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CONTENTS

EDITORIAL..... 1

CREATIVE NONFICTION AND ESSAYS

The Angel of Disease	<i>Kenneth Sherman</i>	5
Lie Perfectly Still	<i>Myrna Sklarew</i>	44
Bone: Meditation in Twelve Parts ...	<i>S. Werthan Buttenwieser</i> ...	78
Foot Bones.....	<i>Holly Masturzo</i>	107
Bearing Light	<i>Mary Ann Cain</i>	136
Two Roads Diverged.....	<i>Marion Goldstein</i>	165
Knowing the Chaps: Travel Errors ..	<i>Fred Johnston</i>	183
The Spouse	<i>Elayne Clift</i>	187

SHORT FICTION

i, Michael.....	<i>Christopher Willard</i>	18
Stoma	<i>Kathie Giorgio</i>	60
In Recovery.....	<i>Henry Alley</i>	87
The Best You Could Do.....	<i>Albert Howard Carter III</i>	119
A Radical Cure	<i>A. Hooton</i>	147
A House Call	<i>Evan Morgan Williams</i>	175

CHILDREN'S WRITING

Two Minutes with Zack:

A Found Poem	<i>Zachary Faceman</i>	
	<i>Ben McGren</i>	26

NARRATIVES OF ILLNESS

The Orange Mother and the Purple Mother	<i>James Nolan</i>	35
Feeling Numb.....	<i>Jessica Lipnack</i>	68
Waiting for Cancer.....	<i>Gail Lukasik</i>	98
Nothing to Be Done	<i>Ted St. Godard</i>	126
Wigs	<i>Susan Sterling</i>	155

POETRY

The Peripheral Becomes Crucial. . . . *Rebecca Foust* 16
My Daughter in the Cancer Ward. . . *Phyllis Kahaney*. 25
My Hollowed Mother *Marcia Slatkin* 29
Washing the Cadavers *Jerry Bradley* 42
Growing Season. *James Broschart*. 59
Before the Diagnosis. *Sharon Carter* 67
Death Does Not Happen *Linda E. Clarke*. 76
Eloquence in Frailty *Frank Desiderio*. 84
Four Poems *T. M. De Vos* 94
Origin and Insertion *Paul Lomax* 103
The Lemon Body *Karla Linn Merrifield* 115
The Diagnosis. *E. Miodownik Oppenheim* . 124
Seed Pearls. *Andrea Potos* 133
Interventions *Jenna Rindo* 144
Spiritus Matris. *Sherre Vernon* 153
Three Poems *James S. Wilk*. 162
Recovery Poems. *Deborah. T. McGinn* 172

IMAGES

Share the Beauty *Mary Whale* 40
Plat. *Eliza Stamps* 75

DISCUSSION GUIDE. 190

Editorial

Good Days and Bad Days, Good Times and Bad Times

The conventional expectation of any narrative, held alike by listeners and storytellers, is for a past that leads into a present that sets in place a foreseeable future. The illness story is wrecked because its present is not what the past was supposed to lead up to, and the future scarcely thinkable.

—Arthur Frank, *The Wounded Storyteller*

The heroic (linear) structure of the archetypal Western narrative underlies the implicit expectations that most people hold for their life “story”: hero sets out on a journey, which, though often fraught with obstacles, leads clearly toward the achievement of life’s goals. Illness thwarts this trajectory. It can up-end goals, shape character, twist plot. It can lead to mystery, though usually in the form of angst-inducing uncertainty. It can leave us breathless and wordless, with a vocabulary incommensurate with illness’s excesses and deprivations. Perhaps most strikingly, it can spin time in unexpected directions. Instead of the linear beginning-middle-end sequence that brings order to life, illness can corrupt these time- and life-lines. Lives are stopped short by terminal illnesses. Chronic illness threatens never to let go. Illness can halt and lead to long, timeless stretches of boredom, or short, eternal piercing with pain. Or time can pulse in a cycle of good days, followed by stretches of incapacitating bad days.

Many of the poems, narratives, and prose in this issue of *Ars Medica* are framed by the havoc that illness can wreak on time and expectation. In “Waiting for Cancer,” Gail Lukasik describes that moment of waiting for the doctor’s prognosis when time “is moving both too fast and too

slowly.” With the threat of cancer looming in the genes, perspective in time is altered: “I can look neither forward nor backward, because I’m frozen in a present I want to believe I can maintain.” In “The Angel of Disease,” Kenneth Sherman quotes poet Donald Hall’s *Without*. Hall recounts the illness and death of his wife, fellow poet Jane Kenyon:

Daybreak until nightfall
 he sat by his wife at the hospital
 while chemotherapy dripped
 through the catheter into her heart.

This interminable rhythm of days and nights is repeated “over and over again.”

Michael, living with ALS, in Christopher Willard’s “i, Michael,” has reproductions of Michelangelo’s paintings hung on the ceiling of his room to ward off the boredom of his wasting illness. He confides, “I see the present more than I see the future,” and yet is confronted with the fact that he will likely not live beyond twenty-five years; his dreams for a future are fantasy.

Illness can outwit our capacity in medicine to predict, to portend time. In “Lie Perfectly Still,” Myra Sklarew reminisces about her mother’s illness with cancer thirty-five years earlier. “The doctor gave a likely prediction. Two months more, he said. The patient outlived her death sentence.” In the face of such uncertainty, people persevere. The course of her own radiation treatment is counted in treatment days; Sklarew finishes each day, “think[ing] of how tomorrow, up on the metal table, you will close your eyes, make your body heavy, and start over again.” On the seventh day, hoping instead for rest, she perseveres, knowing there are another twenty days to go. This order of time stands against a backdrop of time over years: a dimension in which “experience with illness is cumulative.” Our collective experience in health care is also cumulative, and Sklarew provocatively sets her personal story against the historical current of time, reminding us of medicine’s own (often suspect) past—a time that must be kept alive to be learned from and in order to avoid repeating the mistakes of history.

There is also, of course, a developmental rhythm to time, one of growth across one’s life from childhood to old age, in which the experience of illness may shift or may become intertwined with development.

One of our more recent undertakings in *Ars Medica* has been to try to include the perspectives of illness, recovery, and the body in childhood, from the perspectives of children and from those whose lives are touched by children experiencing illness. This issue includes “Two Minutes with Zack: A Found Poem,” by Zachary Faceman, an eight-year-old boy with autism, who interviews his father and provides an accompanying drawing of his brain. This makes an interesting pairing with Rebecca Foust’s poem, “The Peripheral Becomes Crucial,” from her award-winning book *Dark Card*, about her experiences with her son and his diagnosis with Asperger syndrome. Sarah Werthan Bittenwieser, in her essay “Bone: Meditation in Twelve Parts,” attempts to relate to her son’s experience of injury, and the way this intersects with the child’s lived sense of time. “For my child, the injury seems remembered and forgotten, remembered and forgotten, like the ocean’s waves.”

The issue also provides several reflections on aging. Mary Whale’s paintings provide visual explorations of aging. Marcia Slatkin’s collection of poems mine the experiences of caring for an aging mother with Alzheimer’s. Her observations of the external aging body of her mother mirror the insidious loss of memory:

It’s now such a time—
a breath before increase.
Her contour, shrunken,
seems speckled
with mould.

Perhaps the multitude of ways in which illness is caught up with time exerts a pressure for illness to be understood and shared through story. Imposing a beginning-middle-end does promise to make some sense of illness experience, no matter how provisional. On good days the story is filled with hope, and the joy of being alive in a body. On bad days, at least putting the experience of illness into words or images attaches it to a system of meaning and allows the possibility for its burden to be shared and witnessed. Jessica Lipnack, who recounts her thirty-five years of living with multiple sclerosis, has lived this oscillation in illness experience: “I am fine, except for when I am not.”

In *Ars Medica* we want people to share all of those times—the ones in which we are good, fine, and not. This focus on time leads us to reflect

on our own “time.” In this, our eighth issue, we continue to share stories of illness, perseverance, and hope. We want to thank you, our readers, subscribers, and contributors for allowing this project to continue and to grow.

The Angel of Disease

Kenneth Sherman

“It seems impossible to be an artist without being sick,” wrote Nietzsche. We accept his assertion and think of the writer—I want to limit my discussion to those in the literary arts—as the exemplary sufferer. Suffering, we sense, spurs creativity. Indeed, any writer who claims good health arouses our suspicion, and we search the biography for hints of affliction.

What exactly are the biochemical links between the body’s health and the workings of the imagination? Science has yet to uncover them. To understand the connection between sickness and creativity we return to shamanic cultures, where dreams, ecstasies, and often, illness, transform the profane individual into a technician of the sacred. The “sickness-vocation,” as Mircea Eliade calls it, confers upon the ill person the religious status of “chosen.” In shamanic cultures, the initiation ceremony involves suffering, death, and resurrection. The ritual includes imagined dismemberment, then bodily renewal; the initiate ascends to the sky and talks with spirits, or descends to the underworld and converses with demons. The result is heightened consciousness, ecstasy, rebirth, and mastery over disease and death. The self-healed becomes a healer of others.

The gifted British poet Ted Hughes took the poetic process to be a translation of this ritual. For him, poetry was “divine because it heals, and redeems the sufferings of life, and releases joy.” Hughes believed that poetry and other forms of imaginative writing were intuitive, emotional, and life-sustaining. “Artistic creation,” he stated, is “a component of the galvanized auto-immune system.” On the other hand, Hughes considered

analytical prose, written under the stern gaze of the rational mind, to be a health hazard. When Hughes's terminal colon cancer was diagnosed, he was working on a lengthy critical study, *Shakespeare and the Goddess of Complete Being*. Fellow poet Andrew Motion reports that Hughes, in a moment of self-accusation, told him, "I wrote too much prose and my whole immune system went crash."

"Expect poison from the standing water," warned William Blake. But isn't there a potential problem with such dichotomous thinking? By pitting expression against repression, intuition against rationalism, self-gratification against self-denial we are led to the cruel oversimplifications Susan Sontag set out to dispel in her classic study, *Illness as Metaphor*. The sick blame themselves for their illnesses, and this burden of shame has real consequences since it may prevent patients from choosing the best treatments available. Though Sontag's book did much to change our thinking, simplistic ideas live on. In the recent best seller *Reflections of the Moon on Water*, Xialolan Zhao, a well-known practitioner of Chinese medicine, attributes breast cancer to "emotional stress" and tells women, "For the health of our breasts . . . we should not subdue or hold back our emotions."

It is unproductive to hold the self accountable for disease. Yet we tend to think that way, especially when the disease is life threatening. In 1978, when she published *Illness as Metaphor*, Susan Sontag could accurately state, "Cancer is a rare and still scandalous subject for poetry." She stated the same about AIDS in her 1989 book, *Aids and Its Metaphors*. The fact that cancer and AIDS have been subjects for poetry since the early 1990s suggests that these diseases have been stripped of their moralistic implications. They are no longer taboo. It also suggests that the human imagination is willing to extend itself and confront even the harshest realities.

It may be profitable to examine some specific works that have dealt with the theme of illness in an attempt to better understand how the imagination responds to physical suffering. Of the several poetic works dealing with AIDS, the most accomplished, to my mind, remains Thom Gunn's collection *The Man with Night Sweats*. Section 4 of the book contains the AIDS poems, several of which are written in classical modes. Gunn's use of formal techniques—for instance, the exacting end-rhymes in his striking poem, "Lament"—raises the AIDS experience from the contemporary clamour and sets it in the stronghold of poetic tradition,

without diminishing the horror of the experience. Formality allows the poet his emotional restraint and the AIDS sufferer his dignity:

In hope still, courteous still, but tired and thin,
You tried to stay the man that you had been
Treating each symptom as a mere mishap
Without import. But then the spinal tap.
It brought a hard headache, and when night came
I heard you wake up from the same bad dream
Every half-hour with the same short cry
Of mild outrage, before immediately
Slipping into the nightmare once again
Empty of content but the drip of pain.
No respite followed: though the nightmare ceased,
Your cough grew thick and rich, its strength increased.

EQUALLY POWERFUL is Donald Hall's *Without*. Employing a less formal aesthetic, Hall deals with the death by cancer of his wife and fellow poet, Jane Kenyon. In "Her Long Illness," Hall's matter-of-fact documentary style effectively details the particulars of Kenyon's ordeal. His understated diction, reminiscent of the classical Chinese poets, works to heart-rending effect:

Daybreak until nightfall
 he sat by his wife at the hospital
while chemotherapy dripped
 through the catheter into her heart.
He drank coffee and read
 the *Globe*. He paced; he worked
on poems; he rubbed her back
 and read aloud. Overcome with dread,
they wept and affirmed
 their love for each other, witlessly,
over and over again.
 When it snowed one morning Jane gazed
at the darkness blurred
 with flakes. They pushed the IV pump
which she called Igor
 slowly past the nurses' pods, as far
as the outside door
 so that she could smell the snowy air.

GUNN AND HALL have restored their loved ones' humanity after a harrowing and disfiguring experience. But what help was there for the poets, not patients themselves but witnesses to suffering, in writing these poems?

Nietzsche states, in *The Birth of Tragedy*, how the Greek dramatists, "capable of the deepest suffering," created tragic art as a "comfort." Through writing we convert our pain, loss, and despair into a mystery possessing a terrible beauty. When we write under duress, our passive suffering becomes active making; the act of composing makes us feel less helpless while facing an implacable reality. This is the sense we get from reading the poet Alan Shapiro's essay, "Some Questions Concerning Art and Suffering". Shapiro, relating his experience of translating Aeschylus' *The Oresteia* while his brother was dying of cancer, claims the writing became a source of "pleasure, at a time when life seemed nothing but a vale of tears." But what is the source of that pleasure? A well-made play or poem is a contraption to transcend time, but canonical literature's assertion that while we die, the writing—and in a sense, we too—lives on, is, as Shapiro notes, poor compensation "for the sorrows . . . no substitute for the precious flesh." William Shakespeare's immortal couplet, "So long as men can breathe or eyes can see / So long lives this, and this gives life to thee" does not confirm that a writer, seated by the deathbed of a loved one, finds solace in the notion that the writing will last. The "immortality of art" comforts only after the wound of loss has begun to heal. The pleasure of writing in such circumstances has to do with making something well; it also has to do with defiance, with composing in the face of inevitable decay.

The experiences recounted by Hall, Gunn, and Shapiro would not be emotionally complete if there were no grieving, but is writing part of that process? For Shapiro, "Writing was not therapy but the avoidance of therapy; it was not grieving, but the avoidance of grief, the deferral of grief . . . Only when the book was finished did the miserable, sorrowful, day-by-day work of grieving truly begin."

The degree of grieving that goes into the writing most likely depends on the individual. In all cases, however, we can say that there is a necessary degree of coldness, an attitude of emotional detachment required if one is to write well. Donald Hall reports writing furiously during his deathbed watch. The ordeal left him with enough material for two collections

of poetry and a book-length memoir. In an interview given after Jane Kenyon's death, Hall said, "The only thing that could distract me from watching her was writing about the pain." That word *distract* is key.

Writing is an indirection, a looking askance, a mirror in which to meet the unbearable gaze of the Gorgon. Emily Dickinson advised writers to take a circuitous route: "Tell all the Truth but tell it slant." Why? "Truth must dazzle gradually / Or every man be blind." The art we create is a screen, a convincing illusion, presenting what we perceive as chaotic and meaningless, as ordered and meaningful. "We have Art," said Nietzsche, "in order that we may not perish from Truth." By Truth, he meant a world "cruel, contradictory, and senseless." A serious illness, in ourselves or in a loved one, shocks us with life's seeming randomness and sharpens our awareness of our own mortality. Freud referred to his cancer of the jaw as "the unwelcome intruder." He was referring to more than the intrusion of inhospitable cells: the awareness of death encroaches too, making us obsessively watchful and troubling our sleep. To maintain our equilibrium, we create a counter-world—what the poet Czeslaw Milosz calls "that second space"—where we can dream ourselves free of the biological trap. In this endeavour, religion and literature coincide.

Writing is alchemy that transforms pain into something we value. The suffering Shapiro endured watching his brother die was carried over to his successful translation of *The Oresteia*. In his exacting memoir, *The Best Day the Worst Day*, Hall tells us he was working on a children's story by Jane Kenyon's sickbed: "There's no leukemia in it [the story]—but people have wept when they read it." While suffering is private, language is social. The writing goes, as Hall put it, "from one interior to another interior, from my inside to another's." Writers turn physicians and heal themselves by healing others.

But not all writers are smiling physicians. Yeats remarked, "The mind of man has two kinds of shepherds, the poets who rouse and trouble and the poets who hush and console." The writer has the power to *influence* and if we take into account the word's etymological proximity to *influenza* we can glimpse another sort of help.

The caustic philosopher and aphorist E. M. Cioran called the poet "an agent of destruction, a virus, a disguised disease, and the gravest danger . . . for our red corpuscles." Cioran's poet brings contagion, but it is contagion

intended to inoculate the reader against a more serious disease brought on by naïveté or indifference. Cioran’s poet rouses us from our complacency by asking troubling questions, by making extreme demands. Rilke closed his poem “Archaic Torso of Apollo” with the bald command, “You must change your life.” Such a poet—radical and restless, inculcating us with realities we would rather avoid—performs the role of immunologist. We can now apply a different interpretation to Nietzsche’s famous maxim, “We have Art in order that we may not perish from Truth.” In this reading, Art is not a beautiful illusion; it is a vaccine.

One of the finest European authors of the twentieth century, the Czech poet, essayist, and physician Miroslav Holub (1923–1998), was in fact a world-renowned immunologist. In his essay “This Long Disease,” Holub questions the paradigm that views health and disease as opposing camps, that sees us as wading out of the darkness and mire of illness to become “people who are rosy, healthy.” According to Holub,

The angel of disease is kith and kin, identical with the historical phenomenon of people. There wouldn’t be any people if there were no evolutionary pressures from disease and death, degeneration and loss of function. The multi-cellular organism is based on the capacity of some of its cells for self-sacrifice. We are just as much the result of diseases and tiny deaths as we are the result of the fundamental tendency to preserve the permanence of an organism’s inner environment . . . We are a genetic chronicle, a good fifth of which is written in absolutely primitive viral syntax.

In Holub’s final book of poems, *Vanishing Lung Syndrome*, actual physical diseases such as “Crush Syndrome” or “Stiff Man Syndrome” are used as metaphors for our spiritual angst, and historical and existential crises are in turn figured as diseases (“Wenceslas Square Syndrome,” “Job’s Syndrome”). In the poem “Haemophilia/Los Angeles,” an entire city is pictured as a “condition” that

circulates
from the San Bernardino Freeway
to the Santa Monica Freeway . . .
as if there were no genes
except the genes for defects
and emergency telephone calls . . .

Biologically, we are all poised on the shifting boundary between health and disease; we are all embroiled in the unceasing interplay between the viral and resistant cells that comprise our bodies. Referring to poets, Holub ironically asks

What would they be without their disease?
The disease is their health.

THUS FAR, I have discussed the work of those who were witnesses to suffering. But what of the writer-patients? Can they tell us of the help writing provided in their hours of need? We have few such works to study. Part of the problem here is that writing requires considerable reserves of physical energy, which are denied the sick. We know, from a note written by Donald Hall, that the subject of his poems, Jane Kenyon, wanted to keep writing through her illness, though this became impossible since a drug she was taking “disabled her fingers.” She kept her imagination active and in the month before her death, dictated her final poem “The Sick Wife”:

The sick wife stayed in the car
while he bought a few groceries.
Not yet fifty,
she had learned what it’s like
not to be able to button a button.

THE WORK OF THE AFFLICTED is a testimony to courage and self-will in the face of bitter knowledge. The biographer and novelist Ernst Pawel wrote his last book, *The Poet Dying: Heinrich Heine’s Last Years in Paris*, while suffering from a terminal illness. In the book, Pawel recounts the eight long years it took Heine to die, a dying that began in the summer of 1847 and ended in February 1856, when the great German poet was fifty-seven. Most of those years were spent in what Heine called “my mattress-grave.” Pawel reports that the poet was “racked by bouts of excruciating pain, his lower extremities as well as his eyelids paralysed and with minimal control of his arms.” (Doctors at the time believed Heine was suffering from syphilis; contemporary physicians believe his symptoms point to ALS—Lou Gehrig’s disease.) When Heine did leave his apartment, a friend would carry him piggyback. To write, Heine relied on his

one working eye that was “halfway serviceable as long as he propped up the lid with the thumb and index finger of his left hand.” According to Pawel, this seventy-pound skeleton, nearly sightless, sedated, unable to speak above a whisper, “managed throughout this season in hell to produce a steady stream of powerful poetry and matchless prose.” The following quatrain is from Heine’s poem “Schopfungslieder”:

Disease was the most basic ground
Of my creative urge and stress;
Creating, I could convalesce.
Creating, I again grew sound.

The French novelist Alphonse Daudet refers to Heine as a fellow-sufferer—“I feel his [Heine’s] illness was similar to mine”—in his collection of notes, *La Doulou* (the word is a Provençal derivation of *douleur*, pain). The work has been translated and introduced by the British novelist Julian Barnes as *In the Land of Pain*.

Now largely forgotten, Daudet (1840–1897) was a highly successful author. He belonged to the nineteenth-century French club of literary syphilitics that included such impressive figures as Flaubert, Maupassant, and Baudelaire. Suffering from neurosyphilis whose chief symptom is locomotor ataxia—the gradual loss of one’s motor skills—Daudet spent much of his time at Lamalou, a spa for invalids. There he underwent a variety of bizarre and painful treatments. (The Seyre suspension, for instance, required the patient to be hung up, part of the time by the jaw alone.)

