do. Even at the end, she was silent and so was he. Only when he looked at her face, flushed, her eyebrows raised, her mouth open, could he tell that she was responding. When it was over, she pulled up her nylons, pulled down her black dress, and pushed the coats back.

“Thanks,” she said and left.

When Alan returned to the wedding, he watched Bettina talk to the bartender about imported vodkas. She ignored Alan, and this surprised him, because after his other sexual encounters, women wanted to linger in bed and name their children. He tapped Bettina on the shoulder and asked her to dance. She put her drink down and walked to the dance floor.

“Did you like that?” Alan asked, pushing himself up against her.

She shrugged. “You want a ribbon?”

“I want an acknowledgment.”

“We had sex.”

“We had great sex,” Alan said. “Can I take you to dinner?”

WHEN ALAN ASKED BETTINA about herself, she responded in short answers, pushing fries through ketchup, watching the Chicago Bears on a sports bar television, smoking cigarettes on the stoop of her bungalow in a northern suburb of the city. He discovered she was the daughter of a pastor and a nurse. Saturdays, she went to garage sales in other suburbs and small towns all the way to Wisconsin. She bought knick-knacks,

church coffee mugs, and sweaters she'd never wear. Alan came to believe the ill-fitting black dress was pulled off a folding table in a driveway. She was eight years older than him and left a man she called "The Architect" at the altar. Her voice dropped to a whisper when she spoke about him.

"Why did you leave him?" Alan asked.

"I wanted to keep him in anticipation," Bettina said. "He never saw it coming. Some architect."

She had a PhD in physics that she used in a regional science laboratory.

"How?"

"Testing."

"Testing what?"

Bettina smiled. "Matter and energy."

Only when Alan told Bettina about his condition, the disease called IHSS, which caused a toughening of the heart's walls, did Bettina ask questions about him. She asked about the rate of his deterioration, the medicine he took, the possible complications of a heart transplant, which hospitals specialized in his illness, and how he felt about planning for the future knowing that he was not predicted to live far into adulthood. He sensed that she was researching what he told her. She insisted on going to a doctor's appointment with him after he passed out while walking to the grocery store. After a series of appointments, his doctor implanted a pacemaker.

"When I was a kid, I had a talking stuffed rabbit," Bettina whispered one night when they lay in bed. She put her hand over the boxy protuberance on his chest and lightly stroked his skin. "It required batteries and I had to pull back a layer of cloth to reach the connections."

He drew her to him and kissed her mouth. Bettina asked for little commitment from him, and in response he wanted to commit everything to her. This was a feeling he'd never known, and he hesitated to call it love, but it brought him great comfort and made him think of his illness differently. He didn't want her to miss him when he was gone. Bettina introduced Alan to a couple who lived next door to her bungalow. On weeknights, with the couple's newborn twins asleep on the rug, they played spades. Bettina insisted on being on a separate team from Alan because she loved telling him which cards he held in his hand, and she always guessed correctly.

AFTER THREE MORE FAINTING SPELLS, Alan tried to negotiate working from home with his boss, but the accounting firm was inflexible. The men at the firm touched his shoulder in sympathy and waited to hear more conquest stories. When he had nothing to offer, they assumed his silence was because of his illness, not because he had fallen in love. He continued working until Bettina proposed to him when they were attending a neighbourhood garage sale. She drove to each house so Alan would not have to walk more than the length of a driveway.

“I was thinking I could marry you,” she said, digging through a box of hardback novels.

“I wouldn’t have guessed you’re the marrying kind,” he said.

“You’re in trouble.”

“I am,” Alan said. He pulled out an iron tool from a wooden crate.

“Fifty dollars,” a man sitting on the front stoop said.

“What was this used for?” Alan asked.

He shrugged. “It’s been on my wall thirty years. I got it at a yard sale myself.”

“I can keep you insured,” Bettina said.

“I’d let you keep your job,” Alan said, and Bettina smiled.

THEY WERE MARRIED in a morning ceremony two months later. Three accountants attended, and afterward they asked Alan how he got stuck with Bettina after all his beautiful women.

Alan glanced at Bettina, suddenly confused. “Don’t talk about my wife that way.”

He moved his furniture into the basement of her house. The rooms were full of velvet couches, wooden end tables, and mismatched lamps. The first time Bettina invited Alan over, she’d gone through the rooms telling him which pieces came from her family and which she’d bought at garage sales. He’d found the distinction impossible to guess. When he arrived at the house after the wedding, he discovered that she’d purchased a wheelchair, a recliner with a hydraulic lift, and a hospital bed with collapsible metal sides.

“Your last husband was elderly?” Alan asked.

“You broke it, you buy it.” Bettina said.

ALAN FAINTED two more times, he quit his job, and his feet began to swell. When he was feeling well, he dusted the tables and vacuumed between couch cushions. When he was not feeling well, he watched television and read books. His former boss gave him a freelance data entry project that he worked on every morning for an hour to keep busy. Some nights the neighbour couple came over for cards, and Alan was grateful for contact with the outside world.

Bettina left for work at eight o'clock in the morning and was home by five-thirty. She talked about the lab's particle accelerator and the survival rates of heart transplant recipients in the evenings and sang along to the radio as she made dinner while he sat on a dining room chair with a quilt wrapped around him. They turned in early for bed. Alan was nervous about how sex would affect his heart, so Bettina was the centre of his slow attentions. The developing gentleness of his time with her, more than anything his doctor suggested, made Alan certain he wanted a new heart now that he was ill enough to be considered for the transplant list. He talked to his doctor at the university medical centre and was given a beeper.

The beeper rang three times on false alarms during the next two months, but the fourth was a heart coming from Indiana. Alan called Bettina at work, and she drove him to the hospital.

"I hope you get a good one," Bettina said. "What if your donor has bad taste in music?"

"We can retrain it," Alan said. "Like a dog."

BETTINA TOLD HIM LATER that he'd woken up three times after the surgery. He was intubated and she gave him a notebook and pencil when he awoke, wild-eyed and afraid. Each time he wrote on the pad, "How did it go?" It went well, she said. No complications. Alan nodded and collapsed on the pillow. The steroids his doctor prescribed made him hallucinate and he dreamed of oncoming headlights. He woke up when he hit the ground in his dreams.

After he was discharged from the hospital, Alan returned to the couch. He'd gained weight from one of the medicines, so his skin felt puffy and tight, but he was no longer facing the slow approach of death. This time spent at home was convalescence, recovery. His doctor en-

couraged him to ride a stationary bicycle to improve his endurance, and Bettina purchased one for the living room. Though sore across his rib cage, Alan found that every day he could pedal a bit more. The swelling and weight gain diminished. He went to the hospital for rejection biopsies, and every month the heart seemed resigned to his body.

“When do we start to plan ahead?” Bettina asked, one night after dinner.

“What do you mean?” Alan asked.

“Vacations. Retirement. Children,” Bettina said. “Groceries for next week.”

“Soon,” Alan hesitated. “Soon.”

In the first month after his transplant, Alan and Bettina had sex again, but Alan didn’t pace himself as he had done when he was ill. He noticed only when he finished that Bettina was looking at him strangely.

“You didn’t hardly need me here,” she said, getting up from the bed.

Alan watched her walk into the bathroom, and sighed. He did not feel the softness for her that he once felt after they had sex. Since the transplant, he had begun to think of Bettina as a woman who had been kind to him. His disappearing reliance on her, his growing independence, made him feel that he was living with a stranger. He tried to recreate that first conversation with her at the wedding, and now he wondered if their relationship was based on his mistaking disinterest for coyness. She never seemed to be in love with him until he needed her support.

The days at home became interminable for Alan, bicycling, walking around the block, and watching television. He sat in the living room and decided the second-hand furniture made him uncomfortable with its pretension of wisdom and age. Bettina was not surrounding herself in history; she was dull. More than anything, Alan wanted feel to young, as he never had. He wanted the world around him to be full of fresh, untarnished things. On one of his walks around the block, Alan crossed paths with the neighbour woman with whom they’d played cards. She pushed a baby stroller, frowned into the sun, and asked after his health.

“I’m doing better,” he said. “How old are your little ones?”

“Eight months,” she replied. “I don’t like staying at home. I get so bored.”

“There are opportunities that an open schedule allows,” Alan said.

She smiled at him. Alan wore his undershirt to hide the scar when they had sex in her bed that afternoon, the twins asleep in a playpen.

“Well, that didn’t take long,” she said, when it was over.

Alan stopped by her house the next week, but she told him she had laundry to do.

“Important laundry,” she said. “I need to get to it right now.”

THERE WAS ANOTHER housewife, an accounting executive, a nurse at the rehab clinic, and a grocery store clerk. After a sexual encounter with him, women did not want to see Alan again. Even so, his taste for variation had returned. He slept with Bettina out of obligation, though he noticed that she did not dab perfume behind her ears before coming to bed as she once had.

Two months after the transplant, Alan returned to the accounting firm. He did not talk about his new women to the male accountants, because the stories weren’t nearly so interesting and he wasn’t proud of the encounters as he had been. Alan had a tryst with a secretary in the staff lounge after which she looked at him with that vacant, fearful look he was beginning to recognize as a hallmark of his time with women. After weeks of being healthy for the first time in his life, he began to feel tired and sad. He went to his doctor, thinking that the fatigue might be the first sign of organ rejection, but the doctor confirmed that he was healthy.

BETTINA TOLD ALAN that she wanted to have a garage sale. When she asked him if he would like to help her, he shook his head and did not turn away from the television. Alone, she sat on the couch, decorating posters and writing prices on green stickers she bought at the drugstore and making lists.

“Is there anything that you want to get rid of?” Bettina asked.

Alan shrugged. “Your junk crowds the house.”

“You’re right,” she said. “This place is overcrowded.”

On the day of the sale, Alan was gone in the morning with a red-head he’d met at the post office. When he pulled his car up to the house, he saw the hydraulic lift recliner, the wheelchair, his stationary bicycle, and the hospital bed sitting out on the driveway. On the tables were his

sweaters and jeans and socks. The furniture that he'd moved into her basement stood on the asphalt. His couch was marked sold. Four people stood around touching his things.

"What is this?" Alan asked, walking up the driveway.

Bettina wore a visor and sat at a card table.

"This thing has run its course," she said.

"Were you going to tell me?" Alan asked.

"You're moving out," Bettina said.

"You're moving me out."

"We had an arrangement, not a marriage."

"I got the transplant because of how happy you made me."

"How happy do I make you now?" Bettina asked.

A woman brought two leather belts to the table. "One dollar each?"

Bettina glanced at Alan. "Sounds fair."

"I don't wear those anymore," he said. The woman gave him two bills. He turned toward Bettina. "I love you. I've grown to love you."

"You're done with me," Bettina said. "I'm just doing the logistical part."

"I hadn't made a decision," Alan said. "I've been out of my head. I think it might be the medicine. Maybe I got the heart of a philanderer. Maybe I need to be retrained. I still need you."

"You don't need me."

"I wish I did," Alan said. "That should count."

"It doesn't. We only love each other in sickness, not in health."

"Can we work on this?" Alan asked.

"You don't do for me as you once did," Bettina said soberly.

Alan looked away. "I don't mean to be unsatisfying."

"You can take a poll. Maybe one of your other ladies will have a different response."

Alan shook his head. "Every woman feels the same. What has changed?"

Bettina frowned. "You could deny the other women out of politeness. Before the transplant, you were insecure and nervous and a little sad and it made you a great lover."

"What am I now?"

"You're as inexperienced as a virgin," Bettina said. "I was the best wife

for your affliction. You can have the profits from the garage sale. At least your stuff is out of my house.”

ALAN RENTED A ROOM at a motel that night and signed a lease on a one-bedroom apartment the next week. Bettina filed for divorce, and the marriage was over in a matter of months. He missed her presence in his life at first, but he quickly fell into new routines and began to plan a backpack trip to Australia and applied for a bachelor’s degree in business. At night he dreamed of oncoming headlights and beautiful women. He tried to remember how he had pleased the women of his past, what he had slowed down that other men rushed, but he could not. He had lost the discipline of illness, the way it allowed him to focus on the smallest of desires. He regretted the loss of this concentration, of course, but with the future before him, he hadn’t time to worry over any pleasure but his own.

Lorie Kolak was awarded first prize in the 2007 Goldenberg Fiction Contest, sponsored by Bellevue Literary Review. She works at DePaul University library and lives in Chicago.

Code to Salvation

Desi Di Nardo

Sesquipedalian

The grit
from sandbanks
crunches between teeth
like a firecracker—
the light, the sound—
a blast of erudition in the brain
and then, the taste—a dirty ochre powder you can't get off your tongue
because the history is too vast and the rivers are blood-deep unlike here
where there is no drought and the chances are good for a prodigious entity
until the Self which you keep locked in a room
creeps outside to wait for a yellow taxi
in our dank metropolitan streets it stinks—
that scent of a verbose, terrified man
a petrified stone
twiddling the ends
of his black moustache
didactic, slack, quack
diagnosis: *Logorrhea*
so condition your sons
to rise like phoenixes
and soar to nothing
insecure and failed
like the perished
apple that never
really falls too far
ask yourself for
your credentials
say to the
Self,
I am I ran

Acrostically Yours,

Lost in a luminescence of
Insanity
Scents of envy as her stinger
Abjectly gets under skin
Pulsing and pounding with toxins
Arise from coveting and salivating
Teeth reveal her wolfish grin
Eagerly to swap
Reason for reprisal
So she can pretend to be something
Other than the ominous, obstreperous, omnipresent
Nuisance she really is

Nightingale

like a
solemn sunset
sinister and keen
she is discomfited by
the view from drawn
old, dusty drapes she
squats down low over
petty fertile truth and
waits a patient vigil
cradling roundness
with bird-leg skin
she pecks at the
curtains

from a pedestal of fine shell and fear, she prays to a cloud-flecked heaven
yet they remain small, vacant, crumbling caskets startled by expectation
and sterilized by her blue-speckled cry which will not get
through the glass where she hovers
motherhood dismantling

Desi Di Nardo's work appeared in numerous journals, Poetry on the Way (TTC), the Official Residences of Canada, and Canada's Parliamentary poet laureate's "Poems of the Week." She has also worked as an English professor. See www.desidinardo.com

Looking Back at Those Paintings

Andy Patton

They're all from the mid-eighties. Many claimed that painting was dead. Most painters rebelled at the idea, but I *cherished* it. Maybe painting was mortal. We live, die—maybe painting's imagined mortality would allow it a glimpse of our human situation that was denied to the arts that didn't die. My brother, Jay, who was a bush pilot, had died in a crash. Last year, more than twenty years later, in the middle of a lecture about those paintings, I realized, looking back, that I had equated his death with painting's death. Painting became for me a hallowed cup into which I could pour my feelings of loss.

At the time, I was making work from images I found. They came from a variety of sources, usually things that I stumbled across at the Metro Reference Library in Toronto, where I worked part-time. At closing, it was my job to reshelve the newspapers and magazines in all the different languages, and to pick up the books and load them onto a truck, so that someone could reshelve them the next day. I came across a wealth of images, but almost randomly; I lived in a tide of imagery thrown up each day on the beach of the fifth floor. I was a beachcomber.