Daudet, an astute spectator of his own suffering, originally conceived of his book as a semi-autobiographical narrative. In the end, he decided to leave it as a brief collection of fragments. In his insightful introduction, Barnes refers to it as “a decade or so of torment reduced to fifty pages.” The fragmentary structure successfully replicates the sufferer’s disjointed sense of time; through the haze of morphine and anguish, Daudet remains acutely aware of the reactions of those around him as well as of the nightmarish transformation of his own body. He tells us he cannot bring himself to address an envelope, knowing the recipient will muse over his uncontrolled handwriting. Regarding his body in the mirror, he states, “I’ve suddenly turned into a funny little old man. I’ve vaulted from forty-five to sixty-five. Twenty years I haven’t experienced.”

Daudet’s close friend and fellow syphilitic Jules de Goncourt stated,

“Sickness sensitizes man for observation, like a photographic plate.” When it came to describing his own pain, Daudet displayed a clinical exactness: “Sometimes on the sole of the foot, an incision, hair thin. Or a penknife stabbing away beneath the big toenail . . . Rats gnawing at the toes with sharp teeth . . . the sense of a rocket climbing, climbing up into your skull, and then exploding.” He refers to himself as “a berserk marionette,” and pictures his loss of control as “the heaving deck of a ship . . . the legs going every which way, and the arms flung out.” Daudet’s writing, imagistic, precise, and self-ironic, is an attempt to counteract the spasms of helplessness: “I feel like a one-man band, tugging on all his strings and playing all his instruments at once.”

Barnes commends Daudet for his prodigious tenacity, reminding us that “pain is normally the enemy of the descriptive powers.” He admires Daudet for his restraint, his unwillingness to impose, throughout his long illness, upon his wife and children. Barnes asks, “How is it best to write about illness?” and answers with a quotation from the poet Philip Larkin: “Courage . . . means not scaring others.” Daudet was once overheard saying, “Suffering is nothing. It’s all a matter of preventing those you love from suffering.” The restraint carried over to the content of his notes. Though psychologically astute and probing, Daudet, in keeping with nineteenth-century notions of propriety, considered certain subjects off limits: he does not speak of his sexual activity (the origin of his disease); he does not reveal how his sickness affected his relationship with his wife; he does not speculate on the doctors who treated him.

A century later, there is no such holding back in Harold Brodkey’s *This Wild Darkness: The Story of My Death*. In 1993, Brodkey was shocked with the news he had full-blown AIDS. (He hadn’t engaged in gay sex for close to twenty years.) His book—a mix of narrative, essays, journal entries, and jottings—is an attempt to chronicle his own death and succeeds through its insistence on honesty. “I have no shyness now,” Brodkey states. Going against his doctor’s advice, he reveals very publicly (through an essay in the *New Yorker*) that he is suffering from AIDS. It is “therapeutic not to lie,” Brodkey explains. Yet even this certainty comes into question and in the ensuing debate with himself over the pros and cons of openness, Brodkey states, “You might live longer with AIDS than you’re supposed to, medically speaking, by not telling anyone you have

it.” The issue is never resolved: How do you measure the impact of truth against the impact of lying?” Brodkey asks, reminding us that medicine cannot ascertain “what sort of person will be a survivor.”

It is said that sooner or later, the story of Job is visited upon each of us. *This Wild Darkness* is the story of Job, minus God. Brodkey’s burning questions are not posed to his Maker, but to himself. And the eloquence one might expect from on high must be self-generated (“The silence of God . . . is directed at me”). There is no fake coherence, no inclination to sum it all up: “I can’t remember ever wishing life and death had a perceptible, known, overall meaning.” Nor is there any grand meaning to be drawn from the experience: “This disease, this death, which is in me, this small, tightly defined pedestrian event, is merely real, without miracle—or instruction.”

In what way was the writing a help to this contemporary Job? “The writing is a strain,” Brodkey tells us truthfully. “Sometimes I stop, but sometimes I insist on going on.” Ultimately, the writing alleviates pain; Brodkey calls it “an anodyne.” How important is the act of writing to the one who is passing into the shadowland? “Everyone is interested in my death,” Brodkey reports. “I cannot be bothered with my death except as it concerns my books.”

Brodkey is unflinching in describing the physical ravages of AIDS—the “chemical gusts of malaise and heat”—but Eva Hoffman had it right in her insightful *New York Times* review of the book when she wrote that “his [Brodkey’s] real subject is the way the shadow of death falls upon the ego.” His terminal experience “gave him an understanding of the thin threshold between existence and non-existence, the arbitrariness of having any particular self.” She calls Brodkey “protean.” And with that observation we return to myth and ritual. Writing is indeed transforming, a means of metamorphosis. This is especially pertinent to the sick and dying who, through writing, momentarily change form, living anew in what Brodkey called “the glancing and faintly radiant immediacy of language.”

“Poetry is a health,” declared Wallace Stevens. Like Hughes, he believed that poetry’s power was primal, residing in its “sounds,” which he called “a finality, a perfection, an unalterable vibration.” Writing, in its completion, in its artistic rightness, is “a finality” that counters the finality of dying. Yet writing differs from music, from dance, painting,

and sculpture, for the inescapable reason that language is fated to have meaning. The “unalterable vibration” resonates in two realms: the physical and the metaphysical. It comes to us as a balm, a comfort, even as it awakens us to discomfiting truths.

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Kenneth Sherman is the author of several books of poetry, including the highly acclaimed *Black River*. “The Angel of Disease” is from a collection of essays forthcoming from Porcupine’s Quill.

The Peripheral Becomes Crucial

Rebecca Foust

in ways we'd never have guessed, like when
they unwound the crocodile-mummy shroud
focusing on what was within,

casting aside as trash the papyri cartonnage,
which, when kicked, unscrolled to reveal
what Sappho wrote.

Sometimes more is inscribed
in the chemical signature of mud
than in the Sanskrit writ on the pot.

My son is gentler with moths
than people ever were with him,
and he chooses truth like breath.

He sets out cutlery backwards at table,
every time; he shaman-finds the bird point
flint, the fish spine, the speckled egg.

We watch as the linen-strip, tight-wrap coil
of that Gordian-knot neck-throttled curse,
that gene-encrypted, linked-chain curse,

that DES-taken-by-his-grandmother curse,
that fumble-fingered-fool-doctor-shaped curse,
unravels with his years, unwinds, unfolds,

lets loop out in vast uncoiling spirals
whole archives of text,
found worlds.

In 2007, Rebecca Foust won the 2007 Robert Phillips Chapbook Award and made finalist for Poetry's Emily Dickinson Award. Nominated for two Pushcarts, her poems appear in Atlanta Review, JAMA, Margie, North American Review, and elsewhere.

i, Michael

Christopher Willard

Sheila's blonde hair catches the blue-white light scattered from the sheet of diamond-plastic covering the fluorescent lights. The strands spray glitter. Tinsel on a tree abandoned on a crisp winter's day. She bends toward me.

Sheila flies with the élan of a spring leaf.

Sheila parts her hair just left of the middle. When she looks down, her fine hair skims her high cheekbones and catches on her silver star-shaped earring. She raises her palm and dips her middle finger to slide the strand across her temple.

"Someday I will marry you, Michael."

She means me, I know. She means me in all my wan, penumbral, bedraggled form.

Sheila aligns her eyes with mine. I believe she seeks reassurance, a trait common with those who possess beauty.

"We'll have a big wedding and we'll fly to Rome on Air Italia. We'll visit the Vatican and the Campidoglio. We'll lay in the hot sun of the Borghese Gardens and we'll sip iced granita at a sidewalk café."

We both know she lies.

When it came time for Lodovico de Lionardo Buonarroto Simoni to name his son, he named him Michael. Michael the Angel. Inside a simple mayor's house wedged into the chestnut trees on a hill of Cabrese was born the greatest artist who ever lived. Michelangelo. That is how I would begin a book about him.

Michelangelo spent much of his early life reconciling a devotion to beauty against a failed piety. He wrote, "Already at age sixteen my mind

was a battlefield: my love of pagan beauty, the male nude, at war with my religious faith.” He personified his interior war by carving the twisted mass of human flesh he imagined in the battle between the Lapithae and the Centaurs.

When he was twenty-one he gave up routine depiction. While other artists sought the exterior model, Michelangelo strived for beauty that flowed directly from the hand of the divine, just as life flowed to Adam through the fingertip. He carved a standing Bacchus. Bundles of Sangiovese grapes form the ringlets of Bacchus’s hair. He leans on a young satyr who stuffs a similar bunch of the sweet morsels into a laughing mouth. The youthful zymologist holds a cylix of wine that must contain a quart and a half. Art historians define his tilted stance as *contrapposto*. I think he’s just half drunk. I know that legal drinking age in Italy is sixteen. Sometimes I imagine myself holding a cylix of wine filled with a Chianti or Merlot. In my imagination I stand in a similar pose, one knee slightly bent, hip and shoulder thrust toward each other, a posture of bravado and youth.

I’ve known Sheila for more than a year and I consider her my girlfriend. When I first confided this to her, she laughed the way a tree might laugh in the path of an avalanche, with unmoving knowledge of the inevitable. When I tell her now, she giggles with the litheness of a sparrow hopping along a wire. I may not say so directly, but I am in love with her and she is in love with me.

Sheila enters the room and leans toward me. I feel her long fingers smoothe my forehead and I think that she will marry me.

Some day.

Her eyebrows arch and she smiles as though she can read my thoughts. Or she smiles because she smiles. In all the time I’ve known her I’ve never seen her not smiling.

How long has Sheila been my ideal? She is the girl in every book. She is the girl pumping on the swing, the girl sleeping under the tree, the girl waving from a distance. Yet, oddly enough, I never dreamt about her. I don’t dream of her now.

At ten years of age children slap snowballs against garage doors. Double that time and Michelangelo hammered his chisel into virgin marble alongside the greatest sculptors in the world. The innocence of his

childhood somehow disappeared during those critical ten years. In a few days I will turn twenty-three. When Michelangelo was twenty-three his calipers first spanned the stone that would become the *Pietà*. It is the age when Michelangelo grew from boy to man, from a carver to a caresser. Not long after the *Pietà* was placed in St. Peter's Basilica, Michelangelo overheard a viewer credit Cristoforo Solari for the sculpture. I remember looking up Solari's work—I found it flat, dull, devoid of volume. Contrast this with the serpentine poses of Michelangelo's sculptures that breathe with a taught, bulbous life. Michelangelo returned to the Basilica and carved MICHEL ANGELUS BONAROTUS FLORENT FACIBAT, 'Michelangelo Buonarroti made this,' across Mary's sash. It is said to be the only work he ever signed. They say if Mary were to stand up, she would stand over ten feet tall. But she too is the ideal, and why shouldn't she be larger than life?

Sheila reads from Giorgio Vasari's *Lives of the Artists*: "It would be impossible to find a body showing greater mastery of art and possessing more beautiful members, or a nude with more detail in the muscles, veins, and nerves stretched over their framework of bones, or a more deathly corpse."

I lie staring at the ceiling, cherishing her throaty whispers and reveling in the airy scent of the perfume she touches to the back of her neck. Finally she places a strand of hair between the pages and says she must go. I tease her and say I am in love with a woman who never has enough time for me. She cries it isn't true, that she has as much time for me as I could ever want. I remind her that when we are married we will have all the time in the universe. Clocks will run backwards, we'll grow younger, we'll decline from looking in mirrors.

When I'm alone I have the time to consider her name. I am the "he" hidden in Sheila. I am the "i" that follows the "She." Sheila's name is two and a half syllables long. She's not quite "She-la" not quite "She-i-la." To say "She-la" does not linger and "She-il-a" is just congestive and vulgar.

I know three o'clock arrives because Sheila walks into the room. Her step is light, cushioned, the tap of a kitten's paw as it jumps onto a linoleum floor.

I move my mouth, "I knew you'd return."

"How could I ever forget you?"

She opens the curtain to invite the hot spring light. Her palm brushes a flush warmth across my cheeks.

“You’re the sweetest,” I mouth.

How many artists have their most famous work located on a ceiling? Michelangelo painted thirty-three panels onto the ceiling of the Sistine Chapel, a number one less than his age when he began the massive frescos. When Pope Julius II asked Michelangelo to paint the ceiling, the artist replied he was a sculptor, not a painter. The pope responded that it was a demand, not a question. Michelangelo worked steadily, creating more than three hundred figures. His beard became matted with paint, he paused only when exhausted, he slept with his boots on. He stood bent, backwards, in a painful contorted posture. Michelangelo wrote in one of his sonnets, “I seem a bat upon its back.”

“Am I a bat upon my back?” I ask Sheila.

She pauses from her reading and presses her ring finger to mark the last whispered word. She refuses a response. She looks upwards and across my patchwork ceiling where reproductions of Michelangelo’s works are taped. The central piece is a 12 x 9 reproduction of the Sistine Chapel ceiling, pre-restoration, from a Singapore printing company. Most are postcards. Some arrived from Vatican City bearing stamps that depict a smiling silver-toned pope, a slightly overexposed basilica under a screaming cyan sky, or a slender green and red capped woodpecker. A particularly oily and tattered card stamped “Roma” in bold red letters provides a faded panorama of the Palazzo Nuova. Another card details the model of the wooden crate-like wagon used to transport Michelangelo’s David from the piazza della Signoria to the Accademia. The 12,000 square feet of the Sistine ceiling required four years of nearly continual work. It took me less than one year of sporadic work to cover half of the 144 square feet comprising the ceiling of my room.

When a new postcard arrives, Sheila retrieves a tall wooden stool.

Michelangelo’s works ascend to a heavenly sixty-five feet off the floor. Mine are pasted twelve feet high. When Sheila tiptoes upward to affix the print, I examine her rubber-soled sneakers and count the butterflies that float across her socks. Someone once sent me a 1,000-piece jigsaw of the Sistine Chapel ceiling. I asked Sheila if she wanted the puzzle but she said she prefers answers.

“Which Michelangelo work looks most like me?” Sheila asks.

I roll my eyes. I scrutinize the images above me. Can one ideal represent another ideal?

For Michelangelo his figures were examples of ideal beauty rather than simple representations. I think this is why so many of his sculptures are pupil-less, with white marble moons gazing inward. Michelangelo knew there was always more destiny in the unseen than in the seen. While Raphael strutted along the sun-drenched vias Michelangelo hunched his bent body from shadow to shadow into posterity.

And so I roll my eyes with the knowledge that Sheila’s task is absurd. Still, I hold her image in my mind and I scan the pictures with the determination to apply this mental mirage. I observe the thin face of Eve, hidden behind God’s shoulder as he reaches out toward Adam. I consider the Mary of the Florentine *Pietà* but quickly dismiss it because relating Sheila to an unfinished work is abhorrent.

“I cannot choose,” I say.

Sheila accuses me. She says I mock her question. She turns down her lips, but eyes betray the facade the way crepuscular rays cut through storm clouds.

I don’t tell her, but she is most like the Libyan Sibyl closest to the altar. I’ve known this for as long as I’ve known Sheila. The Sibyl has Sheila’s thin nose, her small heavy eyelids, her rose petal lip, her subtle divining smile. A blush ribbon holds the Sibyl’s golden braided hair, a flush of sunset fills her cheeks. She wears a dress of gold and violet, of knowledge and royalty. She sets down the book of prophecies. I point out the big toe that supports the serpentine body of the prophetess, without telling Sheila this is the figure I choose.

When I think of Michelangelo as a person I think of the way he depicted himself. It’s there on the Last Judgment just to the right of centre. Saint Bartholomew holds a flayed skin painted in Michelangelo’s image, with sagging form, hollow eyes, twisted head, a mouth stretched and vacant. Here was the man who attached a candle to his cardboard hat so he could work at night creating the most beautiful art in the world. Here was the man who could twist an iron ring door knocker as though it were made of lead. Was this how he perceived himself? He might have written, “What are the woes of flesh when confronted with divine

beauty?" He might have, but that one is mine. When I look at the flayed image of Michelangelo I see a failing flesh enclosing a vibrant mind.

I see the present more than I see the future.

"What do you think?" I ask Sheila.

She looks beyond the book and through the window toward the darkening sky.

The big toe of Bacchus is bent, the first two toes of David are splayed. She knows I mean Babinski's sign. The big toe flexes upwards and the other toes splay outward when the bottom of the foot is stroked. It's a sign of spasticity, in my case an advancing paralysis caused by a lesion occurring between the brain and the lower spinal cord. I know it's probably a weakness to frame the world so personally. Sheila says she won't talk about such things.

Amyotrophic lateral sclerosis occurs most frequently in adults between the ages fifty-five and seventy-five, and they tell me it's extremely rare in someone as young as I am. Because of my age they try to be as non-invasive as possible, but at some point I'll get a tracheo and gastro tube in addition to my feeding tube. Twenty-five per cent of those diagnosed live more than five years. After reaching stage four, they live maybe a year. Michelangelo painted the Last Judgment at the age most people retire. He lived to be eighty-nine years old during a time when most people were lucky to reach fifty. I'll be lucky to reach twenty-five at a time most people near eighty-nine.

After painting the Sistine Chapel, Michelangelo wrote, "I felt as old and as weary as Jeremiah. I was only thirty-seven, yet friends did not recognize the old man I had become." He understood the limitations of a corporal vessel that never fulfilled its promise.

I ask Sheila who else she knows who has as many therapists as I do. I refer to the speech therapist, the swallowing therapist, and the physical therapist. Michelangelo wrote, "My feet unguided wander to and fro." Those are my feet too. How did the therapist put it? "Non-ambulatory functions, lack of purposeful movement." I tell Sheila I must be an actor since people are always considering my stages. And I think she must be smiling although her face is turned away from the bed.

Altogether Michelangelo spent ten years of his life in the Sistine Chapel accounting for about one-eighth of his life. If I live to be twenty-

five I will have spent three years, or about one-seventh of my life, in this hospital room.

If I had to be any Michelangelo work I would be the Atlas Slave who bends under the weight of physicality. It's one of his late, unfinished sculptures. Michelangelo believed that once the physical matter was removed, the form, the soul, could be revealed. One art historian wrote that the unfinished state suggested the drama of the soul imprisoned by the body.

Sheila sets the book on the table and squeezes my limp hand. She adjusts the bright yellow BiPap tube and makes sure my covers are tucked. Michelangelo wrote, "If one destiny is equal for two lovers . . ."

Eventually the day will come when Sheila and I fly to Rome. We'll walk through Bernini's colonnade and across the square of St. Peter's. We'll discover the chapel and we'll cross the Alessandrinum mosaic floor. We'll stand on the swirling circles that represent life and we'll arch our backs and peer upwards toward the Creation.

But this image is too maudlin.

If I know Sheila, I know that when it happens it will remain the miracle of the commonplace, without a last judgment, without pigmented pomp.

She leans her head close to mine. In her eyes I can see the silvers and greens of a bright March day. I see the shining reflections caused by a thundershower. I see the unadorned simplicity of Sheila's sneakers slapping a sunburst of droplets from the puddles as she runs down the slick street.

Christopher Willard is a Calgary-based writer, visual artist, and teacher. His novel Garbage Head (Vehicule/Esplanade, 2005) was shortlisted for three awards across Canada.

My Daughter, Age 11, in the Cancer Ward

Phyllis Kahaney

I bend to you and cheek to cheek
I listen for your breath.
It is not memory that holds me
but something stirring fresh
as new love, you here familiar
and still a stranger, stretched out
before me, your life the sum
of all the breaths I've ever taken.
As the doctor prods and searches
for an answer your face becomes
the passage into my own heart.
I would take my heart and have you
swallow it, forcing down the soft flesh
in one gulp. When my heart
is no longer my own the pain
won't exist: there will be
just darkness or me beside you
in the dim light. The doctor
is gone. Your life, he says,
is a question but I hear:
you are dying. And now you
turn in your small bed, your breath
escaping in a whisper. I bend
closer, as though my breathing
could take you through the long night.

After many years as a rhetorician in academe, Phyllis Kahaney now works as a psychotherapist at the San Diego Vet Center. She has been published widely in literary journals and anthologies.

Two Minutes with Zack: A Found Poem

*Zachary Faceman and Ben McGren*¹

For the best wife and mother ever

Ben, well first, what's in your mind, what do you like?

That's a hard question to answer. I do like reading books and playing with you and your sister.

How about . . . what's your favourite show?

My favourite show is *Studio 60*.

What show do you hate the most?

I hate watching shows that we sometimes watch over and over again, the same shows.

Tell me what you're doing in your mind?

What do you mean?

Like, what's happening in your mind?

Right now?

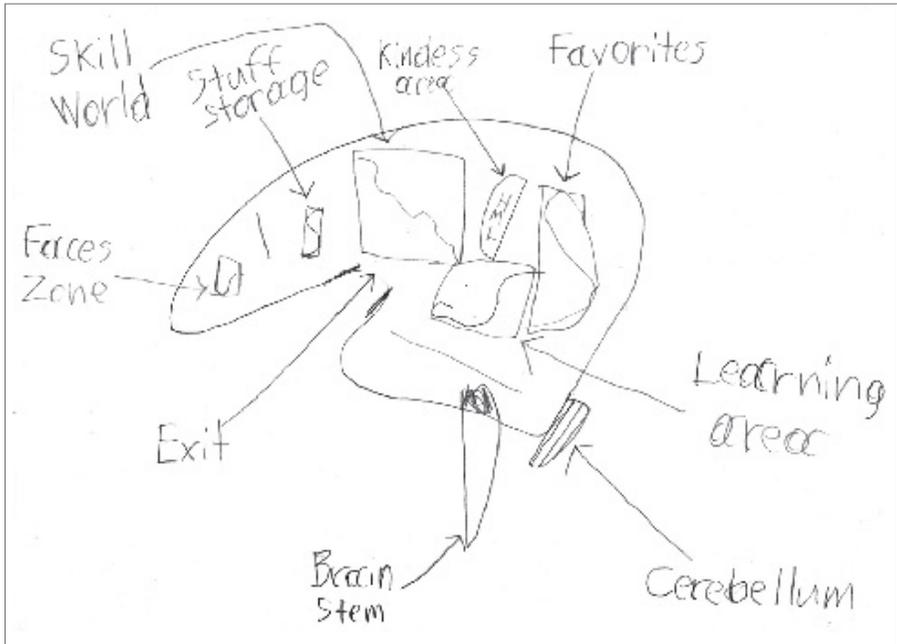
Yes.