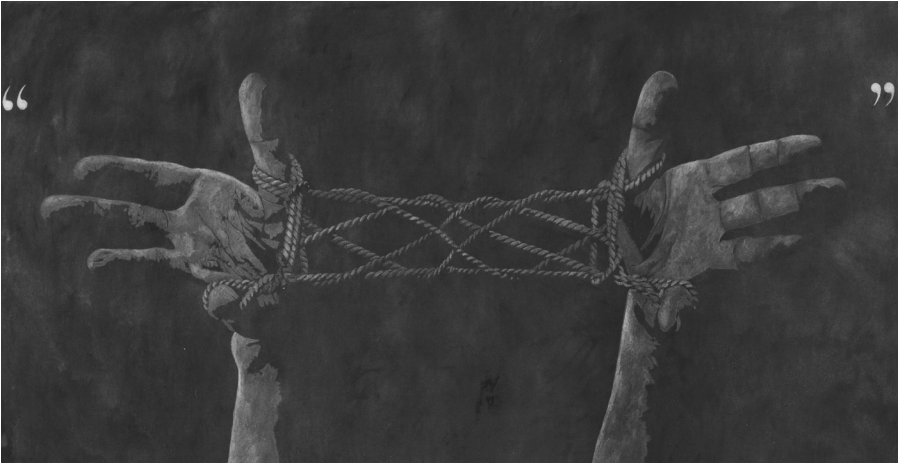
Each time I found something interesting, I'd make a photocopy: very black and white, very contrasty, degraded. The images piled up; I'd paint the ones that seemed to have the most depth or resonance. The process was simple. I'd take a slide of the image, project it onto the mottled dark ground I'd painted for it, chalk the image in. Then I'd paint it in in a



With One Hand against the Other, 1984, oil on canvas, 60" x 66"

variety of different whites—but semi-translucently, so that the ground showed through the image. I wanted the image to be like a ghost, insubstantial, rather than solidly *there* the way a vase in a still life seems real within the world of the painting. I wanted “unreal,” an image that could flicker and disappear, a ghost haunting the painting.

I liked projecting and tracing, the sense that the image came from elsewhere, the way I had to generate depth and volume from this flat outline. It was important to me that the painting was also partly a process of photography: I liked not knowing what kind of object I was making. Was it “painting” if it relied so much on photography? But it wasn’t photography either. I was haunted by images, haunted by ghosts. I didn’t paint pictures of the world, I painted images of images, beyond which lay the unreachable world.



Voice, 1985, oil on canvas, 60" x 120"

The Architecture of Privacy (cover): I was horrified by how private life was being drained, made the same as public life. (Yet I had no idea how much further this would go in the next two decades!) I wanted to sever the private from public, and the canvas surface on which a painting took place seemed to me to be the membrane that divided public from private. No one could know, or even guess, at all the thoughts and feelings that passed through me while I worked on a painting. I treasured that. I never thought that self-expression was in itself good. I wanted the viewer to sense that so much had been held back, and that it still lingered nearby, somewhere in the painting, but in darkness.

With One Hand Set against the Other: I made several paintings from images I found of string games in Africa. At a time in which Mandela was in jail, and the struggle against apartheid was still raging, it was hard not to see this one as some kind of image of a body politic divided against itself, with one hand captive to another. I liked that loading of an image that otherwise was oblique; I didn't forbid myself from making something that might have been propagandistic to some.

Voice: Over time, I realized that some viewers didn't realize that the images were "found" images, were quotations of images. Rather dumbly, I thought I'd put quotation marks around an image to make that clear. Of course that didn't work either, because Western art (unlike Chinese art) is based on keeping images separated from our writing system. But I

liked the result. It made me realize that what in poetry are called questions of “voice” were crucial to me in painting: it wasn’t the image, but *intonation*, the exact qualification of the image’s appearing that mattered to me.

Andy Patton lives and works in Toronto. He represented Canada in the 1984 Sydney Biennale. His works are in the collections of the National Gallery of Canada, the Art Gallery of Ontario, and Museum London.

Biopsy

Douglas Haynes

When the doctor found a thin cord
where her left breast was,
the ground rushed toward me.
But we're not to worry.
It could be a nerve enflamed
from losing the flesh around it.
It could be another tumour.

We wait watching young phoebes
fall from their nest in the eaves,
a shove and flutter that means
the future of flight each time,
as if wings had to be reinvented
for all new birds to thwart
gravity's thud. We keep the cat in.
His stare at the doorknob tries
to persuade us that uncertainty
has nothing to do with death.

Mornings open with inventories
of skin, dreams receding like days
that our bodies never lived.
Whether or not we worry,
our bones stretch each hour's chance
like the fledglings' hollow wings
invading the air.

Douglas Haynes is a poet, essayist, and translator whose work has appeared in many journals in the U.S., Ireland, and the U.K. He lives in Concord, New Hampshire, and teaches writing at New England College.

At the End of Breath

Rebecca Rosenblum

Grey's left hand is on the doorknob and he can't release it quite yet. The metal is smooth and cool under his palm but quickly warming, growing moist with sweat. He watches her breathe. The big cop stands patiently in the hallway, watching Grey watch Catherine breathe. Webbed with thin blankets and IV lines, threaded shut in 176 places, Catherine is breathing.

The horror of the moment is stilted by the Jean-Paul Belmondo gesture Grey makes. Running his right thumb around the bow of his upper lip and the dip of his lower one, Grey feels self-conscious in a way he hasn't in years. Maybe not since he started imitating the gesture with an adolescent fervour the first time he saw *Breathless*, somewhere back in high school. Watching Belmondo's thief watch that cinematic Paris and brush his lips in consternation, Grey saw something he could do, something that might help. In front of a medicine cabinet mirror, he trained himself, learning to use the gesture in moments of stress and distress and deep thought. By eighteen, he had finally internalized it to the point that he, like that small-time criminal, is scarcely aware of the touch at his mouth, save the tiny measure of comfort it brings. He has traced his mouth in terror and anticipation for twenty years and barely been conscious of it, but now he feels the cop's eyes on his bitten lips, his melodramatic mouth, and wishes his hands hung at his sides, silent. Still he can't stop.

He can't tell if she's unconscious or if her eyes are swollen shut. The yellow-purple flesh around them doesn't twitch at the echoing click when he releases the doorknob. He slides his left loafer across linoleum and into the room. One step and then another and then she's real. This is his

new reality, unambiguous, unimagined, thin but sharp as a knife blade: this bloodless, bloodied woman on the bed. The cop sidles into the room and stops abruptly when he sees her, really sees her. The young policeman, tall, bearded, armed, has to turn his heavy rectangular head away from the woman contained in the railed bed. Standing on Grey's front porch an hour ago, this man said, "Good news," and now the object of that news bleaches the blood from his face. Grey feels the officer's dismay and pity wash over him, him and Catherine both. He wants to put his thumb back to his mouth but doesn't, now too aware of the pathos of his borrowed gesture, perilously close to a thumb in the mouth. He wonders if he could breed this tic out of himself the way that he once bred it in. Or if what was blank and malleable in his mind as a fifteen-year-old has now cemented into the core of his personality, a pastiche of stolen clip-pings and sound bites that he needs to exist.

Grey standing at the foot of her fenced bed is the best-case scenario. He knows that this is the moment he has prayed for with such repetition and passion that the prayer, too, has passed into habit. For the ten months since she disappeared, every street lamp, sandwich board, doorway, moment of stillness, has been accompanied by that please please please please please that doesn't require will or thought anymore. It just comes; he gives his mind the freedom. In close to a year—time that he has spent terrified of what he might do on that black anniversary—his mind has never dignified the possibility that she was now absent from the earth entirely. He's never allowed himself the thought of that other Catherine, past-tense Catherine, subterranean and still. Even in the worst of doubt, it always seemed possible that he could get to this moment. And here it is: perfect relief and revulsion, having her back but not back, alive but broken. He has pictured this room before. Everything that is happening and is about to happen has already been rehearsed a thousand times in the darkness of his silent bedroom. Except, in his imaginings, the hospital room had a window.

There have been things he didn't imagine, couldn't, or wouldn't. If she wasn't dead and wasn't with him, then she was somewhere else, but he never pictured where or how, any more than he pictured the insides of his eyelids. He was saving his strength for the hand that reality would sooner or later deal him; he had no more reserves for potential tragedies.

Now the cards are on the table and Grey regards this new truth together with the policeman. This truth is a parody of good-newsness. He feels a heavy hand press his shoulder. On some level, ever since he met Catherine he had known that something was coming. That he would spend a Christmas alone, sitting in a lawn chair half buried in the snow so as not to hear the plaintive wail of the phone inside the house. In glittering clear retrospect, he sees that Catherine had always been just about to set a narrow, hammer-toed foot along the wrong alley, into the mouth of a bear trap or down a gangplank. He's had more luck than he'd earned in having her in his life at all, and his luck had leached away some of hers. The shocking thing was not that she disappeared—was taken—but her return. That she could return from hell and make summer come again had seemed both possible and preposterous, until she did it. Tragedy is predetermined, Grey had believed, and usually final. He was a man who believed in tragedy. Perhaps the other shocking thing is that he had been so unprepared for this one.

Once it arrived, though, once she was snatched, he'd known almost right away, though not soon enough to save her. Almost. It had been at a nice restaurant, though he'd eaten nothing but the bread there. As soon as the waitress, golden in her highlights and uniform and smile, had set down the second basket of bread, he had known. He'd been laughing, easily conceding a point to Peter in an argument they were having about city politics. He was unable to remember how he'd been drawn into that; neither of them much cared. It was a time-passing squabble with friends. He had been waiting to tell Catherine about the new shop near his office that sold origami paper and tea sets and rice crackers and foam trays of homemade maki, as if a nationality made a merchandising plan. He wanted to save the anecdote and not tell it twice, and it was hard to wait because the contrast of coolers and bookshelves and the cheerful woman with a kimono and a cellphone had been so funny. But he was being patient, patiently chewing on the good bread and then they ran out. If Catherine was late enough for the three of them to consume an entire basket of bread—and that included skinny Angie, so really only two—then the unimaginable worst had occurred. Neither the full abandoned purse in the alleyway nor the tiny drops of dried A-positive beneath it confirmed anything he hadn't already seen in the red napkin covering

a second set of sesame crisps and slices of olive loaf. After that, his time and mind had been taken up with prayers and other forms of despair that require no forensic confirmation. But he had stood up and made the call anyway.

This body in the bed, this Catherine-he-once-knew, she is a confirmation of another kind, but he can't be sure of what. That his luck, which has never entered the picture before, is suddenly holding? That he is being treated better by fate than he deserves? Because this scene—these thick gashes on her concave face, that awkward angle of her shattered right arm, the web tangling from her left wrist to a clear plastic bag—is a nightmare that ten months ago, ten days before, ten minutes prior, even his grim mind would not have been able to conjure. Grey wants to know when exactly seeing all of this, with his thumb at his mouth now as icy as a flagpole, under the tender chocolate milk eyes of a beat cop, became the best case scenario. Long after, he's sure, the optimistic volunteer searchers in their neon ski jackets and the underfunded police department and the brusquely bored newspapers and even her keening blank-eyed parents all gave up hope. After his office was rewired and his desk moved, so that even if she'd had some way to get to a phone, she would not have had the right number to contact him during the day. Perhaps the night he slept diagonal on the bed and didn't wake up sweating. Perhaps in that numb period when he'd seen glimpses of a future without her and he thought he might live through it, the past few months when he scarcely wept at all, and never on the bus.

But he's been proven wrong, and in his wrongness, won everything. These monitors and this narrow bed: this is the big triumph, the victory lap, and the grounds for promotion for the fellow in the corner, perhaps. Catherine has been found and returned as a living person, not an eighteen-point headline. Her mouth is a meaty swell, the colour of cooked liver. Her thick dark hair has been razored, not by her captor's cruelty but by the gentle hands of nurses, to get at the wounds underneath. Even the spikes of grey-black surgical thread on her cheek are a victory, a better alternative than others.

The white-walled room is tiny—one more step puts him at the shore of the bed. Behind him, the police officer, young beneath his beard, has dropped back against the wall. Grey can hear the man's heavy breathing

and knows they are both fighting to continue to regard his wife, not to reject this celebration. For all his clairvoyance, he does not know what comes next. Does he embrace her, wake her, ask her how she is? Should he be carrying flowers? How far in the future will this day, these days and weeks and months of suspended animation, become blurred memory? How soon can he forget? Would now be possible, somehow?

Has the cop seen *Breathless*? Grey wants nothing more than to buy the man—who has likely been on his feet uncountable hours—a cup of coffee and tell him about the early days of Goddard and the New Wave, when things were more linear but still so transparent and cool that you could get away with not feeling, if you so chose.

But you can't. Grey can't. The things he can't quite bring himself to believe—the blankness of her third left finger, without even a tan line; the pillow of bruise under her eyes; the blades of her hips sharp enough to slice through the thin blue blanket—all hammer at his eyes and mind and won't fade into nightmare.

Will this be enough for her? Will this be too much for her? She was not a woman for whom any sort of pain would be muted. Is. She was fearful of many things but she enjoyed her life, or at least he believed that she did. Does. She put huge amounts of cilantro in the salad and followed a recipe for Bloody Marys that called for pickle brine. He was constantly finding her socks in the front hallway—she hated to have anything on her feet but believed the laws of conformity required it. Once she painted the coffee table vermilion and then tripped over it, stripping across her pajamas, which she wore for years after that, even so. Once she went through a Barthes period and wanted to work in advertising. Once, as a child, she had won a series of dance competitions and got sent to the international finals in New Jersey. She said New Jersey wasn't very international, and she didn't take the prize. She never drank Guinness, she never shopped in malls. Once, at work, she was able to prove a need for the more expensive kind of paper clips, the coloured ones, to code her files, and Admin ordered them every month in a tiny box, only for her. She brushed her hair only when it was wet. She laughed and laughed at pratfalls and puns and other things that were only marginally funny. She slept on the left side of the bed. Only this.

Grey kneels at the bed, her bed, reverently. On the ungated side, he

can lean across the slippery sheets and place his cheek, pale and gaunt with desires and wishes and the killing fire of hope, against the deep curve between those cutting hipbones. As Grey presses his thick lips to Catherine's cloaked belly, he hears the cop's—Terry, his name is Terry—sharp inward hiss of breath, but Grey feels Catherine's breath. Beneath his unshaven face, her stomach tightens into itself, but then it pushes up again. The disinfected air of the hospital is sliding inside her, pumping through her and through him and through Terry, a perfect intimacy.

The room is silent, absent of the steady heartbeat of weeknight television dramas. Can the doctors really have such faith that this small frail heart will keep beating unmonitored? Grey can't. He keeps his face pressed into his wife's stomach. He has to feel her breath to be sure. And, as he feels the rise and fall of her belly, watches the slight twitch beneath the unrecognizable yellow slit of her eyelids, he is sure. Hair can grow back. Blood can clot. The thief can get up from the street. And in the back of his throat he feels the miserable burn of gratitude.

Rebecca Rosenblum is finishing her Creative Writing MA at University of Toronto. Her stories have been or will be seen in Exile Quarterly, Danforth Review, echolocation, the New Quarterly, Querty, and Journey Prize Stories 19.

Between Two Worlds

Matthew Jacob Nadelson

Scene from a Hospital Window

The sun ascends as one
rising from the sickbed, shaking
the cotton clouds loose as death-shrouds.
The moon slips from the horizon
like a newborn from his mother,
a new world in constant revolution
around the two moons she calls breasts.
Mercury the midwife ushers
the child from one world to the next
with a slap to clear the air between them.
So the child's testicles descend
from his heavenly loins as seraphim alight
to fix even the smallest worlds in place.

Elegy for My Grandfather, the Golf Caddy

Father, I can hardly remember you
holding me as a child, so I can only imagine
you cradling, in the crescent of your arm,
your father's head, bald and dented as a golf ball,
his nape tanned to leather and unravelling
in patches of petrified skin,
his tongue protruding from his mouth
like that of a snake about to throw its skin.
You watched his eyes widen to white
hospital sheets shrouding his morphine-
deadened flesh like the fish he caught
in the lake and wrapped in a newspaper.

IVs wormed their way through his veins.
Hooked to the gills like a fish caught
between two worlds, he gasped for breath,
grasping for something eternal.
The God of Abraham will cradle you
as a child, you whispered, as his heart
slowed to a whisper and his lungs
expired like whistling volleyballs.
Beneath a towering Joshua tree
you buried his remains—eight pounds
of ash and bone, already taking root,
embedded in the green grass of “Paradise
Resorts” on which he worked his youth
away, mowing their golf course to a tee,
years lost with every fistful of ash tossed
though the Joshuas shaking their claws
at heaven, contorted into question marks
at the end of a life sentence.
You floated through that golf course’s lake
in a rented boat not altogether
unlike the soul-laden body adrift
through any night’s cold, dark, indifferent air,
knowing we’re all born beneath one roof,
this sky; all must shoulder the blue beyond.
The morning sky is a blank sheet
spreading out before me,
lacking periods or stars and infinitely
wide and deep as the sea.
I look up past the blue beyond
to God, who is everywhere
but here. The austere trees stand proudly
and death is all that shadows us.