I'm thinking about lots of things. Your questions. Your sister doing piano with Mom in the room next door. How bedtime is coming up.

Tell me the hardest question you can solve.

1. These names are pseudonyms, chosen by the first author.

Zack, age eight, was diagnosed in 2001 with autism. His rating on the Childhood Autism Rating Scale placed him within the severe range. His contributions are in italics.



Brainster, by Zachary Faceman

What kind of hard questions?

Like what questions don't you know the answer of?

I can make some predictions about what will happen next with some of my statistics.

What's your favourite place around the world? Cause I'm just running out of ideas.

I like to imagine that it's summer or fall and I'm walking on a trail in the woods by the ocean. Maybe near St. John's or something.

Do you mean the Pacific or the Atlantic?

Definitely the Atlantic Ocean. It's the one I know best.

OK, that's your favourite ocean, so what's your favourite land place around the world?

Why are you asking me about all my favourites?

I just want to know.

Why do you want to know?

Because I'll take you there sometimes.

OK, on the land, I like Ireland.

Ireland! Ireland huh? So, what is the furthest place from Ireland?

What do you mean?

I mean, what's the furthest place from Ireland, around the world, what's the furthest distance?

I don't know. Maybe somewhere in the Pacific Ocean?

OK, stop scratching your head to think. Now . . . what's your favourite kind of computer?

I like my laptop.

One last question, do you like kickin' it with your homies, yes or no?

Yes, definitely.

Zack and Ben live, study, and work in southern Ontario. They share interests in cognition, land navigation, and Webkinz® pets. This is their first published collaboration.

My Hallowed Mother

Marcia Slatkin

My Hallowed Mother

Though ill,
for years she seemed
thick, buttery,
her colours vibrant
as squash on the vine.

All the while,
pills hid changes—
masked shrivel,
covered rot.

Fearing truth,
at each hint
of softening
I'd give more.

It's now such a time—
a breath before increase.
Her contour, shrunken,
seems speckled
with mould.

When I lift her, she feels light,
almost empty, her speech
a scattered moth's flight.

Quavering,
she turns to ask

if it will be all right.

Being of Use

I need onions.

My mother perks up.
“I think I have some,”
she says, and rises,
slow, but purposeful
as unlocking a door,
or carrying out the trash.

And in her search, perhaps
she travels into kitchens
full of children doing homework
round a table
while my father
reads the news.

She walks
through every room,
and comes back
carrying the cordless phone.
“Is this why I went?”
she asks,

trying to help—
an onion drawing tears,
its core near-empty.

Shift/Change

Sometimes, now, her illness
is expressed as a simian
grimace: the lips
pulled back and held
in a fearful, defensive posture,
both menacing and mask-like.

Then her voice, perhaps
an octave below her norm,
croaks. Devoid of humour,
it is full of command
and the frustrated stutter
of incoherence.

This barking is
sudden, new, and stunningly
unattractive, so that the mother
for whom I feel empathy
and love then seems a stranger
I would cross the street to avoid.

Somewhere,
my mother's spirit
lives, her body
merely its entrapment.

I can only mourn
her absence, and hide behind
one of many shields – interest
from a medical point of view,
the concern of the an anthropologist,

or the passion
of a student of chimps
and the great apes
roaming the forests of Africa.

That Home Song and Dance

My mother put on every sweater
she could get her arms into,
and then her coat, determined
this time to go home
for real. She was tired
of being told to ride
her bike, sick
of the room she swore
she'd never seen before.

"Let her go," said my husband
again. "Open the door.
I'll walk her down stairs
so she won't trip." And he

kissed her goodbye,
she suddenly uncertain,
her eyes wide, the lines
ironed out of her face
with the wonder of it,
looking up at me.

When I was silent,
she sighed, pivoted,
and "home" became a trip
upstairs again, a coat
unzipped, penitence.

But perhaps it was because
twenty minutes before
I'd slid half an Ativan
through her lips.

The Need for Mother

“Does your back hurt?
she asks, after hours
of inert quiet,
as she now sees me
straighten and groan.

Her small words
of maternal concern
will pop up sometimes,
like the tips of hosta emerging
from the stone-cold ground,
but with such insistent
warmth and caring
that one can imagine
the entire plant, live
and glowing green beneath
the earth, its poor leaves
pinned under soil
so tightly packed
that its grand effort
is stifled by loam.

This is what my sister
longed for, when she told
our mother of her daughter’s
engagement—this spark
from a past now almost
extinguished, which in memory
glows like a bonfire,
and makes her childhood
a sacred hearth.

For me, it was too rare
a gift to be relied on,
then. But now, I gratefully
accept it.

Toileting

I don't know
whether she sought to read
a thermometer measuring
her own health,
or gauge the mercury
of my status, my function.
Perhaps she was just curious.

But in the midst
of a routine toilet-wash,
my mother stopped my hand,
alert and curious as a puppy
awaiting instruction, but with
a faint blush, a modesty,

as though suddenly aware
that it wasn't a usual
activity we were engaged in,
though I'd done it for years.

Do you," she asked,
and laughed a little bit,
perhaps sheepish—
"Do you do this
for everyone?"

Former teacher, farmer, and caregiver to her mother, an Alzheimer patient, Marcia Slatkin now plays cello, takes photographs, and writes. See I Kidnap My Mother (Finishing Line Press), A Woman Milking, Barnyard Poems (Word Press), www.marciaslatkin.com.

The Orange Mother and the Purple Mother

James Nolan

My artist friend Susan is angry with her mother because she is going to die. Soon, as it turns out. The undiagnosed cancer has metastasized to her mother's brain, and the doctors have given her three months to live.

"Is she on chemo," I ask, "or radiation?" I never know what to say.

"Absolutely not." Susan frowns, storm clouds gathering in her eyes. "My stubborn mother doesn't believe in medicine, if you please. She has never had a mammogram, a pap smear, or a colonoscopy in her life, and has refused all treatment." Susan is married to a doctor.

I met Susan's mother only once, at the opening of an exhibition including Susan's paintings in Covington, Louisiana. Susan filled my wineglass and then took my elbow, steering me through the gallery toward a beaming old lady dressed from head to toe in orange. Her carefully coiffed hair was dyed to match her outfit, or perhaps her clothes were chosen to match her fiery hair, but Susan's mother was the most orange lady I had ever met. She seemed like a retired stewardess from the early glamorous days of air travel, still flying those friendly skies. What she happened to be was an Oklahoma rancher's widow.

The orange lady and I got along, as she might put it, like a house on fire, especially when we stepped outside to have a smoke. We were the only two smokers. In case you haven't noticed, not a lot of smokers are left at middle-class art openings, especially in the tony exurbs. The

orange lady had spent most of her life on a cattle ranch in Indian country and was just swooning that I lived in the French Quarter.

“When Susan was an infant I used to take her to Jackson Square,” she told me. “That was while I was stuck all day in a hotel room on Canal Street while my husband did business in New Orleans.”

“Jackson Square was pretty rough in the fifties,” I said. “Full of bums and drunken sailors.”

“Why I’d just sit down on a park bench with Susan on my knees. The drunken bums and I got along just fine.”

“Let’s go inside for another drink,” I suggested.

“Now you’re talking,” said the orange lady.

THREE YEARS AGO, Susan attended my mother’s wake at a mortuary on Canal Street. She had sent flowers, and finally located her spray of yellow and red chrysanthemums. Her order had been for an arrangement in shades of purple, because she knew that mine was a purple mother.

“I can’t believe the florist made this mistake,” she said, pointing at the brilliant petals blaring like a brass band among the lavender and violet wreaths. A harpist was strumming in the background.

“Your orange mother would love it,” I said. After the art opening, Susan had told me that her mother was indeed the orange lady: clothes, hair, decor, accessories, everything she owned was coloured in variations on that sunny hue.

Just as my mother was purple. Since she was a young girl, every time she had to choose a colour, it was some shade of purple. Her clothes were purple, her jewellery was amethyst, her bedroom was lavender, and on her lilac bedspread she placed an octopus made of purple yarn, tentacles splayed into a swirl, that still haunts me. As colour therapists insist, perhaps different rays of the light spectrum do attract certain temperaments, and these people’s spirits sing in harmony with the vibrations of their colours.

Except in her signature colour obsession, my purple mother was the exact opposite of Susan’s orange mother. She was acerbic in speech, frugal in spending, spiritual in tone, and long-suffering. She never smoked, rarely drank, and monitored her sodium and sugar intake, cholesterol, blood pressure, and pulse like an air-traffic controller orchestrating a

runway. She adored doctors to the point that she had her own copy of the *Physicians' Desk Reference* to research the smorgasbord of medications she regularly took. Finally she gave in to her passion and went to work as Dr. John Ochsner's secretary at Ochsner Clinic. Chapter and verse, she quoted the doctors Ochsner, both John and his father Alton, especially about smoking, until she had my father sneaking smokes behind the wash shed like a high school student.

Her crew of doctors eventually labelled her a hypochondriac. No, I've gotten the term wrong, and my mother would correct me. She wasn't a hypochondriac but actually developed symptoms of the diseases she imagined she suffered from. She had Munchausen syndrome. I also suspect—and this is pure conjecture—that she suffered from some strain of Munchausen syndrome by proxy. She never harmed me, but to this day I involuntarily cover my eyes whenever a hypodermic needle appears in a movie or on TV. I need to block out the endless injections I received as a boy for the multiple allergies I supposedly had, that then disappeared the minute I left home. Later, when I was a rebellious undergrad with a poetic disposition, my mother and her psychiatrist decided I was schizophrenic and had me committed. At that point my college friends had to clean out my dorm room.

"We found you out," my girlfriend told me when she visited me in the loony bin. "Your drawers were stuffed with all kinds of pills."

"Those are the doctors' samples that my mother filled my suitcase with when I left for college. I've never even looked at any of that crap."

As it turns out, I'm rarely ill, and no crazier than the next person. Yet even later in her life, after my mother's therapist had helped her to transcend her purple self-martyrdom, I never had her full attention until I developed some symptom or other.

"What are you taking?" she'd ask, leaning forward.

"Nothing."

"That's ridiculous. Here," she'd say, cracking open her *PDR*, "what about Scoravil or Fixodrene?"

My purple mother was a junkie. She spent her final years in the throes of a series of conditions caused by medications she had taken to correct previous conditions, real or imaginary.

"How are you feeling?" I'd ask by way of a greeting.

“Oh, better,” she’d sigh. That meant terrible.

My purple mother died in the ICU at Ochsner Clinic a week after her seventy-ninth birthday. Susan’s orange mother, who never saw a doctor and had refused all treatment, died last month at home in a coma at seventy-eight. I will miss those sassy old dames, their whole Depression-era generation. But whether orange or purple, the results don’t seem too different in terms of longevity. Given a choice between hanging out with the bums on Jackson Square or fingering the index of a *PDR*, guess which I’d rather be doing?

ALTHOUGH I DON’T OWN a single orange item, I’m of an orange temperament, if orange is the colour of denial. I have little use for doctors or their advice. After a year spent teaching in China, the Central Kingdom of hacking and spitting, I tested positive for exposure to tuberculosis. Now that really got my mother’s attention.

“You need to take these pills for two years to prevent developing the disease,” the doctor told me. I forget the name of the medicine. My mother looked it up. She was green with envy and would have had a grand old time propped up by pillows on her divan like Mimi in *La Bohème*, popping TB pills.

“And what chance do I have of developing the disease?” I asked the doctor.

“Two per cent.”

“And what would I take should I actually get TB?”

“Ahem,” he said, clearing his throat, “the same medication.”

“Well, why not just take it then?”

The doctor thought that was hilarious. I wasn’t joking.

I’ve dealt with the dangers of TB, cholesterol, smoking, drinking, illegal drugs, and carousing at all hours, cavorting with sexpots whose family names escape me, with the same attitude. Colour me orange. I don’t want to know.

A fool’s paradise? Like Susan’s mother, I’m not ignorant. It’s amazing how close proximity to purple can turn one to orange, just as intimacy with orange can turn one purple. Susan tells me that her late father was a tiresome hypochondriac, so, of course, her care-giving mother turned orange. Perhaps my mother was as purple-toned as she was because her

own father was as orange as a traffic cone. His first stay in a hospital at age ninety-one, to correct the cataract in one eye, found him in the elevator late one evening in bathrobe and slippers, trying to escape.

“I’ve seen enough rough stuff with these two eyes,” my grandfather told the orderlies escorting him back to his room. “I only need one. And get your mitts off me.”

This weekend I saw Susan at the opening of her first one-woman show at a gallery in the Warehouse District. I spotted her across the crowded floor: the lady in the orange blouse.

“That blouse must be your mother’s,” I said, pecking her on the cheek. Susan had just lugged her mother’s possessions home in a U-Haul from Oklahoma.

“And this, too,” she said, fingering a chunky stone necklace that could have adorned a Guinean witchdoctor. “These are one way to have Mother here with me today.”

I’m no longer angry at my purple mother for her medical self-martyrdom. Although I’ll never wear either her colour or her amethysts, I asked her to send me a purple flower when she reached the other side. And winter after winter, in the pansies spilling in profusion from my balcony planters, she has. Dressed in orange at her art opening, I’m sure that Susan has forgiven her orange mother the wilful refusal of any medical treatment. On their own, I find both orange and purple—each of those extremes of the chromatic spectrum—to be harsh and demanding hues. But when caught in a prism or sunset or rainbow, refracted in cut crystal or wavy glass, these colours complete the full human range of who we are. Susan and I are no longer daughters and sons but lopsided orphans staggering forward to meet our own fates, orange as our most foolish hope, purple as our utmost sorrow.

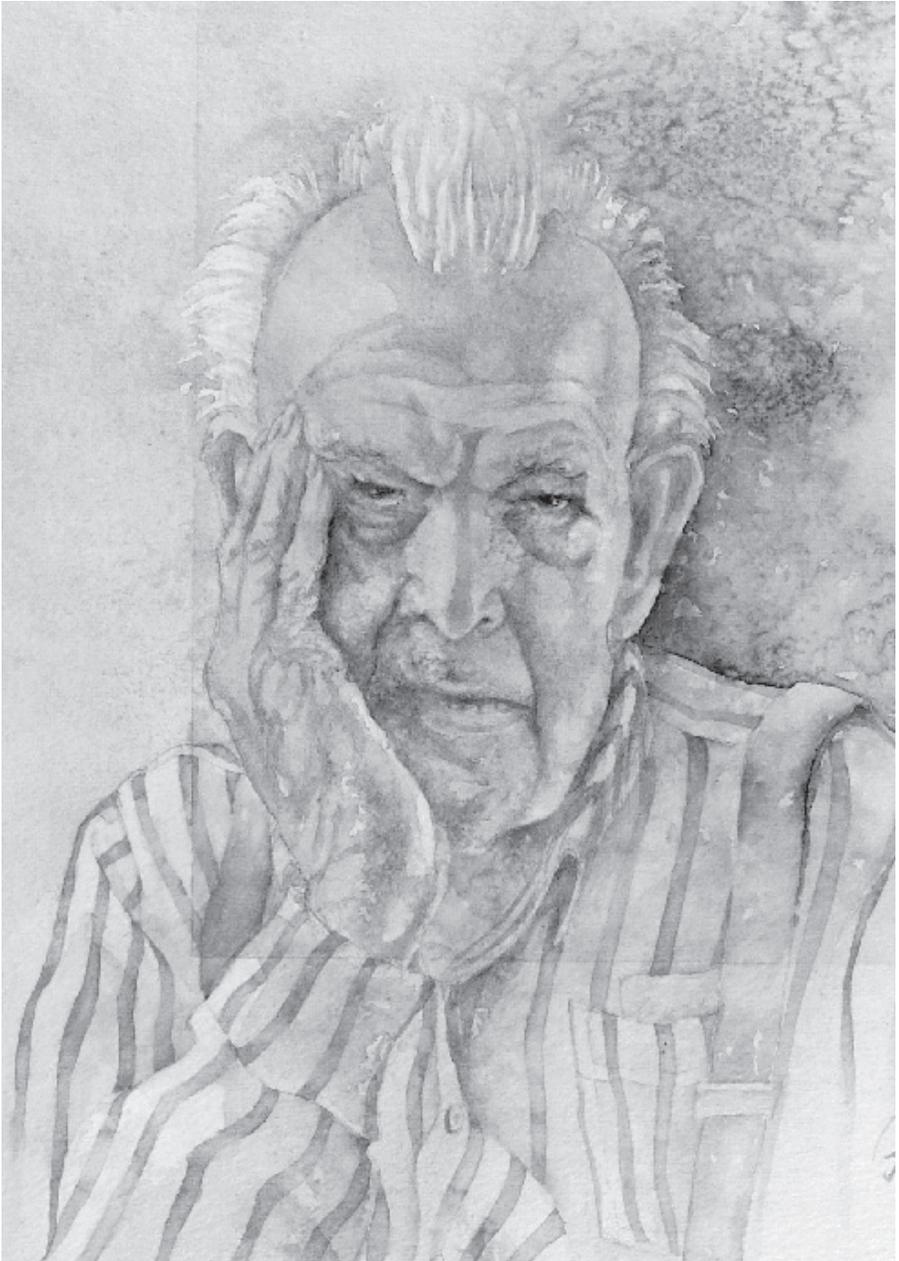
James Nolan’s story collection, Perpetual Care (Jefferson Press), won the 2007 Jefferson Press Prize. He is a frequent contributor to Boulevard, and recent essays have appeared in Utne Reader, Gastronomica, and the Washington Post.

Share the Beauty

Mary Whale



Betty (detail), 2004, watercolour, 12 x 17 inches.



Bob (detail), 2005, watercolour, 12 x 17 inches.

Mary Whale is an artist (search Whale on www.artists-society.ab.ca) and a gerontologic nurse working at the Glenrose Rehabilitation Hospital. Being mindful of both an empiric and aesthetic knowledge has broadened both her chosen practices.

Washing the Cadavers

Jerry Bradley

What is visible was once human:
a man who hosed vomit from the Twister
and hoisted a few with Ginsberg
before each found his own answer to cancer.

The guy with the plastinated liver
guessed his way through an ESP test at Yale;
the donor to the brain bank
rode the rods to Georgia during the Depression.

The former waitress with the subluxated hip
and fibroid lungs reared nine children
while carting barbecue to cardiologists.
The macerated grandfather jumped ship

in Pusan harbour, drowned. Now you
lave their shoulders, cleanse grave wax
from spine and thorax; livor mortis,
the colour of cornflowers, blooms

blue as your daughter's eyes.
Your butter-knife blade rasps
an executed felon the fresh osteopaths
have dubbed Jethro to rhyme with Death Row

and tied a bow to his phenol-enbalmied penis.
Elsewhere they leave intra-abdominal notes
for their colleagues also fervent for your blush,
your caress, envy your warming touch.

This one might have painted the portrait
in the foyer had his life not been left
to the comic pages, his body to this place.
His exposed palette weeps
all the colours of a femoral nerve.
You note the scar, a tear, the tattoo
and busted lip, imagine the curses
and valentines he longed to speak.

And because you have looked at him
you know you will never look
at any of us the same way again.

Jerry Bradley is a professor of English at Lamar University. A member of the Texas Institute of Letters, he is the author of four books and is poetry editor of Concho River Review.

Lie Perfectly Still

Myra Sklarew

1

Surgery: When they came to take me, I wondered, how much of a person can be given away without being erased? Appendix, vestigial blind sac blown. Uterus, resilient sweet room where each of my children lived for those nine months. Portion of an arm. Tiny slice of lip. Cyst hiding under a rib. Today, part of a breast. Lymph nodes, those spacious bacterial fly traps.

I look in the mirror. Who do I see? Is she someone I know? Their mother? His wife? Lover of that man? Is she the one with long chestnut hair braiding the ribbons of a maypole in childhood? Is she the girl who lay down in the woods, her love trembling above her? That one?

In me they must put a tiny wire like an email from the tumour cells to my surgeon, so she will know the way. My friend tells me I will be light after so many parts are removed. I will fly, I tell her. Please be ready to pay attention, I say, when I am over your house. Don't make any noise, she admonishes. It is harder for them to imagine than for me to go through it. But the weight of their pain keeps me from flying. Now I must hold us all up.

2

So far, I've been cut, bled, scanned, tattooed, drawn on, injected with radioactive isotopes, anesthetized, X-rayed, medicated to numb pain. Each time, after the lights come on, the machine stops its whirring sound, the technician puts down his markers and needles, I rise up, swing my legs off the table, and stand up. Sometimes, for just a moment,

the transition from being acted upon to acting of my own volition is dizzying. But afterward, I lay claim to my body, my name. To my clothing. And to my life.

3

A far cry from thirty-five years ago. The doctor gave a likely prediction. Two months more, he said. The patient outlived her death sentence. We used to joke about this. The prisoner ate a hearty meal, we would say. Our mother was still alive! Though the doctor never knew it. In those days, once the sentence had been declared, colon cancer too advanced for any more treatment, he disappeared. Her care was left to us, her daughters, her husband. For a year we taught ourselves how best to manage her living and her dying. When do we get a hospital bed? When the oxygen? When to call in a nurse to help us turn her so she wouldn't get bed sores? We learned quickly. And likely we didn't do all the things that would have made her going more comfortable. I think of her courage the day the recurrence of her cancer was diagnosed. Whether to go home or to be dropped off at the library where she worked. She chose the library. Her beloved books.