Matthew Nadelson is an adjunct English instructor at Riverside Community College in Norco, California. His poetry has been published in North American journals, and his most recent work is forthcoming in Blue Collar Review and Beauty/Truth.

Collision

Susan Mockler

She finds it strange that she can't remember it. But of course that would be impossible. She never saw it. The split second of impact. There is no personal imprint. Just this sense of absence. The void where memory should have been that leaves her with only this internal space, this black nothingness dividing her life into before and after.

This is what she remembers.

They decided to leave early. There was something about the late summer heat of the city, the restlessness she'd felt sitting on Graham's mother's couch sipping tepid decaffeinated Red Rose tea, grey with milk, and listening to Andy Rooney sign off on *Sixty Minutes* that made her want to flee.

As they drove back to Graham's, she said, "Let's go tonight. We're already packed. We just have to load the car."

"Why not?" Graham said, shrugging. "We can probably get to Vermont by midnight. Stay over and then be in North Conway tomorrow afternoon." He reached around the gearshift and squeezed her thigh. "I like it when you're spontaneous, Jenna."

His touch just below her cut-offs felt damp and sticky, but she left his hand there and smiled. "Why wait until the morning?" Impatient now for the cool mountain air, the stars silver against the clear dark sky, she tried to concentrate on the trip, ignoring the lingering disappointment, the hollow feeling that had plagued her for months, the certain knowledge that she was with the wrong man, living the wrong life. She wanted this vacation, this weeklong respite from being stuck in a burgundy cubicle reviewing files, entering data. When they returned she would change, dismantle this life and start over, but for now Jenna shut that part of

herself away, for now she would go along. It was easy enough; she'd been doing it for years.

Less than an hour later, they were on the road. Eric Clapton singing "Tears In Heaven" on the portable tape player in the back seat. The stereo in Graham's car had stopped working last week, so she'd bought batteries, burned CDs, and taken out books on tape from the library. It was a long drive. Eric Clapton was a compromise between their ages and musical tastes. She'd left some of Graham's favourite cassettes on his bookcase. If he asked about them, she'd lie. She just couldn't handle listening to "Hotel California" one more time.

"Do you want to stop for a coffee?" she asked. "There's a sign for a rest stop up ahead."

"Let's wait until we get past Montreal."

"You're not tired?"

"I'm fine."

Undoing her seatbelt, Jenna leaned over her seat and began fiddling with the tape player in the back.

"Hey. What're you doing?"

"I just want to hear that song again."

"Don't do that while I'm driving. Put your seatbelt back on."

"Don't talk to me like I'm one of your kids."

"Just do it, okay?"

"Fine." She said, settling back into her seat, clicking the belt in place. "If you'd fixed the stereo we wouldn't have this problem."

"It's an old car. Besides, I can't afford it right now."

"You could if you hadn't invested \$2,000 in Amway products."

"Jack in IT told me he made \$16,000 last year."

"Right."

"I'm sticking with it."

This was what drove her crazy. She remembered him donning his Moore's polyester blend sports coat, his clip-on blue-and-white striped tie, off to troll the St. Laurent Shopping Centre for people even more gullible than himself, whom he actually believed would leap at the chance to enter his world of opportunity, convinced by a memorized sales pitch and the gift of one of the remarkable Scrub Buddy pot scourers. The products sell themselves, he'd said. What was even worse was that he had no

shame. Hadn't even been worried about being spotted by someone from the office. A member of his staff? A senior vice-president? Maybe they're searching for something else too, he'd said.

"You're quiet." Graham said. "You okay?"

"Sure," she said, trying to think how to distract herself. If she let her thoughts continue in this direction, she'd be asking him to head back to Ottawa any minute and she really did want to hike in the White Mountains. It wasn't the kind of trip she could take alone. Not yet. When she was married, Jenna had liked doing things by herself, had relished times of uninterrupted solitude. But ever since Daniel had left, being alone seemed like a rebuke. She didn't feel independent and strong, but lonely and discarded. She needed Graham now and she supposed that for similar reasons, a fuming ex-wife, a troubled fifteen-year-old daughter and a perpetually stoned eighteen-year-old son, that he needed her too. A stopgap relationship. It didn't have to be forever.

"I'm going to see if I can find somewhere for us to stay tonight," Jenna said, opening the glove compartment and pulling out the New England travel guide she'd picked up from the Canadian Automobile Association. "Where do you think we'll end up?"

"Hopefully around Saint Johnsbury. But you might want to check on the Quebec side. In case we want to stop sooner."

She thumbed to the index, searching for accommodation listings for Vermont. There was little light in the car, but if she squinted she could just make out the names of hotels and motels near the border.

And then sometime between struggling in the dimness to read the names and descriptions, sometime in that span of time between feeling the thin newsprint between her fingers, the smooth vinyl of the seat against her bare legs, the effortless turning of pages, sometime in that space from conscious thought and action to her next memory when everything was altered forever, the car hit a moose.

IN THE DISTANCE she could hear someone calling her name. She wanted to reply, rise to the surface to greet the voice. But there was resistance, as if a magnetic force was drawing her deeper and deeper into darkness; a darkness, safe, calm, and unending. How easy to let go, simply slip away, but she struggled and one thought formed: Not ready to die.

“Jenna!” Opening her eyes, she returned to the world. Blinking, she tried to make sense of the chaos around her. Shouting, car doors slamming, flickering lights: red, blue, and bright white. The shape of man hovering over her. Terrible, she thought. Something terrible has happened. Then a gradual recognition. She couldn’t feel anything. She couldn’t move. Disconnected. As if she were all mind, as if her body had disappeared.

Time blurred by. In and out of awareness. She was in a hospital examining room, gagging; something was being shoved down her throat. A woman’s voice commanding. “Jenna. Swallow. We have to insert this tube into your stomach.”

Seconds, minutes, hours later. She had no idea. Another voice. “Jenna! Can we cut your clothes?”

She was surprised by the request. Splayed out on the table like a science experiment, a vivisection, yet they asked her consent for a matter so trivial. Was it the destruction of fabric, a nod to her dignity that prompted the question?

“Yes,” she responded. Her first word, raspy and weak. Her throat raw from where the tube had scraped. Then through the static of machines, the hum of voices, she heard the soft swish of shears.

“You’re going to be okay. I know you’re going to be okay,” Graham said from somewhere nearby. “They said you’re stable now, but they’re still trying to figure out what’s wrong. You may just be in shock.”

She moved her eyes trying to locate him. There he was, off to one side, only a few feet away. Strange that she’d forgotten about him completely. All that seemed to exist was the flurry of action between her body and the doctors and nurses who were trying to make a diagnosis, trying to keep her alive.

Alive.

She knew that she could die. She knew that right here, right now could be the time and place where she ends. So sudden, so arbitrary, so unannounced. These could be her last moments of awareness. This could be how it feels to die. So simple, so final. Any second now she could be gone. A flicker of fear, then desperation. She wanted to live. She really wanted to live. “Please save me.” The force of her words barely above a whisper, a plea to the shadows, the bodies, the hands above. Had they heard her?

“You’re doing great, Jenna,” a woman’s voice. The same woman? A different woman? Everything depended on the skill of these strangers, these shapes and voices that she couldn’t bring into focus. “You’re very brave. Hang in there. You’re a brave girl.”

Brave.

“We need to get her to X-ray.”

Jenna opened her eyes, saw the ceiling tiles flash by. Nothing to compare this to, no reference point other than TV.

And then she floated away, as if into a trance. Ten years old again, cross-legged on the living room floor in front of the television, eating Oreos, drinking milk, watching after-school reruns. The red brick firehouse fills the screen. She hears the throbbing beats, the wailing sirens of the theme song. *Emergency!* is about to begin. But something is different. She isn’t just a viewer. Somehow she is also part of the show.