4

What new thing can I say here about the changes the body undergoes? Soon I will be irradiated according to certain laws of physics. Photons first. Then electrons. Not head on but at a tangent so as not to damage heart, lungs, and ribs. Even the depth to which the beams will penetrate can be controlled these days. The amount of radiation is huge, nonetheless, 4,500 rads to start with, more at the end, a total of 6,500 rads. What is the theory here? That radiation causes more damage to rapidly dividing cancer cells than to normal ones. But normal cells don't get off scot-free.

What do I want now? I was grateful when my daughter-in-law went with me to the first appointment with the surgeon and took notes and later that day, typed them up and added a To Do list that she emailed to me. Things I would have forgotten. Or couldn't take in. I wanted to do what was needed, and to get on with my life. Or to come home and curl up like an old dog for a little.

5

I've never felt at ease belonging to groups. Or to wearing the insignia of groups. Perhaps the yellow star, known to me since early childhood, chilled the pleasure of belonging. Better to remain unidentified. Indistinguishable. Yet now I belong to a secret club: women with parts of breasts missing. Women with whole breasts gone. Women who have undergone radiation. Tattoos to identify the correct positioning of the photon beams, the electron beams used at the end of the radiation sequence to target the site of the tumour. I have only to search for the tiny bluish dots, two over the rib cage, one above the breast, one beneath. Perhaps on that woman who walks toward me in the street. Or on that one selecting oranges in the grocery store. Who ever knew so many had undergone treatment for breast cancer? They tell me now. I am one of them. They speak gravely, quietly. Seven years ago. Thirteen years ago. Two years ago. They are forty-two or eighty or sixty-six.

6

Once I was part of another secret club, though I didn't know it at the time—on a hospital ward at age nine during the Second World War with forty children, many with heart damage due to the complications of untreated strep infections. Rheumatic fever, the culprit. Some died during my weeks there; flowers placed at the foot of a statue of the Virgin Mary in the hospital courtyard. Only recently did I learn how it was that I happened to be there at the time, to receive injections of penicillin every three hours around the clock, when the drug was not available to the civilian population at large. To my knowledge, no questions were asked nor any explanation given, other than to say that help could be had for strep by being treated in the hospital. As family members had died from the complications of rheumatic heart disease, there was no question about my going. I've wondered for years how it was that a small private hospital had access to a life-saving drug that the general population could not obtain. I learned recently that Dr. Chester Keefer, known as "The Judge," was appointed head of the Committee on Medical Research in 1942, a division of the Office of Scientific Research and Development, created by presidential order in 1941 "to initiate and support scientific research on medical problems affecting the national defense." Translation: children

were the guinea pigs being tested/treated for the effectiveness of penicillin to be used for our military whose battle wounds were unresponsive to treatment with sulfonamides. In 1943, several hundred civilian cases were treated, including my own. At that time penicillin was produced from surface-grown cultures in thousands of glass bottles. Its yield was small. It was not the first time fungi and moulds had been used as remedies. Hippocrates found that fungi and yeast could counter certain gynecological ailments; Pliny the Elder mentioned mushrooms as a remedy for rheumatism; the Mayans treated ulcers and intestinal infections with a fungus. What was unusual was that the members of our secret club were not informed of the circumstances that brought us together, or of the risks. Informed consent did not come into play until 1947 with the advent of the Nuremberg Code, though the 1902 Biologics Act did require proof of purity and safety at the point of manufacture.

7

Experiences with illness are cumulative. We carry with us the ways we fail to assert ourselves in the face of catastrophic illness. And the errors that only real vigilance can help to allay. My membership in another club almost cost me my life. This club had as its hero, Dr. Ignaz Semmelweis, who observed in 1847 that maternal deaths to puerperal fever (uterine strep infection) were 13 per cent in his hospital in Vienna, while those in a nearby obstetric hospital run by midwives lost only 2 per cent of its patients to this disease. Semmelweis noticed that medical students would go from dissecting cadavers to the delivery room without washing their hands. After he set a policy that doctors were to wash their hands in a chlorine solution after dissecting, the mortality rate from puerperal fever dropped to 2 per cent. After delivering my first child by natural childbirth, we moved to another state where the obstetricians in the hospital where I was to deliver my second child wanted complete control over the process and insisted on using saddle blocks, causing paralysis of the lower extremities and requiring that patients lie flat on their backs after delivery for twelve hours to prevent “spinal headaches.” I began to run a fever. The culture determined the cause: a uterine strep infection. The drug of choice was penicillin, but when a skin test was done to test for tolerance to penicillin, it appeared that I was allergic to the drug. Thus a broad-spectrum antibiotic was given, to no effect. Eventually I

was put in isolation; the infant was taken home without me and I proceeded to worsen. My temperature rose to over 105 degrees. It looked like I might not survive. I needed Dr. Semmelweis! A consultant was called in; he had recently had a strep infection and had taken penicillin with no problem. He gave himself the skin test. A false positive indicated that the skin test solution was contaminated. As he stood by with epinephrine in the event that I was indeed allergic to penicillin, I was given an injection of penicillin and moved back little by little from death's door in the days ahead. Later I learned that the resident anesthesiologist was a strep carrier and that there had been other cases of this old-fashioned disease in that hospital. I had lost the beautiful period of bonding with a newborn son. My silence had been costly. Had I to do it over again, I would have gone to another hospital or another state to have my baby as I knew I could, in health and without medications. My own silence then has made me more vigilant today. I know that errors can be made, no matter how hard physicians and hospital staff try to prevent them. I have felt a kinship with those mothers of the mid-nineteenth century, preparing for the most joyful moment in their lives. Theirs is a club I would not have chosen to belong to.

8

This morning, like watching from overhead as humans assemble around an ancient icon into ever-tightening rings, ants in my kitchen are hurrying into formation, purposeful, brisk, hard at work on some invisible crumbs. A curious morning afraid to wake up into the knowledge that somewhere in this body a small growth has lodged itself, cells dividing more quickly than usual, more competent in their way than normal cells. No switch to turn them off. I can wash away the ants, but they'll be back. I can cut away the offending cells. But they can return. The source: we can hunt all of nature if there is time. Or open the door and let the rain and leaves come into the house. And let the plates, forks, and spoons escape from their containers out into the wild. So this interpenetration goes on. The body is occupied, Lewis Thomas wrote. Each cell has taken into itself what it needs of nature (perhaps not so purposeful, some would argue!): mitochondria that once lived beyond us. Organelles we claim as our own that once lived quite happily elsewhere. Bacteria by the thousands that inhabit us in order that we survive. Who knows what

will become of this organ system who lumbers into another day, studying the habits of ants!

9

When I had the diagnosis, I went to a bookstore and purchased two books: *Liquidation* and *Lust*. I no longer remember which book I picked out first. I hope it was *Lust*. I don't remember if it was the brief turning of pages, picking up a line here or there, that first delicious entry into unknown territory, into the voice of someone else, that attracted me or if the titles alone were the determinants.

10

Liquidation. One does violence to the body to heal it. A strange concept. Has anyone consulted the body for its opinion? Does the earth hurt when we take a pitchfork to it rather than shaping a mound of earth with our fingers and setting a seed into it? Cells are killed by irradiating them. The theory is that the faster-growing cancer cells are more vulnerable to the radiation. But perhaps the radiation causes mutations that permit the harder cancer cells to survive and turn up downstream years later. And normal cells are destroyed by radiation as well. The key is to target the radiation so precisely that it does as little damage to healthy tissue as possible.

11

Radiation: Any moment now they will set you to burning, sending their photon rays into your chest as a bell-ringer sends waves of sound radiating out into the ether. You have become a belfry, campanile halfway up a mountain, icons carved into your skin, these small blue marks, yours for life. Old man, take her hand. Climb with her to this new altitude. The gods still live among these furious stones. Apollo hovers nearby. Like Daphne frozen inside her laurel tree, you must lie perfectly still.

12

Third day of radiation: If you close your eyes, it will be easier to move you into position. Try not to help us. Make your body heavy and we will do the work, the technician says. They line up your body with the help of the tattoos printed in your skin. You are centred in accord with the laser beams from left, right, overhead.

13

During the adagio movement of the Quartet in C-sharp minor, Op. 131, written when Beethoven was entirely deaf, I close my eyes, the better to hear the notes of the opening fugue. Bach has taught me to love the simplicity of a gathering of notes just before another variation of the same notes is driven alongside the first, now inverted, now rhythmically altered, but still audible. When the eyes are closed, one hears this. When open, one sees four men in dark suits, sees a cello, viola, two violins, bows rising and falling, sees fingers moving more quickly than the eye can follow, sees how one violinist raises his right leg quite suddenly as a passage makes a turn, sees the sudden startle of the forte in the body of the player, sees the dark, full hair of one come down over his face until he shakes it back, sees the open face of the other, the legs of the man next to me keeping rhythm, the grey hair of the woman in front of me, the light through the window. Little by little the mind comes back to the notes.

14

On the metal table, after you are told to close your eyes, after the technician disappears from the room and heads for the control room, the linear accelerator makes its preparatory click and then its buzz buzz. You count slowly, along with your breathing. You think: anything could happen. What if it ran too long? You cannot move: your feet are fastened together with a Velcro strip, your knees caught over a wedge, your arm in a plastic mould over your head, your head fixed in place.

15

You open your eyes. They are taking their bows. Beethoven has had his day. One just grins from the stage and raises his hands to his heart. Then quite suddenly he makes a deep bow from the waist. You think: European, not American. You leave Beethoven and think of your beloved Bach, of the cello suites. You think of how tomorrow, up on the metal table, you will close your eyes, make your body heavy, and start over again.

16

Large two-part linear accelerator. Swings over to the right. Radiation is given from the right side at a tangent. Accelerator swings to the left again, photons delivered at a tangent. Radiation time is brief, fifteen

seconds, thirty seconds. Today I met with the radiation oncologist for our weekly visit and went over my written questions. We looked at the treatment plan, the CT images, which showed that the radiation is set up to avoid the heart and the majority of the lungs. In my case, a small sliver of left lung is being irradiated. We discuss the decision not to use IMRT, another form of radiation, because conventional radiation causes fewer hot spots. Photons are used for the first twenty-seven treatments; electrons for the eight-day boost at the end.

17

Interesting how friends talk about this, what they want to know. And not know. Some tell me about others who are dying as if to minimize my situation, but mean well. Like a root canal, one tells me. Strange, but what is really needed is a sense of delight, something to marvel at, or learn, or imagine. And straight talk, above all. People in the waiting area talk matter of factly about how many zaps they've had. I find this comforting.

18

On the seventh day, you've had enough. You'd rather not go. Like Melville's Bartelby the Scrivener, you prefer not to. I didn't feel like coming here today, you tell the radiation technician. Neither did I, he says. But I needed my paycheck. On Valentine's Day you bring cookies. On the seventh day it seems it will be just Ted setting your body into position. But then you feel a new set of hands, Kim's. Make your body heavy, they remind you. They want to move you by pulling the sheet that is under you so they can position you more accurately. If you try to do this to help them, other parts of your body get out of alignment and then you have to start all over. On the seventh day, you'd like to stop all this, go home and get back to your real life. But which is your real life?

19

On the seventh day, you go to rehab, or as a friend says, reclamation. You're losing flexibility in your left arm, your writing arm. Better cancer than to lose function in your left arm and hand. You are left-handed. How can you play the piano? How can you be a writer if you cannot write? Twenty minutes typing and your fingers grow cold, numb. They

used to dance over the keys. And when they paused, you loved the silence, as though your fingers were waiting for the next tune, all those lovely black letters turning into words.

20

On the seventh day, more X-rays. This time the left lateral radiation lasted for thirty-five seconds, nearly twice as long as the day before. 180–200 rads a day, Ted tells me. It's about what the body can handle. We talk about Madame Curie, about radiation sickness, about how her daughter died of it, as she did.

How does it feel to die of breast cancer? I'd like someone to tell me. Or whatever else can result from all this radiation. Sometimes you are a scientist, asking all the important questions. Sometimes you are a child, stretched out on the table before strangers, your breasts exposed in the cold room. It's hard to think of love in these rooms.

21

On the eighth day, you are weary. But it's Friday. You have three days off, the weekend plus President's Day. Bless all the presidents! But you come home and quite suddenly you feel as if a twelve-wheeler rig is pressing on your head and shoulders. You can only lie down. You think, this is only the eighth day. What will it be like on the twelfth day or the twentieth? You lie down and stay put and don't get up again until the next morning, afraid that you will still feel the same way. But by morning the terrifying weight and pain is gone. And you can breathe again. And go about your business.

22

By evening, you've gone past your limit again and the weight is back, only not as severe. So you must bid farewell to these pages and assume the prone position once more. You realize that nearly four months have gone by since all this began. And that you are not even halfway through this. If you add aromatase inhibitors, then you are at the very beginning again. Medication for five years. Time for supine you. Time to say goodbye to work, to thought, to invention, to construction. Oh so reluctantly. But the body says, Hey, what about me? The tiredness was not understood previously. Now there is the possibility that it is caused by the release of cytokines from the irradiated cells.

23

In class last evening, while a student is reading her poem based on Fibonacci's numbers, you are writing down the word counting. Suddenly you are counting the days of radiation. Counting yesterday, you have had ten radiation treatments of approximately 200 rads each, so by now your body has had to absorb 2,000 rads. A normal X-ray is a fraction of one rad. During the radiation, you have started to count the duration; you try to match it with your breaths so as to have some consistency. The radiation from the right side lasts for approximately fifteen seconds; from the left it varies from twenty-five and thirty-five seconds. When it goes longer, you feel terrified, but you are not permitted to move and you know if you do, some other part of your body will be irradiated.

24

You are beginning to learn that you have to titrate what you say to others about radiation. Those who've had it don't usually want to be reminded of it; those who haven't but are going to are not helped by your describing problems you are having with it. Better to say it only lasts a few minutes; you don't feel anything; you can go about your business immediately afterward. Better not to mention that you can be overcome with exhaustion without warning; that the skin burns later on in the treatment; that you're having trouble with the use of your left arm and hand; that it's possible to cause damage to the underlying organs and tissues, heart, lungs, ribs, depending upon the angle of the radiation. All effort is made to avoid this, but in order to reach the area of the tumour and lymph nodes, it is not always possible to do so.

25

On the twentieth day, the skin begins to burn. First the axilla darkens and then the skin under the breast begins to redden. If you wear a bra, the skin becomes sore. After a few more days, a rash begins in the chest area above the breast. And if you look closely, a mild rash begins along the torso: you've become a pointillist painting. And now the pain that began immediately following the surgery in your left shoulder has become far more acute, making it difficult to write or work. Gone are the days of five-hour writing sessions. Gone are endless Bach fugues and Beethoven sonatas. Gone is the easy motion upon waking where you can turn over and

lift the blankets off with a single motion of your left hand. Now you sleep on top of the covers and you turn your body without using your arm until you are near the edge of the bed, so that you can roll out without pushing down on your hands, which brings acute pressure to your shoulder.

26

On the twenty-fourth day, the orthopedist tells you that two tendons are either torn or damaged and gives you two shots of cortisone. Student papers and letters of recommendation are waiting. But what you hadn't counted on is that you would be exhausted and everything would have to wait until you rested for a little. You have only three more days of this form of radiation to go. And eight more days after that of a boost dose, meaning that now electrons are directed at the tumour site. The radiation oncologist has created a special cone to narrow the range. So perhaps the burning of the skin and the rash will be given a chance to subside, apart from the focal area. As the physical therapist said, radiation is a gift that keeps on giving. Its effects don't stop when it stops. Though it may seem strange, you are not wary of the cancer. That will do whatever it does. But it is the treatment that is difficult, incorporating a whole new set of people and procedures. You know you are lucky to be diagnosed now and not earlier when treatment options were more limited, your prognosis far more hopeful because of this. Yet at seventy, every minute counts, not the long term. To complete what you started. To love sufficiently those you love. To take risks on behalf of others.

27

On the twenty-seventh day, what strange forms joy takes. I am stuffing clothes into the washing machine, rushing to get through the morning's work, and joy breaks out like the sun on a cold, dark day. I've survived twenty-seven days of receiving 200 rads of radiation each day, weekly X-rays, CT scans for the simulations, X-rays for the torn tendons of my left arm, and today I'm full of energy and very much alive. I want to sing, to celebrate. Did I think I would die? Perhaps for a little while I did think it. And of course I will die one of these days. But today I am very much alive. And what better way to celebrate than to leave in the morning for New York City to celebrate a daughter's achievement, her doctoral thesis, her husband's fiftieth birthday, a granddaughter's twenty-second

birthday. Still eight more sessions of daily radiation, only this time it is a boost dose to the tumour site, so the generalized rash and skin burning will begin to heal; only a small area will be affected this time. Of course I think of other radiation effects in the long term, but at seventy there is no long term. The beautiful daffodil that the receptionist in the radiology department gave me yesterday brings its own light in my kitchen.

28

On the twenty-seventh day, I walk toward the door of the beauty salon to have my hair cut and am suddenly overwhelmed by a feeling of fear, anxiety, familiarity, and sadness, as I reach to open the door. What could be causing this? I like this place. I like the Greek owner who trims my hair and tells me stories about his village. I like the woman who washes my hair. I imagine I am walking past all the chairs where the customers sit having their permanents and haircuts. Now I must turn right into the small dark cubicle . . . that's it! I must put on the black nylon gown over my clothes. Just as I must walk into the radiation suite every day, open the door to a small dimly lit cubicle, take off my clothes from the waist up, and put on the blue gown with the opening in the back. I must reach back and tie the strings at the waist and neck. When I am called, I must walk into the radiation room, lie down on the steel table, untie the gown, and lower it until my breasts are exposed, put my head into a plastic form, my arm into another, my legs with a wedge under the knees, and my feet tied with Velcro.

But I tell myself, this place is not for radiation, only to have your hair trimmed. Only that. Freud says the first ego is the body ego. On this day, it is my body who remembers, my body who makes the association before my mind has the chance to. But it is my mind that comes back to reassure my body. And I take my place by the sink, lean back in the chair, and let the hands of a small woman from Guatemala who asks about the weather outside begin her ministrations.

29

April twenty-seventh: Today is my first visit back to the radiologist since ending radiation therapy at the end of March. I have had more than three blessed weeks to recover from the radiation and torn tendons in my left shoulder and have recovered energy enough to begin to participate fully

in university administrative work, meetings, evaluations, and to provide the Passover Seder for the family without exhaustion. A wondrous feeling to have this energy that can be counted upon. And to permit surgery and radiation to recede from daily thought. That above all. It is not the cancer that disturbs me. I feel on friendly terms with it. I can easily imagine the small molecule of estrogen making its way in the bloodstream, and binding to a protein known as the estrogen receptor, and triggering cell division. I can imagine as well how the usually carefully regulated process of cell division goes awry in cancer cells, whether by a tumour stem cell that like normal stem cells may be self-renewing and resistant to toxic substances (including chemotherapy), or by some other not yet understood means. For years, we thought of cancer as some hideous invasion, a grotesque intruder. But I have loved small things since childhood, have loved the interplay of living systems, even the way our bodies accommodate to this strange disregulation. Surely, I would prefer to have better guarded against a kind of unchecked growth, but I am struck by the miraculous intertwining of biochemical, physiological systems that keep us healthy the majority of the time. Then what is it that stirs one's attention? It has to do with making plain my long list of questions for three of my doctors to be seen in the next twenty-four hours; to forecast side effects, to help to make sure that the treatment may not be more destructive than the cancer itself. Bone loss. Loss of estrogen. Joint pain. Anything that prevents mobility. That above all. And cognitive function. That.

30

April twenty-ninth: After four hours at doctors and in waiting rooms, I come home exhausted. Why? Nothing was difficult. A bone density scan. Lie still, don't move, hold your breath. A kindly man. Slipping wedges under knees, behind back, positioning arms, ankles. Hold your breath. The machine moves slowly overhead collecting its evidence. Does it provide an accurate picture of bone density? Is this the only way to measure the health of bones? It's true: I'm shorter than I was. Somewhere around the age of ten I achieved my nearly full height, 5'9." I was taller than all the boys in my class, the tallest in my family. So at seventy, shrinking a bit doesn't trouble me. Once more I am allowed to rise up from the metal table and go my way.

Then to the medical oncologist where the wait is long. What is it about waiting rooms in doctors' offices? How many *People* magazines can one read? I have brought books I do want to read, but the words don't register. I reach a point where I can no longer sit there passively and wait. I tell them that I will return in a half hour. I go down to the lobby and stomp about in the parking lots of three buildings, letting the sun warm my back, letting the hours of sitting evaporate as the motion of my legs takes over.

The nurse/practitioner examines me, checks lymph nodes, breast tissue, asks questions, and attempts to answer mine. Soon the medical oncologist will appear in the examining room, press moisturizer onto her hands, and once again examine my lymph nodes and breast tissue. I ask my questions once more and she carefully answers them. She is very competent and very intelligent. Why, then, is this so difficult? I am overcome, once I leave that office, by the sensation of wanting to curl up in the woods under leaves near the trunk of a tree and hibernate for a long while. But I don't. I go to the cleaners and I come home. But I am unable to work, despite the fact that work with major deadlines is waiting for me.

What has been hard about this? Why this sense of isolation and discouragement? Is it having to begin a medical regime that will last for five years that has side effects that could cost me a good part of my autonomy, bone loss, dizziness, arthritis, cognitive effects? Like the radiation, the treatment is counterintuitive. It may be good for the cancer, but it certainly is not good for me, not for my continuing health and independence. I cannot seem to dispel my exhaustion and give up finally trying to work. But like a dog circling a favourite spot on the rug to settle down for a nap, I cannot seem to find a comfortable place or way to alight. By morning, I am myself again, but with the dilemma of beginning this regime.

31

April twenty-ninth, later that day: I hadn't meant to keep writing, or to write at all about any of this, but somehow the words, usually so recalcitrant, won't stop. *Liquidation* or *Lust*. The two books I bought on the day of diagnosis. I haven't mentioned *Lust*. Yet it has its place. The body is greedy for life. The moment the confrontation with loss recedes, lust or some variant by another name reasserts itself. Life force, vitality,

32

When I was young, in exchange for reading the Mormon Bible each morning, my lab partner hoping to locate a new convert would help me with my lab work. We were at Cold Spring Harbor Biological Laboratory on Long Island. This was the summer of 1955. I was there to complete course work so that I could graduate from college a semester early. I was about to be married at the end of that summer. Expediency turned into an extraordinary adventure. I had no idea that the great heroes of the occasion, Salvador Luria and Max Delbrück, in that informal and relaxed setting, would teach us about something quite spectacular, the way viruses (bacteriophage), essentially composed of protein-coated DNA, could bind to the surface of bacteria (*E. coli*, in this case) and insert their tiny packages of DNA into the bacterial cell. These would subvert the host cell's normal business, redirect it to replicate the virus. The replicated viruses would then escape the bacterium, lie dormant until coming into contact with another hospitable recipient. This could be seen under the electron microscope, a wondrous sight.

Why do I remember this now? Though this infiltrating lobular carcinoma may one of these days do me in, I can only stand back and admire this incredible body we all possess, with its intricate interdependent systems that most of the time stand by us proudly and well. If at times the onslaught from outside or from inside is too much for the whole system, if it cannot always respond in ways that would keep us here as long as we wish, so be it. But to be here at all, to be alive in this perishable and exquisite world is a gift beyond all others.

Myra Sklarew, teacher, poet, and science writer, is the author of nine collections of poetry and essays as well as the forthcoming book Holocaust and the Construction of Memory.

Growing Season

James Broschart

Rodney,
Master gardener and noted urologist,
Gloves his hands and places the plough
Into the field between my parted legs.

David,
Tall, dark, and handsome radiation oncologist,
Did not plan to become a farmer in his prime,
Yet plants the seeds methodically into my gland.

Together,
These scientists admire their handiwork:
Rows and furrows laid, aiming toward a harvest
Meant only to yield barren ground.

And I know,
This garden where I once husbanded
My own crop of seed, freely sown,
Must now lie fallow.

James Broschart is a retired professor of English with degrees from Johns Hopkins and Boston College. He and his wife, both cancer survivors, live in rural southwestern Virginia, where he writes poetry.

Stoma

Kathie Giorgio

Erin couldn't believe that just two months ago she wanted to climb on him one last time, soothe him, remove and keep a part of him with her in case he didn't come back as he went into a surgery neither of them expected. She smiled at him as he was rolled away, told him she'd see him later, tried to convince herself even as she convinced him. But as soon as his cart turned the corner, she leaned against the beige hospital wall and cried. A diverticulitis rupture was something she never considered when her thoughts turned dark on the evenings he was late. She pictured the various ways she could lose him. A heart attack, certainly, a stroke, a car crash, cancer, even suicide. But it was his colon, inflamed and angry, that simply chose to blow apart, filling his entire abdomen with infection. While the doctor was cheerful and upbeat with Jeffrey, he was matter-of-fact with Erin. "This is dangerous," he said. "He might not pull through." And Erin heard those words and their weight pulled at her shoulders, twisted her ankles. She stumbled as she walked down the hall and the doctor reached out to steady her. She wanted him to steady Jeffrey. "I just thought you should be prepared," the doctor said.

As if the slim ten minutes she had with Jeffrey before he was taken away would ever be enough to prepare. He was only forty, they'd been married only five years, she was barely prepared for their life, let alone his death.

Yet he made it through. There were eight weeks of recovery, of catheters and drains and IVs and oxygen and three different prescriptions for antibiotics, two for painkillers, and two more anti-nausea drugs. The top

of their refrigerator went from a dust-filled catch-all to a pharmacy. And now his sweetly rounded stomach was S-scarred and there was a colostomy bag right where she used to rest her head.

The end of his colon stuck out through the upper left side of his abdomen, an odd mud-coloured extra belly button. The nurse told them it was called a stoma. Jeffrey called it Mick because he said it looked like Mick Jagger's lips. Erin hated the Stones and she hated even more the thought of Mick vomiting like a geyser, a volcano, into the special bag stuck to her husband's skin with paste and tape and a special elastic band he called his bra. It reminded her of the old menstruation belts she wore before pads stuck to her panties with adhesive strips. She remembered how uncomfortable it was and now Jeffrey was uncomfortable too.

Mick was uncontrollable. She and Jeffrey sat down to supper and suddenly he'd get a strange look on his face and he'd pat his shirt. "What's wrong?" Erin said every time, even though she knew the answer, but since his illness, she always had to know if he was okay. "Mick is singing," he answered and Erin would swallow, then clear her plate from the table. It was hardly dinner music.

They never even used the toilet in front of each other. They never even left the bathroom door open. It was something they agreed upon before their marriage. Erin was married before, for seventeen years, and she told Jeffrey that she felt part of that failure was too much familiarity. "He came in and used the toilet while I was brushing my teeth, showering, getting ready for work. He talked to me above his own noise. And sometimes when it was me on the pot, he'd stand by the sink and wait for me to finish. 'Don't flush,' he always said, 'let's save on the water bill.'" Jeffrey agreed that there were some things that should be kept private.

But now there was Mick, and Mick had no sense of privacy. He was always there, a singer whose toxic stage was her husband's stomach. Jeffrey never left the bag off for long because Mick's concerts were unscheduled and unpredictable.

And now, two months later, Jeffrey, with Mick at his side, was hinting toward the resumption of their intimate life. Passing by, he touched her, smoothed her shoulder, patted her bottom, kissed her neck. When she brushed her hair in front of the dresser mirror, her arms raised to the back of her head, he slid behind her, embraced her breasts, pressed

himself against her and she heard the crinkle of plastic. At night, his caresses became less subtle and she carefully tucked his hand away, claiming fatigue, a headache, an early morning.

His touches were a question that she knew she had to answer soon.

In the hospital, the nurse showed them how to clean the stoma, saying it had no feeling. And Mick certainly didn't, though Erin constantly reminded herself that her husband did. The five years of their marriage seemed amazingly short, the rest of their lives together stretched interminably long as Mick followed them everywhere, out to dinner, to the movies, to bed at night. They didn't even have children, yet they were now a threesome. Erin, Jeffrey, and Mick. Wife, husband, and stoma.

She and Jeffrey talked about sex once, soon after he came home from the hospital. At the time, she didn't think it would be a problem, she was so happy to have him, so happy to see him relaxed in his chair in the living room, seated at her right in the kitchen, lying to her left in the bed. All of those spaces could have been vacant, and she wanted only to hug him, to prove to herself that he was still there, still whole, still warm and breathing steadily. In the hospital room, before and after the surgery, she wanted him, and if she could have, she would have raised the stiff white sheets to his waist and straddled him, took him into herself so she could feel his sameness, feel that he was still altogether and in one piece. But he was in such pain then, and she contented herself with kissing him as gently as possible. Through his pain, he still smiled, and in his smile and the softness of his voice as he called her name, she recognized everything she could have lost. On that first night home from the hospital, she said, "I don't know if I can handle feeling the bag against me," and he promised to wear a shirt, a cloth barrier between her and Mick. It seemed a small thing, a simple solution, and she was elated.

But it was a barrier to Jeffrey as well. He wore a shirt to bed every night and she never felt the warmth of his chest against her bare back or pressed against her breasts. There was always cloth. And there was always Mick. At any time, a look could cross Jeffrey's face and he touched his shirt and Erin wished she could shut a door.

ERIN STOOD in front of her dresser, looking down at the open drawer. It was filled with the never-worn nightgowns she received at a wedding

shower. She always slept naked with Jeffrey and now she wondered if that should change. Maybe her nakedness was sending the wrong message, making it even harder on Jeffrey than it should be. Maybe it made her too accessible. She pulled out a nightgown, examined its lacy pink sheer-ness, but then put it back. It was just more cloth. Jeffrey would notice if she wore it. And then he would ask and she didn't want to answer.

She heard Jeffrey coming up the stairs, so she quickly slid into bed, pulling the sheet and blanket up to her neck. Jeffrey moved into his accustomed spot behind her, nuzzled her neck, then began to touch her breasts. He was naked from the waist down and she felt him harden against her hips. Gently, she tucked his hands at her waist and tried to put a smile in her voice. "Time to go to sleep, hon," she said. That used to be enough.

But now he said, "Erin, I want you." His hands twitched and slid down her thighs. She quickly crossed her legs.

"It's late," she said.

He froze, then pushed away. His sigh filled the room with an air so black, Erin closed her eyes to hide from it. Holding very still, she hoped that would be the last of it, that he would inhale and the light would return and they'd say their usual goodnights. But then he said, "Is this the way it's going to be?"

She rolled onto her back and opened her eyes. She waited for her vision to adjust, until she could see the white glow of their ceiling, surreal in the dark. "I don't know," she said.

"It's still me, Erin," he said.

She nodded. "I know. But you're not alone. There's him too."

"Him?"

"Mick." She tried not to cry, she didn't want to add tears to this mess. It was Jeffrey that nearly died, she reminded herself, Jeffrey that went through the pain and Jeffrey that would live with Mick twenty-four hours a day for the rest of his life. It wasn't her problem, Mick wasn't really her problem. Think of Jeffrey. "It's just . . ." She couldn't think of a way to end the sentence. "I don't know."

His voice was quiet. "I don't like him either. He doesn't make me feel the most attractive, you know."

She thought of Jeffrey fully dressed, khakis, polo shirt, his neat white

sneakers he actually polished. No sign of Mick anywhere. She bought him shirts a size larger so that there was no cling, just soft folds that he tucked beneath his belt so the bag's corners and creases were hidden. "You are attractive. You know that. I see you and I just want to touch you. You know I love touching you. But then . . ."

There was a rustle and a crinkle and she knew he was patting Mick. "Then you see him."

"Yes." She sat up suddenly. "I want you to touch me, not him. I want to be with you, not him. But no matter what we do, he'll be there, touching me somewhere. Me on top, you on top, sideways, you behind me, he's still there and he'll be against me. And what if he goes off, Jeffrey? What if he sings? What will be against me then?"

His voice went flat. "The same thing that's against me until I go the bathroom and empty him."

She felt chilled. And she felt small, like she just folded into herself, in half and in half and in half again until she was just one little scrap in the bed. So she tried, she kissed Jeffrey, pressed herself against his side, felt his fingers flutter over her nipples, then slide down her stomach. She opened her legs, tried to feel desire, tried to picture Jeffrey over her, his face strained and ecstatic, but all she could see was Mick, his mouth open and gagging, and she imagined the plastic cold against her skin turning suddenly warm. Abruptly, she broke away. "Jeffrey, I can't." She rolled onto her side, drew her knees up, crossed both arms over her breasts. "I just can't."

Jeffrey groaned, but moved away. In the dark, she held her breath and tried not to listen as Jeffrey masturbated next to her, finally coming with a sound like a puncture.

SHE WOKE to a feeling of warmth, of wetness, and her own soft and intimate sounds. It was still dark, she was on her back, and Jeffrey's fingers were sliding over her, inside of her, in all the ways that she liked. She jerked to alertness but he slung one leg over hers and whispered, "Don't move. Just enjoy." And because her body was already well ahead of her mind, already on edge and teetering, she arched her back and opened her legs further. He kept a steady rhythm, moving no faster, no slower, in the maddening way he knew she liked, and he began to whisper into her

neck, just below her ear, his breath warming her and bringing every hair up and rigid. "God, I want you, Erin, I love you, I want to be inside you, I want to feel you come, Erin, I want to feel you come around me, I want to feel the throb that is all mine, all mine, that is all because of me . . ."

Her build was slow and delicious and she wondered if he would stop, the way he always did, just before she peaked, if he would stop and tease her with a long kiss to keep her from begging him out loud to enter her. And she wondered what she would say, if he tore his lips away, if she would beg, if she would want him there.

His hand paused and there was his kiss and she caught her breath, waited for her voice, but nothing came out but a moan, a sad sound, and then his hand was back, bearing down and she came hard, blindingly hard, all sensation and colour and wonder.

But when it was over, when her body relaxed, she realized her legs didn't want to close, that her arms were reaching out, and without a voice, she urged him up and onto her. He didn't say anything either, but as she locked her legs around his hips and drew him in, she saw him smile and she recognized that smile, recognized all that she could have lost but didn't, it was all still here, he was still here, and oh God, she still loved him. He kept his eyes open, watching her, and she smiled back, and then she ran her hands around his waist, found the hem of the shirt, and began pulling it upwards.

"Erin?" He paused in his rhythm and she heaved upward, demanding more. She grabbed him in a kiss, only releasing him long enough to yank the shirt over his head. And then she held his bare shoulders, pulling him down until his full weight was on her.

Mick was there. He pressed against her and she could feel he was flat. For a moment, all sensation telescoped onto him, onto the three by six inch slice of plastic that was cold and sharp and dead. But then she arched her back, squeezed her legs, pressed her breasts into his chest and rubbed her cheek against his and she felt Jeffrey everywhere. He was there, on every other surface, every other inch, and he was warm and moist and smooth rhythm and he was inside, filling her. She moved with him and when he came, it was with a sound that was at once raucous and joyful and wonderfully, fully alive.

They clung together in the aftermath until their bodies cooled. When

Jeffrey tried to roll away, Mick stuck to Erin, his plastic cemented by her sweat. Mick's brown unfeeling lips pressed against the side of the bag, and as Jeffrey carefully peeled him away, there was the pop of broken suction.

"Oh, yuk," Erin said quickly, involuntarily, and then she slapped both hands over her mouth. But Mick was gone, back to his own side of the bed, and Jeffrey took her hands, squeezed them, kissed her knuckles.

"Only one yuk," he said. "I can live with that."

And he could. Erin smiled at him and knew she could too.

Kathie Giorgio's stories have appeared in many national and international literary magazines. She is the director of AllWriters' Workplace & Workshop (www.allwriters.org) and the editor of Quality Women's Fiction magazine. She is a happy overachiever.

Before the Diagnosis

Sharon Carter

For James Carter

Over the phone I hear birdsong rise
from his lungs, unfamiliar wheezes
and whistles at sentence ends.
He says the daffodils and forsythia
are in bloom. Robins nest
in his window box—
three perfect eggs.

When I ask about recent lung
music, I hear how
he's playing a kazoo, followed
by a lame, bagpipe one-liner.
I can't laugh. In the earpiece,
prolonged coughing ensues.

Already I wish for a clean X-ray, no one
pulling me aside to sample the truth.
It's much too late for that—decades
of overlearned knowledge parade
red flags—I already know
there is a large egg trapped
in his windpipe
mature enough to hatch.

Sharon Carter graduated from Cambridge University and has worked in mental health in Kitsap County since 1985. She was a co-editor of Literary Salt, received a Hedgebrook residency, and was a Jack Straw Writer.

Feeling Numb

Jessica Lipnack

Thirty-odd years ago, I woke to a sparkling June sun and a body numb from my rib cage to my toes. The anesthesia arrived that suddenly, without a blinking yellow light or a distant oncoming horn, and another two decades would pass before I learned its name. For all my adult life, this MS, this disease whose insidious symptoms defy capture, has been my companion, coming without warning, decking me, then departing in a flash, leaving barely a shadow.

MS. Multiple scarring. I look up the definition a hundred times, chant the words like a mantra.

Multiple sclerosis (abbreviated MS, also known as disseminated sclerosis or encephalomyelitis disseminata) is a chronic, inflammatory, demyelinating disease that affects the central nervous system (CNS). MS can cause a variety of symptoms, including changes in sensation, visual problems, muscle weakness, depression, difficulties with coordination and speech, severe fatigue, cognitive impairment, problems with balance, overheating, and pain. MS will cause impaired mobility and disability in more severe cases.

MY SYMPTOM CHECKLIST: changes in sensation, depression, severe fatigue, overheating, and pain.

Numbness and its odd twin, tingling, but not the pleasant kind. A fifth of my left hand heavy, as if in a press, for a dozen years now. Long spells of deadness in my torso, a short walk too long for my falling-asleep legs. Tingling also in my vagina, where normally desirable, but not like this. My abdomen, my calves wrapped tighter and tighter, as if an ACE

bandage were strung to its limits, until I fear I will implode. My CNS, my central nervous system, plugged into a socket, sizzling, fraying, about to short out at any moment, and then, in the next, drained of all physics, every hidden erg suctioned dry.

I draw the nervous system, pen the fine lines of a dendrite, trace my frayed left ulnar nerve, magnifying the crevices where the myelin has gone missing. I swim through my brain, circle the plaque, stare down the black holes of lesions, and pray they remain this benign. I pour buckets of white light over my head, wrap blue silk along my spine, bathe in a bag of oxygen, tap my inner power plant when I cannot lift my head, and eat no fat. Or gluten, root vegetables, meat, dairy, soy, and nuts. It is crazy making.

THIRTY-ODD YEARS of this, coming and going, confining me to bed, dropping me into a chair when everyone else stands, the telephone too heavy to hold, the Wall of Pain so impenetrable no forward step is possible.

Then, suddenly, nearly a year ago, I am better. It's loosened its grip, perhaps forever. Don't say that, friends warn. Bad luck. You'll have to eat your words. They are right, of course. Sheets of numbness, strikes of pain, dripping and drooping when the temperature rises, and my left hand is still numb. But, in the centre of my being, I am well. Nearly a year.

Unpredictable, my myelin, in its disappearing, its ravaging, and its reparation.

MY MS BEGINS when my body emits its first urgings for a child: womb throbbing, breasts seeping near a baby, and, in the kitchen of my imagination, a small towhead tumbles toward me.

I am twenty-seven when I dismantle the blockade, discard the chemical warfare, snap the snug diaphragm back in its plastic case, trash the wrinkled tube of spermicide.

Only a few weeks of trying (how odd a word for the act of bringing forth existence) pass, not even time yet for my period.

It's seven on that sunny Saturday in 1975.

My life is packed with people, plans, and problems.

A wedding to attend in a few hours.

An irritating college friend, who's borrowed my backyard garden, is planting cornbeansandsquash, one word when she says it, always trailed by The corn grows up, the beans grow down, and the squash grows around.

My father-in-law, purveyor of the term "annoyances in paradise," airmails one of his to me. In his third year of twelve at sea, "competing for the slowest circumnavigation," he asks that I register his motorcycle, requiring hours in line at the Department of Motor Vehicles, and on the fourth visit, I run out, crying, as a cop says, Something wrong with your papers, lady?

At work, a client of the government stripe has thrown back a three-hundred-page report because the word goal now must be, by federal mandate, objective.

I'm practising Iyengar yoga, holding headstand, folding in forward bend, assuming warrior pose.

ALL I DO is sit up in bed and bend my head forward.

All I do is sit up in bed and bend my head forward.

I will say the same a hundred times in the decades to come.

All I do is sit up in bed and bend my head forward.

Lightning rips down my spine.

Negative ions, blowing circuits from neck to toes.

And then energy seeps from every cell until what remains is a thin cracking shell.

Where once was a body, now there is a cushion stuck with fine-point needles, slim daggers boring into bone, stripping nerves. Prickling ripples from my rib cage to my feet. Soles meet the floor—or do they? I feel nothing but bristles.

I THINK I NEED to go to the Emergency Room, I say to my husband.

I think I need to go to the Emergency Room.

Take me to the Emergency Room.

It is Saturday and there is no neurologist. When he arrives the next day, I drench him with questions. In the great divide of doctors who talk with patients and those who speak to themselves, this man stands with the self-conversers.

What is wrong with me?

It's a question larger than he can answer.

He prescribes a myelogram, casually, as if he were suggesting I weigh myself. This would be my second. I know what to expect, which is that I never expected to have to endure another.

On Monday, he shoots radioactive syrup through my spine, sticks a needle the size of a thermometer into my back, and drags it over the nerve roots. No synonyms for this genus of excruciation.

What is wrong with me? We go round and round on his morning visits.

I don't know.

What is this?

I just told you, I don't know.

It doesn't have a name?

Transverse myelitis from T5 to S6.

What does that mean?

Numbness that goes across, from your rib cage to your sacroiliac.

That's a description not a diagnosis.

He shoves the chart in the rack on the bed.

I WRITE a four-page poem called "Feeling Numb."

DAY 4: Jeff arrives with a suitcase.

Ben called, he says.

He says to get you out of here, says it's kundalini rising, the headstands and all, and they're going to kill you if you stay.

I'M LEAVING, I tell the doctor. When do I come back?

In a month, if you want, but I won't have anything more to say.

I CALL MY MOTHER, who has finally quit smoking after fifty years and, as we speak, I hear the Zippo click, the striking flint, and her long inhale.

KUNDALINI RISING is a good thing, says Ben, a meditator and a medical-device inventor, whose credential provides credibility where my skepticism normally reigns, says that I'm evolving spiritually, that he can

heal me, that I should come for a session, but . . . my feet. No problem, he says. Sit in your living room at four every afternoon and I will visit in meditation.

Evolving spiritually, perhaps, but disintegrating physically. Yet I sit, day by day, and during each session, my neck grows hot like a pan warming to flame, then cools.

In a month, I can walk again—alone.

DOES IT START that June Saturday or has it come with me, my sealed medical orders? What of another day, just after high school graduation, when I reach for a magazine and pain scorches down my leg, searing for the next three years?