INSIDE THE STATION, Johnny Gage, a paramedic, sits at the kitchen table, drinking coffee, glancing through a newspaper while his partner, Roy DeSoto, mops the floor. It’s a slow night. Roy teases Johnny about his latest crush—the new blonde nurse down at Rampart Emergency Hospital. Then the alarm blares, directives are broadcast over the loudspeaker. “Station 51. Car crash on the freeway. Woman injured.” Johnny grabs his helmet. They race to the truck. Roy seizes the wheel, pulls out of the garage. The fire engine screeches down the street.

At the accident scene, the situation is serious. A thirty-year-old woman, barely conscious is trapped in a compact, the front hood of the car crumpled as tissue. A large animal lies dead on the road. A balding grey-haired man paces by the car, wringing his hands. “There’s nothing I could have done. It came out of nowhere. I didn’t see a thing.”

“Sir. We need you out of here,” Johnny says, waving the man to the side of the road.

“Is she going to be okay?”

“You need to let us do our job.”

Roy calls the hospital from the field phone. Johnny pries the passenger door from its hinges. He leans over the woman, shouting out her vitals: blood pressure, pulse rate . . . “Permission to start an IV?”

Roy mumbles into the telephone. “Doc Brackett says to go ahead.”

Johnny inserts the IV, his movements skilful, efficient. "We gotta get her to Rampart. Get a backboard over here." The ambulance drivers who've just arrived on the scene run to his aid.

Johnny hops into the back of the ambulance. Crouched beside the woman, he stares down at her face, his bright blue eyes clouded with concern. "Hang in there, baby," he whispers. "Try to hang on."

In the emergency room, Nurse McCall straightens her cap and picks up a clipboard from the desk, jotting down a few notes.

"Have you got a room set up for her, Dixie?"

"Treatment 1 is ready, Dr. Brackett," she says, smoothing the front of her crisp white uniform. "And I paged Dr. Early."

"Good thinking, Dix. We'll probably need a neuro man on this one," he says, heading over to the filing cabinet behind the nursing station.

The ER doors swing open, and Johnny and Roy rush through, wheeling the woman in on a stretcher.

Dr. Brackett hurries over. One brief glance is all he requires. "We need to get her to X-ray."

"YOUR RIGHT LUNG is collapsed. But you can live with one lung. No problem."

One lung. No problem.

The words drew Jenna back. Back to this hazy new reality suspended between life and death, laid out on a table in an emergency room. This was her. This was now.

"We're sending you to Ottawa General by ambulance." The woman again. She must be the doctor, the one in charge. "They've called in the neurosurgeon. He should be there by the time you arrive. You'll be in good hands, Jenna."

By ambulance? Back on the highway where this had happened? Weren't there medical helicopters? Wasn't this what they were for? But she didn't protest. Other people were making all the decisions for her now.

They packaged her up to be transported, to haul her back to Ottawa, like a carcass, a side of beef. As they loaded her into the ambulance, she overheard Graham arguing with one of the paramedics. They were refusing to allow him to accompany her in the ambulance.

“How the hell am I supposed to get home?” Graham shouted. “What’s the problem? You have lots of room.”

“You’re going to have to find your own way back, sir,” the paramedic said, slamming the rear doors, shutting Jenna in.

“HE SAID he’d be here by three. His resident called him about an hour ago.”

A different voice. She must be somewhere else. Ottawa. She must be in Ottawa now. The room was quite dark, diffusely lit. Jenna could discern two, no, three figures bustling around her. She tried to focus, to interpret shards of conversation: “Steroid drip . . . o₂ levels . . . BP . . . catheter.” But it was difficult to assemble meaning from these fragments. All she understood was that she was the impetus for this energy, this frenetic activity. She was the emergency, the critical injury.

“He’s here now. Call the porter.”

“Jenna?” A whisper in her ear.

“Mmm.” It was too much effort to speak.

“They’re going to take you down for an MRI.”

A few minutes later another room, this one bright, flooded by light.

The flash of a white lab coat as someone approached where she lay on the stretcher.

“Jenna,” a man said, his voice authoritative and calm. “I’m Dr. Chamberlain. You’re going to have an MRI now. The best thing to do in there is close your eyes. That’s what I tell everybody. That way it’ll be over in no time.”

They shifted her onto a table. She shut her eyes tight, then heard a mechanical whirr. And somehow, without having yet completely formulated the thought, she suddenly knew what they were assessing. Whether by instinct or by having absorbed more from the disconnected words and phrases than she’d realized, she knew with dreadful certainty what was wrong.

She must have drifted into darkness, away from awareness during the scan. The next thing she knew she was back on the stretcher struggling to remain alert, to comprehend what the doctor was reporting, the results of the test.

“There’s good news,” he said.

Good news?

“First. The injury is incomplete. The spinal cord isn’t severed. Second, we don’t have to operate.”

Not severed. No operation. Then something about the fractures having decompressed, the significance of which Jenna couldn’t quite grasp. But good news. Incredibly, there was good news.

Susan Mockler is a psychologist living in Toronto, Ontario. Her short fiction has appeared in Taddle Creek. She is working on a novel from which this story is excerpted.

The Blue Dress

Josie Gable Rodriguez

I visit you as I do each week, bringing
the ritual and comfort of sacrament and
companionship
during your journey of dying.
But today there is no comforting you.
You are angry—your words fly out like
bees around a nest. You say to me, “I’m sorry.”
There is no need for apology from you as your
brain swells and causes you to say things you wouldn’t
ordinarily say. But you know, and you can’t control the
stinging words flowing from your mouth.
You want desperately to live. You have so many things
you still want to do—the treasures you once held and dusted
and placed gently on the shelf surround you—giving protection.
How can I possibly know what you are going through? I’ve not
walked your walk and yet must help you in your walking.
You stand there naked and I in my blue dress—you stare right
through me.
I can’t touch the depths of your sadness and anger about this disease
which will kill you too young. How can I possibly know?
Words I say don’t make much sense—to either of us.
I think it is I who should apologize.

Josie Rodriguez, MA, is a certified clinical chaplain, National Association of Catholic Chaplains. She worked at Scripps Mercy and San Diego Hospice with adult and pediatric patients and their families.

The Ant in the Desert

Cees Baas

When the door closed behind him, Joseph was immediately enveloped by the silence he had been looking for. Just a few steps more took him to the hook where he usually hung up his heavy coat. He made his preparations for sitting, then sighed when his thighs touched down. Home at last.

As usual, he would not be able to stay very long. Then again, he did not need to. It was a relief every time to let his thoughts run free for a just a little while, uninterrupted by the rush that propelled the outside world.

He relaxed and felt the heaviness of his body. Joseph was tired. He planted his elbows on his knees and closed his eyes. He briefly dozed as images flashed by.

Instinctively, he rubbed the skin to the left of his nose. That had become a nervous routine, but Joseph was not aware of it. Maybe others were, but in the crazily paced environment where they interfaced with Joseph, a tic or any other weird yet harmless idiosyncrasy didn't matter. All that mattered was the pace. Joseph was a professional, young and eager, who had no problem keeping up. Nobody knew he had to visit his secret home every now and then.

He opened his eyes and looked at the tip of his index finger. Nothing. Strange how that spot in his face always felt slightly sticky. He rubbed his finger on his pants and watched the images from the past.

The patient was not very old. Maybe in his late fifties, scrawny, one of those psychiatric cases that did well in the confines of the asylum. Even created a business, importing cigarettes from the village and selling them to inmates who were not allowed to leave the grounds. His job made

him a privileged man, who could afford to smoke at will. Two packs a day gave him considerable status among his peers. Working at the ward, Joseph had cared little for the harsh ruler at the top of the tobacco pyramid.

When Joseph was an intern at the ENT department, the king of smokes showed up for his regular appointment. He had been confronted with the consequences of his habits, but the laryngeal cancer didn't phase him. He spoke through his laryngostoma, caring little that his fellow patients hardly understood him. They guessed his intentions and served him as before. His reign was unchallenged.