Does this hurt? Doctor after doctor asks the same, as they twist and pull, yanking my leg from its socket.

Only deep, I say, an ultra-thin spear that mines deeper around the clock.

Pain. I stalk its source, go inside the muscle, trace the nerve to the trailhead, finger a single throbbing cell, and as I reach to pluck it, it shoots to my hip, then bursts down my shin.

Another doctor pumps cortisone into my groin, poison that stings for a day, then aches for a week.

I AM STILL A TEENAGER for the first myelogram: the lab technician tells me to squeeze his massive biceps if it hurts. It's OK, he says, as I apologize for cutting off his circulation.

The surgeon slices me open, finds fatty tissue, leaves a brutal scar from my hipbone to my quad, a gelatinous blotch in place of smooth nineteen-year-old skin. He calls it exploratory surgery, the cover story for the search for a tumour. No one has said it but I know that's what they're looking for.

“PAIN. (peyn), n. from Latin, *poena*, penalty.”

What crime have I committed to deserve/warrant/justify this?

ASPIRIN is a line item in my budget. A doctor has told me to use it for pain. Does he mean round-the-clock, year after year? Headaches con-

tinue, rocket attacks, slicing my skull. Mono and hepatitis. Another month of college lost as I lug around the two-hundred-pound suit of exhaustion that no amount of sleep will lighten.

AND SO IT GOES for the next ten, next twenty years. Spells of numbness so thick that I cannot feel my feet, bouts of fatigue that disturb my sleep and confine me to bed, stretches of bone-splitting agony that no medication, over-the-counter or prescribed, relieves. (Marijuana, when available, softens the pain.)

I see several more chiropractors, leaving them behind when one, an ugly man old enough to be my father, slobbers a kiss over me. I see homeopaths: the first uses the word weird when I describe my symptoms; the second prescribes tablets made from snake venom. His office smells like rotting food; a few months later, I read that he has died.

I try no-fat, low-fat, fruits-and-vegetables, soy-free, and soy-based diets, consume so many supplements I worry I will grow fat from those alone, test my allergies and learn that I have sixty-three. I yank the mercury fillings from my mouth, run Vitamin C through my veins to flush the toxins, fast for ten days. I relinquish close to ten thousand dollars, spending nearly a month of my life with needles stuck in my meridians.

ALL THAT AND MORE in search of relief, in search of a name, a cause for my ills, and, in the end, I owe my diagnosis to a migraine that lasts for twenty-three days in 1991.

I call my doctor for the test results.

Nothing to worry about he says, meaning no brain tumour because every time anyone has a brain MRI that is the unspoken subtext.

Send me the results, please.

And there, in black-and-white: lesions consistent with MS.

Don't worry about it, my new neurologist, my forever-neuro says, forever because he always encourages me, tells me to travel even in the midst of attacks, compliments my reflexes, tells me how healthy I look when I do, helps me down the hall when it's hard to walk, shows up at my house with a fluorescent light affixed to a headband that he wants me to wear when I fly to Tokyo because jet lag will be very bad for me, calls me his poster child for what is possible with MS.

He takes a sample of my spinal fluid and measures the velocity of my nerves, an old-fashioned test invented by a doctor at his hospital.

You have MS, he says, as I join my voice to others who say it doesn't have me.

THIRTY-ODD YEARS, and now it is my sixtieth birthday and I'm eating sushi with my closest friends, gulping down toro even though I know it's heavy with metals, say I feel better than I have since I was twenty-seven. They ask why.

The truth:

I read a book about back pain with a familiar message—bodies somatize emotions—and decide I can feel better even when I feel worse, that I have choice.

I complete the novel I've wanted to write for thirty years.

I go back on gluten, eating pasta, bread, and more pasta, start drinking wine.

I go to physical therapy for writer's neck, hire a trainer, treat yoga like protein, consume it daily.

I walk a few miles five of every seven days, travel to Europe and New Zealand and Alabama and Vermont in just under nine months.

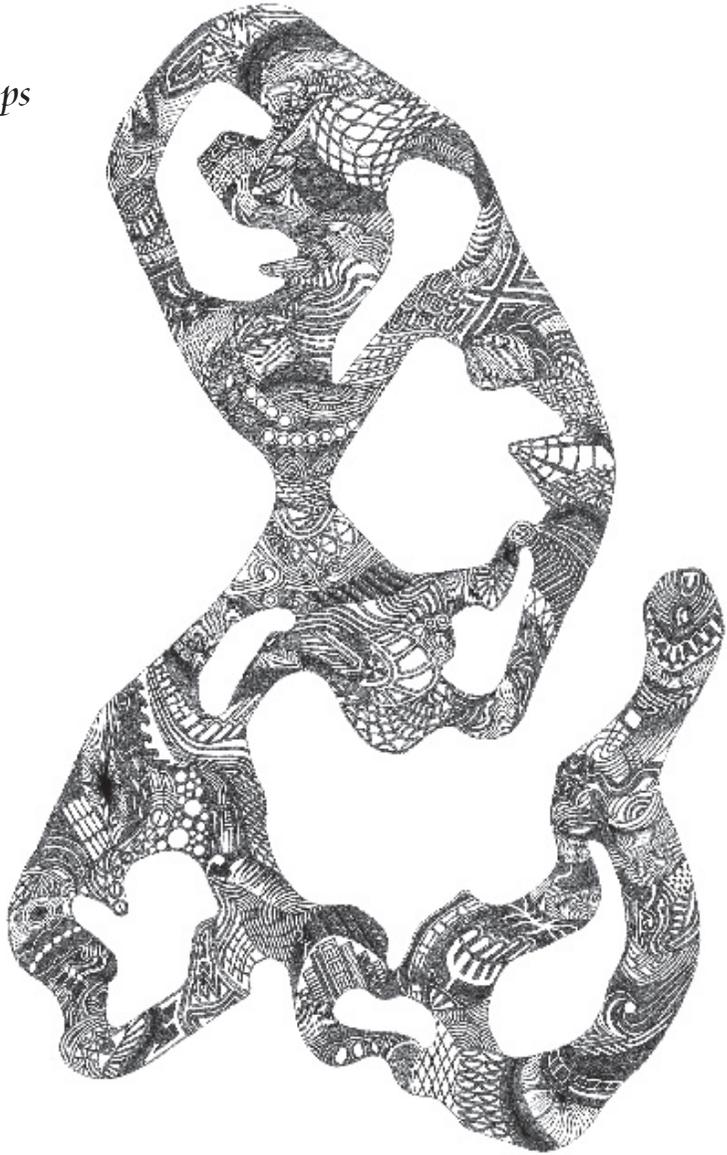
I move my study from the third floor, where I can only see one tree, to the first, where I look onto the garden.

AND AS I WRITE these words, my shins are flush with tingling, my left hand is still heavy on the keys, and the mist of fatigue is not far away.

Jessica Lipnack is CEO of NetAge, a Boston consultancy, co-author of six books, including Networking, The Age of the Network, and Virtual Teams, and keeper of Endless Knots, a blog www.endlessknots.com.

Plat

Eliza Stamps



When creating art in her Brooklyn, NY, studio, Eliza Stamps works as a teaching artist in the New York City public schools. She exhibits frequently in galleries in New York and around the country.

Death Does Not Happen

Linda E. Clarke

Death does not happen,
not really.
Those who grow old,
the young tragically cut down in their prime,
women killed for honour
and men for rage,
the old maids and earth mothers,
dirty old men and Jesus look-a-likes with
wispy beards and faded blue eyes,
those old old old women toothless and tied
in the Home,
the widows of many years,
the lonely and the happy,

None of them dies.

It is a ruse, a lie.

I know when no one else is around,
when the curtains are drawn
and it is past the hour when the phone rings,
and all pretence can be dropped
and all tears dried
all cards of sorrow and flowers of comfort
put away
and all thoughts of the grave banished,

I know, then, that into the light of the kitchen,
the newly painted just-before-he-died living room,
the sleep-smelling dim bedroom,
step the dead.

And I know that the left-behinds
put off their mourning clothes
to dance with them,
dine with them,
caress them, and cover their cold skin with kisses.
And breathe into them so that
the never-really-dead carry lungs full of living air
back to the quiet of the grave.

Linda E. Clarke is a Halifax-based writer and a professional storyteller; one way or other, she's full of tales. She has worked for many years in health care humanities as an artist and an educator.

Bone: Meditation in Twelve Parts

Sarah Werthan Buttenwieser

1. Equations

My five-year-old, Lucien, lies on a gurney in the ski patrol lodge, his slack cheeks practically grey, his hazel eyes glazed over, his blond hair listless, his left leg encased in a cardboard splint packed with bags of snow. He was making a turn around an orange cone on the bunny hill. His ski did not release from the boot.

Ezekiel, my eight-year old, and I had skied off just before Lucien's accident. An hour later, at the bottom of the mountain, a friend finds us. "They think Lucien broke his leg." Everything goes fuzzy.

A medic cuts away the leg of Lucien's daffodil yellow sweatpants. "The first day my son went skiing, when he was five years old, he broke his leg," the man says. "That was five years ago. He's a great skier."

Lucien, his deep voice dulled and raspy, replies, "Your kid's ten."

2. Spiral Fracture

To shoehorn Lucien into our car without jostling his leg is impossible. His shrieks accompany each shift and shimmy. We speed toward the hospital. He dozes with his head on my lap. I am afraid we'll have a car accident. His swollen lower leg lumpy with interrupted bone, the life we knew seems over.

Onscreen, his bones glow. He's got a spiral fracture. Bones, I learn, do not always break clean. And although they knit themselves back together, they do not exactly unravel.

3. Mother and the Child

All that's revealed of Lucien's leg: his toes, although barely his littlest one, and the tip-top inch of his thigh.

The orthopedist—a fit looking guy in his forties, thinning sandy hair and glasses—pulls his fingers to his chin. “He’s five, so he might not be able to manage crutches, but he’ll scoot around on his bottom.” As he slathers on the cast—layers of cotton sheathed in fibreglass—I feel myself getting faint. I stumble into the hallway, find an empty chair, which reception needs, so I am seated in a wheelchair then rolled back into the room.

Next thing, I hear is “Sarah, Sarah.” My husband informs me, “You were out cold.” The nurse hands me a cup of apple juice. Here’s how we leave the hospital: I’m in the wheelchair; Lucien’s on my lap. Hosie walks. Hosie drives the car.

In Chinese medicine, the law of the mother and the child states that what happens to the child happens to the mother.

4. Other Kids

Lucien is the middle son.

When Lucien, Hosie, and I finally return from the hospital around seven, Ezekiel, genuinely relieved, snuggles beside his brother for a long time. Remy, seventeen months, has never been separated from me for more than six hours. He has been crying in a hysterical chorus of “Mama, Mom” for hours and dives into my arms, giddy. “Mama.” He nurses and promptly falls asleep. I cradle him beside me for fifteen minutes before lifting him to his crib.

By bedtime, wistful for my normally divided attentions, Ezekiel expresses jealousy. For days, Remy, the youngest, barely lets me out of his sight.

5. Phantom Washcloth

Up until the morphine jab in the ER, Lucien had never taken so much as a Tylenol. The orthopedist promises three or four hard nights. He prescribes Tylenol with codeine, the reddish orange cherry syrup so thick it’s practically gelatinous.

Lucien, in a semi-conscious narcotic haze, is groggy, addled with pain, and prickly with anger. Resisting the medication, he screams, “Tastes bad!”

Desperate, we sink low: cajole, threaten, bribe, and practically pry open his mouth. The best trick is to chase the spoonful with a chocolate calcium chew.

A warm washcloth on the other foot soothes his broken one.

Night four goes better than night three, but not well. We're frantic to refill the codeine on Sunday. Turns out, we never finish that first bottle. The night pain subsides right on schedule.

6. Dreadlocks

Lucien remains still. So much time on his back causes his fine hair to tangle. I attempt to brush the ratty heaps. I pull his hair back, cover it with a bandana. A vinegary scent—stale sweat—emanates from his head. He turns a colour wheel for hours, does the same puzzle over and over, and repeats the same story tape. He's so quiet. I miss my salty boy with the belly laugh.

It takes but a day for his foot beneath the cast to stink.

7. Visitors

The morning after his accident, I make a few phone calls and send one quick email. Lucien's class writes a giant letter. Instantly, gifts, visits, and offers to occupy Ezekiel pour in. The physical therapist comes to our house. "Have him do leg lifts. He needs to strengthen his abdominal muscles." Diane helps Lucien to roll from side to side in his bed. "He'll be scared to move at first," she predicts. With Lenore, Lucien imagines the spongy marrow inside his bones knitting his fracture back together. She helps him pour white light into places that hurt. She gets him crawling. Lucien snaps blurry, arty Polaroid pictures of nearly every visitor.

8. Bone Empathy

Racing up the stairs for a piece of laundry when Ezekiel was a baby, I slipped. Jammed my hand between banister rails. Hurt like hell, but I could move my fingers. "Just because you can move it doesn't mean you didn't break it," I was told. Once my husband came home from work and I nursed the baby, I drove myself to the Emergency Room. The loneliness of parenthood hit me. That small cracked (actual bone) hurt. All of those clichés were true: sad to the bone, bone deep, bone tired. For months, my hand ached every time it rained.

9. Little Daddy

My ninety-six-year-old Tennessee grandfather—Big Daddy to the great-grandchildren—uses a fancy walker—wheels, handbrake, and a seat—because he’s blind. “Lucien, they got you a walker,” Ezekiel informs him. Lucien murmurs, “Little Daddy.” My tickled grandfather makes sure that all of elderly Nashville hears his great-grandson’s witticism.

Lucien shrieks and cries when we lift him toward the walker. After a few days, he scoots around on his bottom. When our friend Ted carries him downstairs for the first time a week after the accident, Lucien screams the entire way. Then, he stands for half a minute without protest.

He visits school ten days after the accident. Classmates, excited and relieved to see him, surround him. He scoots across the floor and does a puzzle with Kate, his self-appointed protector. The class serenades Lucien. “Walking on My Wheels” is a song about wheelchair-bound Terry. That taste of school makes Lucien crave his old life. Nearly two weeks after the accident, he discovers the walker. All of a sudden, the house isn’t big enough. He keeps asking, “Where should I go now?”

Lucien’s outside, hunched over the walker, his coat undone. He swings his legs beneath him and holds his body up on the railings of the walker, crowing, “I’m a little old man.”

At the school Grandparents’ Day, one grandfather—seated beside his walker—challenges Lucien to a race, asking, “Who do you think would win?”

“Me,” Lucien answers matter-of-factly.

Lucien is the envy of little old men.

10. Toddling

I’ve seen the same progression twice in two months: Remy’s gradual rise from crawling to toddling followed by Lucien’s abrupt return to the floor and regaining of verticality. For both, maturity seems part of the ambulatory world. Remy, arriving upright for the first time, exudes bursting pride. This must be why toddlers toddle and toddle and toddle without pause. Who wants to give up something so exciting, even for a moment? Lucien, having lost the privilege briefly, experiences profound happiness when he earns it once more.

11. Bath

For autonomy and speed gained, so much remains beyond reach. The cast is cumbersome. Certain stairs, wet weather, the steep and muddy entirety of the playground, bicycles, sleds (fortunately, little more snow falls), a family trip to Florida—all elude Lucien. He seems both older and younger at once. When he's frustrated, his rage spews. Not long after the fracture, he fires the babysitter. He yells at the top of his formidable lungs or kicks with his increasingly strong right leg.

When we try to give Lucien a hair wash in the kitchen sink with the sprayer like at the hairdresser's, he falls apart. He wants a bath. He pulls himself across the floor to the bathroom and wails beside the tub.

"I could borrow a baby bathtub," I offer, "but I cannot get you into the big tub."

"No!" he screams.

My husband suggests we go to his or my haircutter for a wash. "No!" Lucien screams again.

Needless to say, we don't wash his hair that night.

After Lucien made trouble outside one afternoon, our babysitter, Rebecca, asks, "It's hard not to be able to run around, huh?" He bursts into tears.

The next night, the kitchen-sink-sprayer hair wash is more fun than anticipated, but no real bath.

12. Weight Bearing

After five weeks, the cast comes off. Walking is not so simple as one foot in front of the other. To put weight upon his formerly broken leg hurts. Besides, Lucien fears doing so. Five-year-olds don't articulate their fears, they live them.

We bring the walker to Florida because he can't navigate long airport terminals without it.

Initially slow and unable to move far across the demanding yet forgiving sand, by week's end, Lucien goes where he wants. Hours splashing in the pool and ocean act as hydrotherapy. For a child, when a fracture heals, the bone knits together stronger than before. For my child, the

injury seems remembered and forgotten, remembered and forgotten, like
the ocean's waves.

We carry the folded walker back.

Sarah Werthan Bittenwieser's writings have appeared in a wide range of publications, including the Southwest Review, Fourth Genre, and Brain, Child. An essay is forthcoming in the Seal Press anthology The Maternal Is Political.

Eloquence in Frailty

Frank Desiderio

The Preacher

Then one of the seraphim flew to me, holding an ember that he had taken with tongs from the altar. He touched my mouth with it.

—Isaiah 6: 6–7a

A bearded prophet tall in the pulpit,
a robust voice that reaches past
the door and can rasp scruples
or salve a hurt;
brilliant sermons, well crafted
with at least three jokes.
An itinerant preacher,
each weekend another church,
another guest room,
someone else's golf clubs
cluttering the closet,
his, unused, at home.

Now, he mispronounces some words,
stutters on others, syntax fractured,
he struggles to retrieve
a fragment of memory.
His stricken brain won't release old ideas
to his tongue.
But he is eloquent in his frailty.
He speaks in simple sentences
of how others have loved him;
an uncomplicated wisdom
unlocked by his tragedy.
The stroke a burning ember to his lips

The Stroke of a Hammer

They're building a house behind me,
I wake up to the sound of hammering
and that resin, earth, sawdust smell
that comes with the sound
of the bite, buzz, rip of the electric saw.

The pungent wood brings me back
to holding the end of a plank
as my dad, his knee on the board,
his hand near the saw steadying the wood,
says to me, "Hold the other end."
I grip it tight, eager to please.
"Hold it steady."
"Watch your fingers."
The air is ripped by that noise
and my nostrils are filled with that smell.
The small block of wood is in my hand;
scrap to him, toy for me.
He says, "Measure twice, cut once,"
his epilogue to his skill.

Mostly they use nail guns now,
but occasionally one of the carpenters,
pulls a hammer from the steel loop on his belt
and bangs the nail,
no *fhutt, fhutt, fhutt* of a gun,
but the right use of a tool.
You have to hit the nail
squarely on the head
to make it bite and
drive it in straight,
or you bend it;
if the hammer slips off the nail head
you put a horseshoe mark on the wood.

“Only three whacks and
you are a good carpenter.”
The first strike sets the nail,
the second hammers it in,
the third drives it home.

Now his wrist is broken,
a bad fall getting out of bed.
Those same fingers that held a nail
at a perfect perpendicular to the wood
now hold a straw, shaking,
trying to drink some juice.
When we ask him what he wants,
he jokes,
“A bucket of money,”
“A dry martini,”
but we know
he wants
to be driven home
with a quick and true
stroke of the hammer.

Frank Desiderio, CSP, is president of Paulist Productions. He produces documentaries and movies for television and video content for the Internet. Besides being a producer, he is a priest and poet.

In Recovery

Henry Alley

I used to push this grocery cart up and down the streets around here. Staying alive was my only thought. But I can remember when the change first came.

It started on a day when a woman stopped and gave me bottles. For my collection in my old grocery cart. She had them in the trunk of her car, and she had to carry the whole box out to me. The bottles were freshly washed. I remember that. I held my arms out and cupped them, to allow her to keep her distance. I knew I was frightening and shaggy to look at, and I tried to allow people a lot of room.

“Good luck,” she said to me. “I hope you get a lot more.”

I remember her turning as she got into the car and giving me a look that showed concern, but at that time, there was a stone wall in my brain, and my thoughts couldn't get over it. They had frozen solid.

The street ahead was the main one for the district, two blocks long. It had a pecking order. First there was the lady with the hot dog stand, who came every day to the place by the crosswalk and who had a licence. She had no use for me. Then there was the cowboy who sang for the loose change people threw into his guitar case.

Then there was me, at the bottom, going through the trash behind the bank.

I remember, on that day, I pulled into the Safeway lot, and startled up a flock of pigeons that had come down on some crumbs. At the checkout counter, the clerk counted carefully with his head down. “Comes to \$3.33.” I remember he rang up a special sheet sideways into the machine and handed me the money while looking away at the oranges at the end of the aisle.

“You really should leave that cart here,” he said. “It belongs to us. Look at the way it’s rusting. Do you understand what I’m saying? I want to be very clear about this.”

All I could do was stand waiting for the money and say nothing. The bills and coins came hard across my palm.

Finally I said, “Here,” and pointing to the cart, went out, leaving it by the counter.

Outside, there was a man with a cardboard sign in front of the grocery store saying he would work for food. The words were in large letters, and I could actually read them. I appreciated that, and I stopped a few feet from the man’s wife, who was sitting on the curb with their small child. I signalled for her to come, and she followed, holding her little girl by the hand and again keeping her distance, which was the way I wanted it. I did not turn to look at her husband’s face again.

It wasn’t far where I was going—Dairy Queen, where there was a special of four hot dogs for three dollars. (They had a large cardboard sign, too.) Suddenly when the woman realized what was happening, she picked the toddler up and bounced her in her arms, saying, “Guess who’s going to get us supper tonight! Guess who’s going to get us supper tonight!”