A choker hiding the stoma, he looked distinguished, but the colour of his skin betrayed his unhappy perspective. On request, he took off the choker, so Joseph could have a look at the stoma. At that point, the patient lifted his hand to his mouth and coughed. Before either of them was aware of the futility of the gesture, a greenish chunk of phlegm landed on Joseph's face, straight from the stoma.

Whenever this image crossed Joseph's mind, he rubbed the same spot. Of course cancer was not contagious. Of course it wasn't. Never.

Seated in his place of refuge, Joseph shook off the memory. He tried to recapitulate the differences in indications between Verapamil and Captopril. Why were beta blockers so much easier to remember?

Now Joseph coughed. Did he feel slightly warmer than usual? He felt his forehead, warm indeed. Another throat case came floating in. A smoker, too, just admitted for an operation. While going through the routines, Joseph stealthily looked at the untarnished but sick throat in front of him. Tomorrow, this throat was going to be cut, was going to bleed, a larynx was going to disappear forever, an artificial hole taking its place. The patient and his wife were well informed and ready. Maybe more so than Joseph, who could not stop wondering what it would be like to lose your larynx. In less than an hour he felt a roughness in his throat that gradually got worse. The next day a high fever appeared that kept him home from work for a week. That's how Joseph learned not to care too much, to look away from too much suffering, to restrict real compassion to cases that would not mess with his own body.

Two more patients to go today. Joseph stared at the floor. An ant had appeared just in front of him, erratically negotiating the yellowish linoleum.

Back and forth, on what must seem an endless terrain without familiar smells, cover, or food. And dry. Why were hospitals always so hot and dry?

He reached for his coat and took out the compendium. Calcium re-entry blockers just escaped him all the time. As he glanced over the pages he had read dozens of times before, another image appeared.

An old fragile lady. Sad, so sad and so visibly alone. It was obvious that someone belonged at her side, a someone that was sorely lacking. There wasn't even a proper room to speak with her, a table in a quiet hallway had to do. How do you explain that her heart will never get better? That it doesn't matter that her husband died months ago after battling a tumour for five years, with cancer drugs, radiotherapy, mood swings, nightly incontinence of everything one can possibly be incontinent of. And no recourse to a humane end to such inhumane suffering.

What was best for her, Verapamil or Captopril, maybe both? A new heart would be best. But what is a new heart without your old husband, loyal partner of almost six decades? Twelve minutes to assess her, to silence your own bleeding heart, to stop your mind from projecting yourself sitting there, maybe forty years from now, fifty when lucky.

Thank God, nobody had knocked on the door yet. Joseph checked his watch, then felt the muscles in his abdomen relax. Remarkable how a few minutes by yourself could give you your own body back. He relaxed his neck, moved his head around in anticipation of the relief a crack would give. He waited for a new series of images to come up, but for now nothing came, just the yellow linoleum and the ant still lost in a hostile world. Do ants die if they stray too far from home? Does their trail of odours evaporate, leaving them with no signposts and no sense of direction? Joseph didn't know.

Snatches of sound came rolling in through the closed door. A code blue somewhere. Another memory, his first serious accident during his internship in the emergency room. The weirdest thing was the waiting. They were all ready, while somewhere on the road an ambulance was racing their way, with a dying woman, crushed by a straying truck. When he saw the name on the nurse's report he felt sick shivers down his spine. A woman from his own village, supporting her family, two kids and a severely handicapped husband. The silence and quiet during the wait

was eerie. When the ambulance finally showed up, mayhem broke loose, with ten doctors and nurses around one operation table. Joseph's job was to monitor the blood pressure, but there was none. There wasn't even a pulse. In minutes the thorax and abdomen were wide open. Hopefully they would find out where the blood was leaking. Minutes later it was obvious that all was in vain. Joseph knew that this was not just a woman passing away. A family died, the future of two children died. They were probably still in school, maybe just out, enjoying the freedom of the open air after a stuffy day of learning. Tired brains revitalizing just before millions of neurons would start rewiring themselves, trying to adapt to a world nobody can ever understand.

Seven minutes had passed since he sat down. Joseph realized he had to go. Back to work.

A second time he felt the muscles in his abdomen relax. He wondered if any of his colleagues had their own hideouts and what they did there. He thought they were all much more resilient and didn't need it. That's probably what they thought of him, too. Still, everybody knew that strange things were going on beneath many surfaces.

If you had to do your final exam with the head of the clinic, you could only hope that the latest nurse he desired would allow him in her pants. For a decade nobody had been known to pass on days when he had been refused. Was that bad? Nobody really cared. The nurses hoped he would leave them alone, the interns and residents hoped they would catch him on a good day, when his hormones were satisfied and he let you pass with a smile and some light-hearted witticisms.

Time to rise. It took just seconds to produce his professional smile. Then he stood up and got dressed to face the world. His lab coat found its usual place on his shoulders. Just one more thing. He looked back and secretly admired the results of his bodily functions. Then he flushed, turned around and opened the door. The noise engulfed him but it didn't hurt. He was ready to face the rest of the day.

Cees Baas, an MD and writer from the Netherlands, has lived in Toronto since 2004. Besides writing, negotiating the bureaucratic Cerberus that guards entrance into medical practice is now one of his major pastimes.

On the Loss and Reconstruction of a Self

Menorah Lafayette-Lebovics Rotenberg

As I write this now in 2007, “I” am “myself” again. But where was my “self” and who was “I” for the most part of the year 2000–2001? In April 2000 I was diagnosed with both a lung disease, MAI (mycobacterial avian interstitial pneumonia, a disease akin to TB but not contagious) and with breast cancer. Following a lung operation (which provided the diagnosis) and a mastectomy (my second, the first was my fortieth birthday present), I was placed immediately on several strong antibiotics for the MAI, and soon after began chemotherapy for the cancer. These medications suppressed my appetite for food and altered my sense of taste in such a profound way that I no longer recognized myself. What does it mean to lose one’s appetite? And how does that spread—like a cancer itself—to a loss of appetite for living? Coincidentally, at this time, Nitai, my two-year-old grandson’s favourite words were “I want!” shouted with great expectation and glee, leading me to puzzle over what happened to my desire. Susan Sontag wrote her renowned *Illness as Metaphor* while recovering from cancer. Her ability to do this was a mystery to me. How did she manage it? How did she maintain her desire? I was in the middle of writing an article on the character of Rebecca in the Hebrew Bible that I had started earlier in the year. I could not continue to work on it. It felt foreign to me. I shrank into myself, not venturing out except to keep medical appointments. I, who loved to roam the streets of Manhattan, finding wonderful cafés like the

light airy one at the Pierpont Morgan Library that was built around a large tree because they did not want to cut it down, now hated to run even a simple errand. I was losing the self I was used to and I missed it grievously.

I was reminded of myself when I was ten and my mother took me to see Stella Chess—who later was to become a pre-eminent child psychiatrist—to see if she could help rid me of my facial tics. It was as if she were a magician as she seemingly whisked away the grimaces—which were never to appear again. Where did they come from and where did they go? This “disappearing act” instilled in me a lifelong curiosity about the nature of consciousness, the connection of psyche and soma, and the nature of volition. I had tried so hard to get rid of the tics and suddenly they were effortlessly shed. It gave me a lasting respect for the formidable power of the unconscious, and an enormous belief in the transforming power of psychotherapy.

If tics disappear, we say goodbye and good riddance. But what do you say when you feel your very self is disappearing? How could I make sense of this? As a psychotherapist, I understood that our earliest self emerges, as Freud put it, from a body ego. We are embodied selves and we do best to remember that. Thus not only did I lose my appetite in general, but even when hunger (albeit in the guise of nausea) drove me to eat, I could no longer tolerate the foods I had always loved. Now it may be that there are many things that I don't know about myself. But going as far back as I can remember, one thing I always knew was that I had very definite tastes in food. I loved sweets and salty foods with a passion. My mother thought neither was healthful, so my grandmother, bless her soul, would let me have candy and soda on the sly. When I was eleven, one of my best friends and I would buy a bunch of radishes and take them to either her house or mine and sprinkle gobs of salt on them as our favourite snack. Now I could no longer tolerate sweet or salty foods and recoiled at the sight of my pantry stocked with bags of jelly beans, Reese's Pieces, M&Ms, pretzels, and potato chips. One of my favourite coffee spots in the Riverside Square Mall in Hackensack featured dense chocolate cake with Cointreau. I confess that at times I used to have that for lunch! I loved that mall, which I called “my mall” partly for its name, which reminded me of Riverside Drive in Manhattan where I spent a large part

of my life. But I also loved it because there was an intimate feeling to it. There were always fresh flowers to lift my spirits, and in the winter the large skylight let in the bright warm sun and made it feel like an oasis in my hectic life. During my illness, however, it never beckoned to me. Indeed I never went out to eat because I was afraid that I would be unable to find on the menu the little I could tolerate. I was fast becoming a recluse overwhelmed by and preoccupied with my body. This preoccupation with my body could have become my new self, but I did not want to forge a new identity as a “sick person”—even though initially I resented all the healthy people around me. Some New Age cancer books spoke of the need to embrace one’s illness. But I did not want its cold, unfeeling, dispassionate embrace. Intellectually I tried hard to distance myself from our Western dualistic notion of mind and body, but in my heart I wanted only to run away from my illness. The last thing I wanted was to embrace it. If I could have stayed out of my body until “it” got better, I would have done so. I was reminded of my fantasy during my first pregnancy when I wished I could unzip my uterus with my baby safely inside, put it aside while I ate and digested my food, and then zip it back in. Then too I wanted to escape from my body, from the constant indigestion that remained, even when the nausea abated. At that time we lived in Brookline, a suburb of Boston. There was a Howard Johnson’s at Coolidge Corner where I took the train into Boston. They had banana flavoured ice cream, which I kept in the freezer. When I ate it I found relief and comfort, imagining that the cream was coating my stomach and warding off the acid causing the indigestion. But now food had become my enemy. I kept asking myself, “Who is this person who can no longer be comforted with ice cream?”

When I went to buy a wig, well-wishers told me that now I had the opportunity to reinvent myself. They suggested I experiment with a different style and colour. They meant to be helpful but they just did not understand. I did not want a new me, I wanted my old self back. I wanted to love listening to music again and to sing. I wanted to appreciate a beautiful day. I wanted to enjoy shopping again. I wanted to get back to writing. I wanted to get back to my ballet classes and enjoy the sheer animal pleasure of lithe movement. I loved my ballet classes. Even though I was by far the oldest in my class, being in my sixties, I shared a

camaraderie with of all the young dedicated dancers, and our wonderful teacher. Of course it was hard for me to keep up—not easy to do sixty-four changements (jumps, with your toes pointed down switching left and right feet with each jump), at the end of class. Once I was lagging so far behind that my teacher Wendy said, “Menorah, the idea of jumping is that your feet leave the ground!” We all had a good laugh about that—and I desperately wanted those good times back!

But basically, I wanted to want. I missed my desire to desire. I wanted to be like my little grandson, Nitai, with his sweeping “I wants.” I wanted to be comforted by enjoying the objects of my desire. Outings, family, and friends were immeasurably helpful and extraordinarily welcome. But I felt them only as a distraction, not as pleasure. I cut the tulips and lilacs and roses from my garden and dutifully put them into vases carefully positioned around the house, because my old self would have done so. The new, as yet un-named “me” was not moved by their beautiful subtle colorations, nor pleased by their fragrance. We had a treasure trove of luscious raspberries in our backyard. Each year we shared our bounty with different friends and had an elegant “berry party.” One year I asked my ten-year-old son, Ethan, “Whom should we invite over this year?” He replied, “No one, let’s eat them all ourselves!” I loved his hearty unabashed greediness. Now, I pushed myself to gather the raspberries and to invite some friends over. While they enjoyed the scintillating fragrance and taste of the ripe just-picked berries, coupled as they were with heavy cream and sugar, and pastries, I toyed with the few berries I had put on my plate.

As I write this, I realize that my bewilderment and complaints sound like depression. Of course I was depressed. I was already seeing a therapist, but it was not helping and I stopped. All my neurotic issues paled before this megadose of physical reality. Nor did I think an anti-depressant would help something that was so physically and chemically based. I was pinning my hopes on my belief that when I accommodated to the medications, when I recovered from my three operations, when my hair grew back, and a certain amount of time would pass—with time itself being healing—I would begin to feel like my “sixty-three-year-old self.” In that sense I would shed my depression as effortlessly as I had shed my tics sixty-three years ago.

As embodied selves we recognize that it is our senses that fuel our passions. When they are assaulted, we lose our very sense of ourselves. This is what often happens with aging. I remember being with my eighty-nine-year-old mother a few weeks before she died. She was very frail, could hardly stomach any food, and had trouble seeing. At one point she asked me, "Can you believe this is me?" and in truth I could not. What had turned this powerhouse of a woman into someone neither she nor I recognized? As one by one her senses failed her, she was becoming lost to herself.

What kind of a self do we construct as we become depleted selves? How does one agree to remain housed in a body poised to destroy one's self? If ever there was a "house divided against itself" threatening to bring down the entire partnership, this was it. And while we can attempt to mount a war against it, we cannot punish it, or bring it to justice. For this criminal who lurks in the shadows is in some inexplicable way also ourselves. "It" was indissoluble from my self. How do we begin to comprehend and make peace with this puzzle? How do we feel integrated and cohesive when faced with bodily disintegration? Do we ask too much of ourselves in thinking that we can maintain an integrated self? The thing about this puzzle, for me, is that even though this may place yet an additional burden on the ailing person, we long for that wholeness. For Jacques Lacan, the eminent French psychoanalyst, that constitutes the most early and basic denial. We do not want to accept that we are lacking and so as the two- (or three-) year-old looks into the mirror she constructs a unified image of herself. He suggests, it is that core cohesive image that flies in the face of reality that we always hanker for and are never able to attain.

The thing about adapting to bodily changes is that, even if they are pleasurable changes, it takes time to incorporate them into a body image. At age eighteen, I had my nose reshaped. I had been looking forward to it, I wanted it with all my heart, and I loved the way I looked afterwards. But it took me months of looking in the mirror to recognize and incorporate the new look as "me." Similarly, after my hair grew back, I decided not to colour my hair, as I loved the various shades of pearly white and grey. But for months I would catch a glimpse of my reflection walking by the windows of the stores in "my mall" (to which I had now, after a year,

thankfully returned) and think, There's an interesting looking person who looks a little bit like me. Then I would realize it was me. But it took many months before that interesting looking person melded into myself.

Eventually, almost a year after I began treatments, I began to feel better and began to feel like my old self. It was an incremental process, thus quite the reverse of how it set in so precipitously. Slowly I accommodated to the medications and began to look forward to eating again. After a year of healthy food only because that was the only kind I could tolerate, I began to embrace junk food again. I went back to the café in "my mall" and savoured the anticipation of having that wonderful moist, chocolaty Cointreau cake for lunch that may have been bad for my body, but was like a wonderful restorative balm for my psyche. As I had lost ten pounds, I gleefully would ask for hot chocolate with whipped cream to have with it. In writing this, I continue to be puzzled and plagued with this psyche and soma dualism and do not know how to get around it. Yet while I am puzzled by it, I do know this: I have been restored to my old self by denying that my body will betray me yet again. In confronting my mortality, I lost myself. Who can desire, when death may be around the corner? Marcio De F. Giovannetti writes of "the pain associated with knowledge or the rejection of the knowledge as a result of which the human being discovers what constitutes both his greatness and his more drastic limitation—the erogenous and mortal body." In believing that, even if I am not cured, I hope to have many more years to live, I have been able to reclaim myself. I look different and I look older. But I am ready to have fun again. I am ready to embrace my grandson's credo of "I want!" Adam Phillips, who writes so masterfully about desire, writes that "children are, as their parents always say, impossible. They want more than they can have. And at least to begin with, they are shameless about it." It has taken me awhile, but I have my old self back: in my daily life and professional life I am Menorah Rotenberg again. With the name Menorah Lafayette-Lebovics Rotenberg I have resumed writing again—witness this essay—using my nom-de-plume. How I chose that name is a story in itself for another time.

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