The young woman came to the window and rolled part of it open. She spoke through a circular grill like a someone at a box office. “May I help you?” She was shrinking a bit. It’s strange—I pointed to the special and to the three dollars I had in front of me. She nodded and disappeared, leaving me free to stare into my own sunlit reflection, glaring and overwhelming, that seemed to me like the face of a seagull, like a head, sculpted from stone, that still shows the blasts of the quarry.

The attendant returned with a large white sack. “Now what else may we get for you today?”

I shook my head.

She took out a piece of paper and pencil nevertheless. “We have another special today,” she said automatically, “where we’ll give you four free Cokes with your hot dogs, if you’ll just answer three easy questions.”

The wife gave her daughter another bounce. “Oh look what this daddy’s getting for us!”

I didn’t fight the questions, but I didn’t agree, either.

“First, have you ever come to Dairy Queen before?”

I nodded.

“Second. Does it matter to you that our hot dogs and hamburgers are cooked fresh while you wait?”

Nothing.

She waited a moment and then wrote in something for me.

“Third, would you recommend this place to your friends because of our friendly service and clean, healthy atmosphere?”

Once more, I couldn’t say anything—mainly because I didn’t have any friends then—and once more, she obliged me. She drew up the four Cokes, put them in another bag and said, “Have a nice day,” while closing the glass.

Carefully, using my shopping cart, I took everything out of the sacks, and made up separate dinners, one for me and one for the family. At least at this moment, this was to be my home. So I held the heavy sack out at arm’s length, and the woman, who had still been standing at a distance, came full-tilt. She clutched it to her and ran off, with the toddler in tow.

THE NEXT THING I remember was sitting in the discussion room of the special homeless shelter.

“Kenton,” the doctor said, “I want you to say your name, please—Kenton.”

“Kenton.”

“How has the medication been working? Any side effects? Any stiffness?” And without waiting for an answer, he went up and checked—by holding each of my arms firmly, in sequence, and working the elbow. “We haven’t been able to find a place for you here yet. But we will. I’m badgering them. But until then, I want you to stop pushing that grocery cart around. I’ve made arrangements for you to pick up some of the donated food here, so you have no reason to go out there collecting bottles. Are you listening, Kenton?”

“Yes.”

To me, this man seemed grand and intimidating, but even then, looking out now at the face of the doctor, I must have realized that there wasn’t that much difference between us—that if you were put me into a barber’s chair for a couple of hours, we’d come out looking much the same. Later, we would.

“It’s your decision,” the doctor said at last. (He had been writing in the file.) “You can choose to get well. If you do, you’ll be on your way to easy street. Do you know what I mean, Kenton?”

I nodded. I liked this man. Every time I passed the glass cage of the shelter office and saw all the staff in conference, I thought I knew who was for me and who was against. This man and Katie, the front desk attendant—they were for me. And then there was that nurse, the pale ugly one, who had seen me on the street once with my cart and had not even looked me in the eye but just glanced at my muddy shoes. When one time I had come into the discussion room and found her there, I had run off and hadn’t come back until Katie had told me at the desk they would start sending the doctor again.

“I mean,” the doctor said, “you’ll be on easy street because you’ll have a roof over your head, three square meals a day, a bed of your own, and Katie to dole out your medicine so that you won’t have to keep track or forget again. You’ll be required to shower at least three times a week, so that employers will consider giving you an application and you’ll have a telephone number, so that they can reach you if they decide to offer you a job. And you’ll have a chance to go to AA meetings—you have a son somewhere, don’t you, Kenton?”

I nodded.

“Well, then, it will be important to you to earn money, so that you can send it. Am I right?”

“Yes.”

“So give up that cart business,” the doctor went on. “Will you? You’ve developed an association between that, the bottles, and drinking. And try getting a short-term job somewhere?”

“Yes—I did give up the cart.” I said.

“And do you have a place to sleep tonight?”

I nodded, pointed north, and started to say something.

“Don’t tell me where it is. If you’ve broken the law to get in, you know I’d have to report it. So I don’t want to know. Just remember to check in tomorrow, so we don’t lose sight of you. We want to know where you are when that new bed comes up.”

Outside, the night was cool, but not cold, and the food in me made a strange adjustment. It was the best meal I had had in days, and I knew I

could walk a mile down to the Mission on it if I wanted.

I remember the layers of sweatshirts and cardigans and socks and hair and dried sweat on me were like second layers of skin and now they breathed and closed as I went down the street. I looked up and read the sky and knew that tonight I could sleep out in the open in just these clothes if I wanted to.

Kenton, Kenton, Kenton. I said it now against my teeth. That was it, that was me, that was the sound the bottles made in the cart—identity. And I could remember throwing spare change into the cowboy’s guitar case and hearing a sound like the rattle of the glass. Those bottles were my identity—but not any more. I was going to try to get a job. Funny, but like the doctor said, those bottles represented everything I had done to kill myself, and I wanted to hold on to them. But no more. I couldn’t do that.

And without my cart, I felt so strange as I neared the Mission (“Harbour Light,” with a bell buoy, in neon), all alone and vulnerable. I felt like a tightrope walker without my pole. I went inside as though I were on a swaying ship.

“Cookie?” the woman said at the door, holding up a package.

I nodded. But one bite—and the sugar made my heart go crazy.

In the corridor, I found the goldfish bowl with the slips of paper, and using a pencil stub, wrote out my name in large black letters and put it in. It seemed to sink into a deep sea.

“So you’re putting in,” a man said in back of me. There was so much smoke I could hardly see him when I turned.

“Yes—I am.”

“Well, welcome back to the living, Kent.” The man looked at me sideways, held his cigarette sideways. “You even look like you’ve stopped drinking—behind all that moss. But remember if you put in, you’ve got to be here at five a.m. sharp or the truck leaves without you.”

The woman who had been at the door with the cookie was scurrying up and down the hall. There was a bell ringing. “Bed check time. Move your carcasses. All ashore who’s going a shore.”

“I don’t think they have a bed for you,” the man said. “They’ve had cutbacks. You can hardly get a second helping in the soup line these days. Anyway, I’d have you sleep with me but I could never be your wife!”

The woman with the cookie package came up. “Yes, Kenton, that’s right. We don’t have a bed right now. But come here to work at five a.m. and that will give you an in for tomorrow night.”

I nodded and headed for the street.

At the abandoned concrete novelties outlet, I went in under the hole in the fence and arranged my pallet near the sacks of plaster, in full view of the window, which had a clock (“time to save”), one that was still plugged in, lit, and working. The fake gazebo would be outside company.

I threw myself down, but then, thinking better, got up on my knees and prayed in the direction of a stone angel. Please keep me clean and sober. And then I turned to go to sleep, crooking my arm to shield my eyes from the light from the highway, aware, in dreams, now, of stone hands—the saints and gods in the back lot—touching me, admonishing.

The light seemed to dim as I heard the whistle of a cardinal on a bough somewhere. Missouri, maybe. A long ways off. I saw, somewhere off in Wisconsin, a blue jay shaking the hell out of a fallen sunflower head. Here in Oregon, chickadees brushed drops from pink camellias. Somewhere, I saw the faces of my wife and son behind the glass of a new car. Sometimes in my sleep, I shed tears and in the morning found them tangled up with my spit on the pallet. Here at last was a place to settle. And now with the impression of the day—strange—that I had had some form of human contact. For the woman with the child had come back to me in my dreams, too.

NEXT MORNING, I got to the Mission with time to kill. There were others there, but the man who had seemed to know me had not shown. Still, the night and the dreams had given me what I needed.

The streets were so empty, we could hear the newspaper truck minutes before it came. The transmission needed overhauling. At last it showed: “Harbourview Recycling. Your Throwaways Mean Work That Pays.”

It paused there impatiently, not waiting a second more than it had to. Names were called from the goldfish bowl, and the men jumped on, one by one.

“Kenton,” the driver said sternly at last, and I got on the back, facing the street with a distant view of the place where I had slept. My next

home would be different. Years from now, I would tell this story to my son and his family, but they would never believe me. Sometimes I don't either, but it's important that I remember.

Henry Alley is a literature professor in the University of Oregon's Honors College. He has three published novels. Recently Gertrude Press brought out his Leonardo and I. His stories have appeared in literary magazines since 1969.

Four Poems

T. M. De Vos

The Syringe

You had been jingling it with your keys,
fingering it like a light trigger.

On your coat: prints,
a stray thread of setter.

I was patient;
I pulled out my claws
like blunt thorns, and offered them.

There are those who are embarrassed
by a thing's faith: its bland, wet eyes
too large in its face.
You keep larvae from its heart in jars;
it is a spectacle.

I do not struggle: my only dignity
is to hold my dumb, failing neck
as if I meant to live.

An injection, and a grip on my scruff;
the *om* of a mower and bees at my flanks
like a staticky hem.
There was the fur I had been growing,
then a thing laying itself
like a heavy pack, unhande*d*.

The Murdered Girl

Yes, there was a pain,
not consuming as you suppose,
more like stubbing your toe
while running to catch a train.
She felt the impact, but kept running,
eyes on the rattling cars—
knew as soon as the gun was pointed
that she would have to pack quickly,
knew in what cabinet to lay her brain-voltage,
wrap her hair, skein by skein.

She packed her wound with clay
and untucked her blouse,
the bullet a warm chestnut in her throat.

This was what had been accumulating,
pendulous as a pear
spinning starch and weight.

She spilled her features like jacks as she ran,
leaving only the softness at her nape,
the cyclone weave of her feet, palms, knees.

Autopsy

A man brought me here
when it was light, silent.
Now, the leftover wail of machines
made to bore into humans,
their weight catching the bodies
like plum stones spat in tissue.

In the air, a still balloon:
the cube that closed
on the people I would have
shoved on the train, ridden elevators with.

It is easy to be good in an empty space.
You behaved so well, a mother said
to a girl, left in the yard,
who swabbed the window with her face
to be let in.

We learn to tie a scarf, arrive on time;
carry our dinner home,
heavy and warm as clipped organs.
What is there to know about anyone?
A tourist, passing in a bus, could tell you
she is looking for a taxi,
she is thinking in English.

The Flight

My letters are packed beneath me: somewhere
on the plane's white pelvis,
men will open a trapdoor on them
as a doctor might expose the kidneys.

I cannot live with them anymore,
their knowledge of me tender, soft-lit
as a girl's bare viola-back in a film.
Their words began in real lungs,
heated and anerobic,
like a virus programming against me.
The French would say *chauffer*,
the verb for warming
even a machine for use.

In science, one talks of
rejecting the rival hypothesis,
taking the null.

Below me:
air through the split in my skirt,
thin and cold, medical.

Work by T. M. De Vos has appeared in Washington Square, Small Spiral Notebook, Yuan Yang, Pebble Lake Review, Global City Review, Alimentum: The Literature of Food, Pedestal Magazine, and Saint Ann's Review.

Waiting for Cancer

Gail Lukasik

I sit naked from the waist up under a blue hospital gown. Its front opening has three ties for easy access to my breasts and surrounding nodes. I've carefully bowed each one as if my body is an offering. The nurse has already taken my vitals—temperature normal, blood pressure as usual a barometer of my fear. “White coat terror,” they call it. I think she said 160 over 100. But I was too nervous to pay attention and ashamed by the failings of my body once again.

Last week I found another mass, left breast just above the thick silvery scar of the '93 surgery.

Before the nurse left, she told me to sit on the exam table and the doctor would be in shortly. That was fifteen, or was it thirty, or maybe forty-five minutes ago. I lose track of time in here. It is moving both too fast and too slowly.

I try to divert my anxiety by studying the David Hockney print that hangs above the examining table. It's not as Californian as his others, where pastels and thickness resemble hazy afternoons by the pool waiting for someone to return and break the boredom of living. This one carries the primary colours of blue and red. The room is highly contrasted with dense furniture that can't be moved except by those experienced with weight and gravity, the limits of the human body.

This is my first visit to Weiss Memorial Hospital in Chicago, my first visit with Dr. Andreas, a breast specialist who I'm counting on to help me, if not to beat the odds, to at least give me a fighting chance. Because barring violence or an accident, I pretty much know how it will end, just not when.

I inhale deeply and count to four. Then exhale through my mouth practising a relaxation exercise I learned years ago in a Lamaze class. I inhale and exhale again and wait for the surge of oxygen to quiet my mind. It doesn't come. My mind refuses to be diverted.

I reach over for a magazine from the wall rack. *Country Living*. I flip through a few pages—"Build Your Dream Cottage," "Make-Ahead Sauces," "Antiques You Can Live With." I put the magazine back. The ironies abound. Breathe in, breathe out. Keep counting. It's probably not cancer, I reason. But how many times can you beat the odds? Okay, if it's cancer, I have the whole summer to fight it before my teaching job resumes. By then I'll be done with the surgery, the radiation, or the chemotherapy. They rarely take the whole breast anymore. I'll buy a wig. I'll get better. I'll be fine. Then I just have to get past the five-year mark.

My maternal grandmother made it past the five years yet succumbed to cancer. Even after the bilateral mastectomy and rounds of chemotherapy, it hid inside her, waiting for its chance. Then it slowly snaked through her bloodstream, seeping into her bones. Near the end, softening her skull like a baby's head. She died so riddled with pain, she couldn't stand for my mother to touch her. Although the doctors assure me the genetic risk factor is slight, it's still there, like a low pulse.

Then there are the more reliable risk factors. A biopsy increases your risk by 1.8, because even negative biopsies may reflect an underlying tendency to develop cancer. I've had five: one stereotactic needle biopsy and four excisional biopsies. Except for the bizarre surgical position and the so-so odds (25 per cent chance of cancer), the stereotactic was a piece of cake—local anesthesia, tiny scar, minor pain. You lie face down on a raised operating table while your breast dangles through an opening. The surgeon works beneath you, inserting a long needle into the breast to extract the rogue calcifications. Then she implants a silver marker clip in the surgical area, so that if cancer shows up on future mammograms the radiologist can locate the surgery site. The implanted breast is like those tagged animals you see on nature shows—their movements tracked via devices stapled in their ears or slipped under their skins. The calcifications turned out to be benign. But it was a week before I found out.

Last February twenty-four, on my thirtieth wedding anniversary, a general surgeon did my fourth excisional biopsy. An excisional biopsy is

a euphemistic way of avoiding the term *lumpectomy*. But once you've had one, you're never again taken in by the euphemism. There's no slicing of tissue followed by a discreet suture. It's surgery—plain and simple. They cut you open, take out the suspicious lump or mass, and sew you back up. My scars range in size from the virginal half inch of 1979, which discreetly hides beneath my right breast, to the more aggressive 2 1/2 inches of 1993, whose size surprised even my surgeon and inflamed my left breast for two weeks with colours seen only in a surrealist painting.

The incisions all eventually fade from their initial red notched appearance to a silvery slice, but under each is scar tissue—dense and dangerous as a reef that neither the mammogram's X-rays nor the ultrasound's waves can penetrate. Add to that my naturally thick fibrous breasts, and detecting cancer is like panning for gold in the dark. As one radiologist told me after a morning of nine successive mammograms on one breast, "It's always a long and difficult day when you come in for your mammograms. We don't know half the time what we're looking at."

After each biopsy I was instructed to resume normal activities within twenty-four hours. Sure you can go back to work as long as you don't plan on using your arm. After my last excisional, I developed severe tendonitis from protecting the surgical area against hostile city commuters and the dangers of sleeping on that side. At least that's what the orthopedist told me. I believe my body was reliving the surgery—each night pulling away from the scalpel, pleading to be left alone. In fact, one night I dreamed the surgery, felt the knife, and woke curled in a tight fetal position.

So far all the tumours or masses or cysts were benign except for this last one. The mass was benign but the surrounding tissue wasn't. I have "lobular carcinoma in situ" (LCIS), as well as atypical lobular hyperplasia. The two conditions up my risk factor to 18.2. The *carcinoma* means cancer, the *in situ* means in place. The way I look at it is, buried inside me is a land mine, a ticking bomb, a grain of sand, a seed—the metaphors keep multiplying along with my anxiety.

One friend put the most accurate spin on my situation: "It's almost like having cancer but without the support."

I doubt that anything's like cancer, but neither is anything like waiting for cancer. Your own mortality becomes acutely present every time you look at your breasts or search their terrain for new formations. Every

scar stands as a visual reminder of your fragile and tenuous connection to this life. And there's nothing you can do but sit and wait, hoping the odds remain in your favour.

The way I figure it, I'm at a 20 per cent increased risk over the normal one in eight risk run by the nature of being female. That risk increases 2 per cent every year. When I find a lump, my first question always is, do I feel lucky?

DR. ANDREAS is dark, balding, and unassuming. He looks like an accountant or a computer programmer, except for the sharply white coat. He wears glasses and sits cross-legged on the chair explaining my condition. The examination passed in a blur, the limits of experiencing my own body having fled. Maybe I was perched on the silver-framed Hockney as the doctor touched me; maybe I'd slipped between the pages of *Country Living* and was tucked neatly into the wing chair beside the flagstone fireplace in my dream cottage.

He finds nothing to be concerned about, right now.

"What have the other doctors told you?" he asks.

"I can have a double mastectomy now or wait and just watch."

"I recommend surveillance," he says. "You can have the mastectomy with reconstruction, but nothing is like your own breasts. Not to mention the physical and emotional toll of a double mastectomy."

"That's what I thought," I say, startled at his candour. All the books on breast cancer I'd read talked in glowing terms of the naturalness and beauty of reconstructed breasts. If it wasn't for the pain, the psychological loss, and utter starkness, I might have gone ahead with the mastectomy.

"You'll need to see me every six months to keep an eye on your cancer."

I'm stone still. Maybe I hold my breath. "Okay," I agree. I'm speaking normally, but my mind is racing. No doctor, no one has referred to LCIS as "my cancer." In fact, every doctor I've seen has avoided the *c* word, sometimes reminding me when I sounded too anxious that I didn't have cancer, that I may never get cancer. Even my family and friends have been careful not to say cancer.

"You can get dressed now," he says.

I SLIP INTO MY BRA and navy linen shirt I chose for my first foray with a breast specialist, knowing he may or may not see me dressed, see me as a person who takes her body whole with her into the streets and drives home to an ordinary suburban house. As I walk out of the exam room, Dr. Andreas calls me into his office. “Have you seen your mammograms?” I shake my head no. He takes out a pen and begins explaining my breasts and their terrain to me.

“Do you see these bright white dots?” he asks.

I look closely at the X-ray. Scattered throughout my breast are white pinpricks that look like stars in an ancient and distant galaxy. “Yes,” I whisper, as if some mysterious world has been revealed to me.

“Those are calcifications. That’s where we have to watch. They are potential sites of developing cancer. And here,” he points to another X-ray, “along the outer edge of the breast is where the thickening is. Where you have fibrous tissue. We have to watch that also.”

“I see, yes,” I say.

“We’ll call you in a week if we need more X-rays. If not, six months.”

“Six months.” I can wait. I feel lucky.

TODAY “MY CANCER” is still like that Hockney print—everything in place. Furniture you know doesn’t look right, but don’t want moved because that would destroy some bizarre symmetry only the artist can create. I can look neither forward nor backward, because I’m frozen in a present I want to believe I can maintain. But I don’t sleep well anymore. I wake over and over throughout the night—anxious, afraid.

So I’ve begun separating myself from my breasts. Thinking of them as things to be watched, things that could turn on me, destroy me. My enemy within—always there, always present—in situ. And there’s nothing I can do but wait—poised and alert—as if I’d been painted into that Hockney room, bereft of people, bereft of movement. And that’s what really frightens me

Gail Lukasik’s mystery, Destroying Angels, features journalist sleuth and cancer survivor Leigh Girard, and is the first in a series set in scenic Door County, WI. Book two, Death’s Door, is due out in 2009.

Origin and Insertion

Paul Lomax

Amygdala Blue

In Bicêtre and Salpêtrière
folie à deux rage as gyri spine,—
pelicans pine
buttocks whine
i want, must have
mine.

Chained whispers blew a fleet of muses
Anne: Gertrude: Silvia: Virginia:
dropping anchors along Ports of Epididymis
desiring love in garden-spun germ states
while Little Hans locked the gates
to go beat Bonaparte sausage anxiously
No, mother, no, it's not time to come in
my object has no relation.

Go, just go play your concertina
walk away with your dancing uterus
dangle your stitchcraft within
grey women crying for
Little House on the Prairie.

Through it all oh through it all
i still hear your cat scratch commentary
your psyche wandering confident
through forested sand dunes,—
a sibling to self.

Once a locus amoenus eye tasted its sweet cracking crunches
eye ate the ripened heart of Parades only then did eye
understand why diaries swelter & underwear bread whisper
How surprising is this when God
constipated from Creation never accepts his prescription
always failing to flush the toilet
alwa failing to wash His hands
always the Genesis of Revelations:

Hapax Legomena

Satan—

Sotheby's—

Swans—

Every Sunday morning after scrubbing bleeding memories
eye put on godly torn blue genes & go to church
always frothing with Eve's cache
always outside the delicious unstrung harp
always where song of songs dance 21° of separation:

Ceteris Paribus

Christ—

Christie's—

Cormants—

Within the well eye continue to hear trilling violins
breast feed disobedient waterfalls

A scientist with the U.S. Army, Paul Lomax writes more poetry than fiction, reads more fiction than poetry, and holds dear the notion simplicity is the greatest panacea for what ails the self.

Foot Bones

Holly Masturzo

I pull my small body up onto the yellow flat of the bathroom counter and ease my bare feet into the sink. My pant legs, rolled until they squeeze tightly, crease red lines as long as my fingers around the bends of my knees and embed the pattern of side-seam stitches into my skin. I let warming water pour over and between my toes, filling the sink I have plugged. By the time the water reaches the lip of the sink, it is as hot as I can bear and sends steam rising to curl my long, brown bangs. My feet blotch pink; veins press to the surface of my skin. If I am still enough, I can feel the stream of water pulse through the walls, making its way toward the tap. My anticipation is a kind of knowing. I cup my hands around the stream of water, not to hold it, but to feel the movement as it passes through my fingers in a clear directive toward the earth. Flattening my hands over the tops of my feet, as the heat permeates, I begin to rub deliberately, touching each side of each foot, each surface and curve. When the warmth has seeped deep into the bones of my feet, when it has travelled up my spine and branched out into the whole nervous network of my body, when it has become a fiery expanse flowering in the base of my brain, I release the stopper of the sink. As the water passes away, a warm thread unspooling from me, I breathe myself still, listening as it runs, then drains as if rooting down the pipes that turn into jungle gyms under our house.

MY MOTHER stood in the centre of our kitchen holding a bath towel. A dull weight filled her mouth, as if she struggled with several small rocks

too rough to swallow. The towel, a paler shade of the mustard-coloured countertops that stretched through the kitchen and reappeared in the bathroom, appeared as a subtle inkblot, ruffled and dangling from my mother's hands with several sprawling blotches of darker, heavier colour where water held in the fabric. The expression on my mother's face was severe and pained, as though unsettled to the core by something she had read in the towel.

"They were my feet," she said, "I was washing my own feet."

My mother gave my grandmother a bath each day she lived with us, alternating stays with our family and my aunt's. But that day, holding and soaping my grandmother's feet, my mother held something too familiar. Through soap, and age, and flesh she saw her bones—and more than bones, tendon lines and narrow heels that slipped in the backs of the narrowest shoes. Worse than the sight and recognition of her bones in her mother's feet was the thought that, given a few years, I could be leaning over the edge of a tub washing her feet, a tradition she did not want to pass on.

How likely it seemed to me to me then, fear multiplying in my brain, simple associations spinning large. I, too, share their foot shape, the narrow heels and high arches and evenly proportioned toes. Picturing our six feet in a row, I grew restless with images of declension.

When I began the practice of soaking and washing my feet as a young adolescent I knew little of Jesus or the rituals of travellers and had not yet read of the virtues of meditation. If I thought about my activity at all at the time, I knew one of our house rules forbade sitting on countertops, and I suspect I took pleasure in pulling myself up onto a place a full body was neither designed for nor expected to be.

Ample folk history chronicles the patterns of girls locking themselves into the bathrooms of their parents' houses. Whatever I practised in that small stretch of privacy was not a conscious seeking, but rather an instinctive fulfilment like reaching for a warm blanket or a cool drink. It was a girlish comfort I stubbornly and secretly cultivated, and at its source percolated an anxious attempt to understand and tend to my body, specifically those parts of my body most like my mother's and her mother's, parts that showed the first signs of age and disease.

A YEAR BEFORE MY BIRTH, my grandmother suffered an injury at work: a swing-away door swung back forcibly into her head, jamming her neck. Nerve damage occurred near the top of her spine, and misaligned vertebrae frayed away at the cord. An attempt at surgery worsened the pathology. The slow retraction of her full range of motion was complicated by a progressive osteoporosis. In January 1993, when my grandmother died, I had just turned twenty. Those twenty years of my life had as a backdrop her gradual physical decline.

After she died, we found self-styled pin-up photographs she must have sent to my grandfather during the Second World War. In them she deftly postures in a two-piece bathing suit on a small cluster of rocks, hand on hip, one foot raised on the pointed edge of a stone. I have heard stories from my mother of her youth—legends of my grandmother’s scuba diving, of hiking and tree climbing. I never saw this. In a photograph, my mother holds me at about one year of age between her parents in the driveway of their house. My grandmother, not yet fifty, stands barefoot with a cane, smiling, leaning in to put her face alongside mine. I watched her go from cane to walker to wheelchair, from creative homemaking to taking full hours to peel four potatoes for dinner and shakily stretching for her food with long fondue forks we fashioned together with tape and twine. I heard the sounds of exercises my mother and aunt cranked out of my grandmother’s legs with the help of elastic bands in the privacy of my mother’s bedroom.

During her stays with us, I awoke early with my mother to shift my grandmother from bed to her wheelchair. As my mother ran the lift, I held her heavy legs, working to keep them horizontal, so she would not slip out of the lift’s canvas body-sling and fall to the floor. My small hands around her ankles, her feet, swollen from poor circulation, rested against the flares of my pelvis. I could not help looking at her feet. Perhaps, at times, doing so was easier than looking at her face, wincing from the subtle twisting of her spine by the lift.

Despite the swell and bloat, I could always find an astonishingly familiar arrangement of toes, arches, and anklebones. Many days, I am ashamed to say, I was afraid of her body. More than her particular reality—the pain, the deadened density of her legs, the faint, wispy hair we did not always shave—I feared her body as a future vessel, my potential to become it.

From the same period, I remember my mother's bare foot, elevated on the arm of the sofa after a day of work or an evening of cooking, her foot arched, her first toe slightly upturned, absently moving in imperfect circles in the openness of the air. It is one definition of beauty.

ONE OF THE MOST UNSETTLING things about watching a degenerative disease move through a body is that for years signs of its existence are hidden and unknowable. Though pain might present itself, or other minor symptoms, they may easily be explained by common illnesses or by being "run down." What can retrospectively be understood as an early indicator in its given moment is rarely enough to make us think our bodies might turn on us and begin a slow retreat.

X-rays and records of abnormal cell-counts can provide glimpses of what goes on inside our bodies. Yet bone and muscle and blood have, though not lives of their own, an existence to which we are not fully privy. When muscles shrink and bones threaten to bare themselves, they fail to seem enough to hold us. The elasticity and strength of our tendons might be tested, but what of the invisible ligaments that tether the more numinous divisions of body and soul?

During my younger brother's peak growing years, he often complained of pains in his legs or ankles or feet. Initially, we assumed his discomfort was the result of high-level participation in competitive athletics. As my brother insisted on the pain's presence and intensity, my mother examined his joints and read a desktop medical reference; my father offered alternating compresses of heat and cold. Weekly Saturdays after soccer games and track meets Scott reclined on the living room couch with ice packs on his knees, shins, and ankles. At times we wondered if he exaggerated. Nothing appeared out of order. No swelling. No redness. No reflex damage. We had no way to answer his complaints other than with the conventional concept of "growing pains."

At last, we went to a doctor who performed an MRI scan. The doctor led us through an intensely white maze-like basement of a laboratory for the unveiling of the images. In horrific black and white pictures we learned my brother had a growth disorder referred to as Osgood-Schlatter's disease. At the growth plates in his legs and feet where the gaps in the bone should be smooth to allow for even growth, my brother's plates resembled sections of nasty saw blades. The pain to which he had so

vigorously testified was caused by the impact of jagged edge pounding against jagged edge. Nothing to do, he was told, but grow out of it.

IMMEDIATELY after my grandmother's death, an end that found her paralyzed from the neck down, I took ferociously to running. Pressing myself to ridiculous performances, I felt I could run off the edge of the world if the world was not round. I ran over five miles in 100-degree heat for the sole errand to feed my friend's cat. I carried sacks of groceries and gallon jugs of water over tens of hilly blocks. I played games with myself, counting the days I did not use my car.

I moved myself skinny, past lean, past fit. Perhaps I ran so ferociously in order to see my bones more clearly, in order to confront what I felt would betray me and attempt to work it into submission of my charge. For a year or two I courted a dangerous line, trying to dialogue with death while simultaneously assuring myself of my own life force. I visited a nutritionist at the insistence of my mother, asking if I was anorexic. A calm, smart woman, she assessed my diet and sent me away. "Trust your body," she said. I was grieving.

I covered as much ground as I could, sensing the rolling grade of the Tallahassee hills, how my step changed on brick, sod, mulch. I measured the shifts in the wind and the light on my bare shoulders. I felt my bones, the order of my skeleton undulating in short waves. I spent hours trying to listen, to determine what was desire, what was fear, what was loss.

IN ONLY A FEW YEARS, my grandmother's youngest child, Tommy, began experiencing numbness in his left foot. One day in a favourite spot in the local bay, he sought to move forward through waist-high water toward a small grouping of snook. His foot did not respond. The water was not that cold, he thought, and he pulled his leg forward with him several yards for better position. In the months that followed he developed a dropped foot, the muscles in his arch falling limp, his foot dangling subtly but awkwardly between steps. Tests proved unenlightening for several months, until finally he was diagnosed with ALS, amyotrophic lateral sclerosis, commonly known as Lou Gehrig's disease.

A fit, strong, and independent person like my uncle Tommy can go a year or more with ALS without seeming "ill" to others. Many die within

a few years of diagnosis, whereas some may live ten or more with the disease. One doctor had suspected Tommy's father developed ALS near his death almost ten years prior, though so rapidly did it sweep through his system the diagnosis was never confirmed. In the winter of 1998, the muscular atrophy of Tommy's leg began to show. He reluctantly became reliant on a wheelchair, able at first to sit and stand under his own power by using the strength of his arms and torso and with the aid of stabilizing braces hidden under his pants. He and his fishing buddies rigged up a safe, stable seat on a flat trolling boat. Unable to wade out into the Gulf, he would not give over to losing fishing. He directed us in attaching gadgets for driving the car, widening doorways, and making the shower accessible.

The parallels could not be submerged. My mother and aunt again rotated shifts of caregiving with Tommy's wife, this time in Tommy's home, my grandparents' home he assumed when my grandmother died. As Tommy moved closer to death, my mother experienced a series of falls. On a gravel bed at the beach where family and friends gathered to take part in a walk-a-thon for ALS, my mother stumbled, deeply scraping her palms and knees. Weeks later, running with her Sunday morning group, she landed her foot on a surprise break of pavement and she fell hard, severely tearing her hamstring. Still healing, she fell again in the backyard, startled by a large frog leaping from the rim of the garbage can.

My mother is not clumsy. Voted the most athletic girl of her senior class, she played co-ed sports through both her pregnancies. She and my father day-hike on their vacations and have kayaked in the North Atlantic with whales. At first I interpreted the falling as a call from her body to slow down, as a signal that she had been moving too fast, trying to keep up with the caretaking and new job hours and housework. She herself explained that she had not given the initial injury time enough to heal. But as we spoke on the phone, my feet squirmed inside my shoes. I felt a familiar thread unspooling from my stomach, and my mind, quicker than I ever would desire, crafted a story of her body's decline like those we have known and held.

IN 2001, when my mother visited me in Texas to shop for outfits for my brother's wedding, Tommy's death was in sight. His dancing in his

electric wheelchair at my brother's wedding was one of the last outings he made. I walked with her to the tree-lined streets I used as running routes. Our walk was pleasant and we talked easily. I shared my routine, pointed out my favourite houses, and suggested directions she might want to run in herself. As I turned to start my run, a flash of surprise, of panic and insult, moved across her face. She fought back tears. In the beauty of the morning, under oaks like those in the pocket of Florida where I was raised, my mother hurt and froze.

"I can't do it," I told her, feeling irrational and selfish, yet sure that ignoring my instincts would be worse. I sympathized with what must have made going off by herself difficult, travelling for the first time in over thirty years of marriage without my father, facing a grown daughter in a faraway life, the creeping knowledge that Tommy was dying, his body slowly failing in the order of my grandmother's.

Why couldn't I run, just one morning, with my mother? I absorbed waves of guilt and loss and the entangled layers of all we had been through. I was asking her to move over the warm earth alone, and demanding, deeply and quietly, to do so myself.

In looping, desperate sentences, I tried to explain the level of dissonance that would overtake me if we ran side by side, the acuteness with which I would feel her stride, her breath and fatigue. I imagined the rhythms of our feet pounding the pavement, a hitch or so off in our steps, how I would both want to and resist falling into synchronization. I felt myself rationalizing and begging for those forty-five minutes, the stretch of space and time that is its own nourishment, where the only force I feel is my own feet.

While I cannot say such running for me always has been a comfort, I learned to feel it as a kind of truth. Threading myself through the landscape, I reconnected with all that my body wills and wants and is. It was a pleasure I cultivated. Carrying the felt memory of those flaring moments with me through the day, I became better able to eat well and often, to overlook the trespasses of strangers, to lie down with someone I love.

Walking in the stillness of the morning, in the slow stretch of January days when we awaited Tommy's death, I witnessed a crew of workers painting a blue vein that would mark the course of a marathon. Come

race day, though friends were running, I could not bring myself to walk to the end of my street to watch. Their efforts seemed too private. And perhaps, to see a succession of bodies near their exertive limits was more than I could be near.

A week after Tommy's death, my mother confessed to stubbing her toe several times while pushing the shopping cart in the grocery store. I gently wondered if she might ask her doctor to be tested for ALS. She had thought about it, she said, but the test is too painful. A sample of damaged tissue must be removed. Instead, she and my father completed a race that tracked through the flat woods in the heart of Florida. We cannot know if what caught at her legs was memory and grief or the harsh turning of the body.

A few days later, my Pilates trainer, a retired ballerina, led me through stretches at the close of our session, pulling at my legs and rolling out my calves. Rotating my ankles, she flexed then pointed my feet, stretching the arches. "What beautiful feet," she said, noting their flexibility and strength, my point enabled by my mother's high arches. I smiled warily as I thanked her, remembering at once my grandmother's feet cool in my hands, my mother fumbling for shoes for Tommy's funeral. Today they are beautiful, I told myself, hoping that knowledge would grow larger than my fear of them falling still too soon.

Holly Masturzo is a professor of humanities for Florida Community College at Jacksonville and a consultant under the name Our Ellipses. Her current work includes editing the letters of the late U.S. astronaut Kalpana Chawla.

The Lemon Body

Karla Linn Merrifield

1. ALLERGIES

She sneezes and rusty iotas
of lily pollen dust the backs
of her hands, her slender fingers
composing the Gloriosas in
a blue vase on the kitchen table.
My mother's eyes water
from rose oil rising from ruby buds.
Then she studs her bouquet
with a rainbow of snapdragons,
tweaks a stem into the right space,
and sneezes again, itching with beauty.

2. GALLSTONES

Perhaps the old vagabond apple tree
that had wandered from orchard edge
into her childhood side yard was to blame.

She devoured numberless green pippins of spring,
blood-reds of mid-summer, and autumn's
rotting, rusty ones oozing hard cider out

from their soft cores which she gnawed
until, like the stowaway worms, she became
woozy on the juice. How the girl hungered

for the odd tree's fruit with an appetite
for it all: pith, skin, so many dozen apple
seeds that seasons later became so much gall.

3. ANGINA

White, bleached cotton sheets tumbled
from washer to dryer to long, taut lines
stretched between tall, cross-beamed poles.
Pure, crumbled muslin—no polyester, no
easy-handling percale in those times. Mom's
chore was to tackle a dozen broad sails

toward the sun in summer; pluck clothespins
from a sack; grip and secure each pale tail
and billowing swath to twilled grey cords
above my head, out of reach. So I dipped
my fingers into that bag of wooden clips
that I later learned the Shakers had invented

and passed them up to Mommy's patient hands.
Up went spinnakers of her marriage bed,
abaft her children's briefer, twin-bed jibs,
all filled with, then spilling, light and air
and hope and hollows and shadows in nascent curves
like a girl's first rounding into season.

Mother could not have then sensed
any pinch in her heart, that attack stalking
arteries and veins, later, years later.
I hold a clothespin now: Quickly
it eclipses, squeezes, firmly grasps this dream
that blew through my mother toward death.

4. CANCER

It came as rain comes in late December
across the Northeast, with unnatural stillness,
a steadily dripping and disarming mildness,
savouring of the last decay, tapping against
her window an unrelenting tattoo.

Or perhaps it came at Eastertide,
as tight-budded lilies, heavily dropping
leaves yellowed, wilted, one after another,
witnessing their pale pods plopping
down into plastic pots.

Or in summer she grasped a strong-spined feather,
snapped it in two, a quill that could have written
all her inchoate dreams onto many blank
parchment pages, but instead flew off
on its own promises.

Perhaps, in time, by autumn, she would boldly
have made poetry, strongly scented poems,
moist with aging hope and maybe thereby
have scratched out more tomorrows, many more,
if only she hadn't been so rudely interrupted
by cancer so early in September.

How Far

Through din of warring elements
the far seeps in.
A day's drive or three
of November's slick trim trails away,
we hurry forward.
Crack!
Crack like bullets, sleet stabs little bayonets against
the windshield. Footfalls snap.
Call it the chamber
of the horrific dead Iraqis I heard read last week
describe.
Soldiers bleed cold into sand.
We remember
to use the word heinous.
Or call it cancer.
Be grateful

for good days when the doc notes “NSP” on your chart,
No Significant Problems, with the radiation at any rate.
Then Zap! goes the treatment.
Or call it the preposterous
ravaged breath of Earth.
What hideous extinction is next?
Far, far from home we kill ourselves;
we breed the cells
of exquisite mass destruction.
We gun it, turn, slide away.
My faith on thin ice thickens up for a siege.

Karla Linn Merrifield has authored three poetry books, including Godwit: Poems of Canada (www.foothillspublishing.com) and Dawn of Migration and Other Audubon Dreams (RochesterInk Publications). She edited The Dire Elegies: 59 Poets on Endangered Species (Foothills).

The Best You Could Do

Albert Howard Carter III

Because I don't like funerals, I rarely go to them, and funerals for my patients are especially hard. I have attended only three of them, none of them easy, and one wasn't technically my patient. She was the Schafer baby I consulted on, a preemie born at thirty-four weeks with cardiac problems. That was unusual, because I'm a plastic surgeon and not a pediatric surgeon nor even a thoracic surgeon, but my colleague Lou and I often brainstorm about difficult cases. When he calls me, all excited, he usually says something like, "Hey Joanie, I gotta get your thoughts about this weird case . . ." So I got involved with the Schafer baby and talked with the young parents before and after the death. I felt I owed it to them, as well as to Lou, to attend the baby's funeral. I also remembered the small woven basket with a little blanket over it that the nurse used to take the Schafer baby down to the morgue; actually, I couldn't get that image out of my head until I attended the funeral service—my own healing, you might say. The other case was an elderly woman, whom I did work on and who died two days after her operation early in my career. I felt I should go to the funeral because I thought I had failed her somehow. So that funeral was, in a way, paying a debt. And then there was the funeral six weeks ago . . . for Reuben Nordquist . . . which just about broke my heart.

Reuben died at age fifty-two, much too young, especially considering how well he was doing and all he had been through. He'd been morbidly obese for much of his adult life. Not surprisingly, his knees had given out, and he'd had both of them replaced. Actually he tolerated surgery and the rehabilitation quite well. This, apparently, gave him confidence

to go ahead with the gastric bypass surgery, which we were doing quite successfully at our hospital. And for him, too, the bypass was a wonderful success, and the weight just peeled off him. I didn't do either of those surgeries, but Reuben had become well known in our provincial hospital, and everyone liked him and his family, his wife Olive and the three children who visited him faithfully. I got involved because his weight loss was so huge that he had a lot of loose skin hanging off him—bags, really, and reminders to him of how terribly fat he had been.

As a plastic surgeon, I love cases like this. I can measure, sculpt, cut, and sew in order to reshape a person's garment of skin. When I examined Reuben, he was somewhat anxious but nonetheless eager to go ahead with an operation. I reassured him about how routine this kind of work was, showed him before-and-after photos of other patients, and we set the date. That was to be a busy week for me in the OR, but I looked forward to his case, because I knew how much I could do for him and how happy he'd be with the result.

A Thursday morning, still dark. I like to make rounds early, scrub in, and get to work. I reviewed my plans, waiting for the OR nurse to call me when he was all positioned and asleep on my table. I planned to do his middle, basically, where the baggiest skin was, a thighplasty, abdominoplasty, and a buttock lift, figuring five hours—which is what I told the family. Everything went well for four hours, as we routinely finished one section and moved on to the next. The sutures looked good, the shapes were good, the tautness vs. laxity in the skin, and so on—all just what you'd want. My assistant Erv said it looked great. He said Reuben's photos could be textbook material; he called our work "classic." Then Reuben stopped breathing and his heart stopped. We started the code, calling a cardiologist who proceeded with a full resuscitation effort. He got his heart going for a while. I went out to tell the family that things were not going well. We poured in the drugs and got the heart going a second time, but it was hopeless. After another ninety minutes I looked at the clock and said, my voice choking, "We'll call it at 2:18," the official time for the death certificate. I stripped off my cap, mask, gown, and gloves and checked my scrubs for any blood. Seeing none, I went out and told the family that Reuben had died and how terribly sorry I was. They took it hard, of course, and I was at a total loss to give them a reason. We'd done

blood work beforehand, of course, to guard against ionic imbalance, and his hemodynamics seemed good, even with the changes caused by his bypass. I completed the day in a haze, mechanically doing my other case, the paperwork, and routine hospital business. When I got home, finally I could cry.

ERV DROVE, and we entered the small church together, clearly outsiders to the family or friends present—a tight-knit group. There was a large photo of Reuben on an easel in the front; it showed him in his later days of less bulk, and he was smiling. The instant I saw it, I teared up . . . but then I began to study his cheeks, chin, and neck, all of which sagged. If he were still alive, I could fix those areas as well. There were many bouquets surrounding the expensive casket. The service seemed traditional, but I could barely hear it, hypnotized as I was by his image in the photograph: if only I could resuscitate Reuben through that picture and repair those places. At the reception Erv and I were introduced as the doctors “who had taken care of him.” People kept coming up, knowing who we were.

They said, “I know you did the best you could do.”

And, “This must be as hard for you as it is for us.”

And, “He was such a wonderful man, even his doctors came to the funeral.”

And, “Thank you for taking care of Reuben.” At that my mind whirled: *if we had truly taken care of him, he’d be alive today and not in that box surrounded by flowers.*

I smiled and shook hands, murmuring condolences as best I could. I felt like a complete failure, a sham, a fraud.

As we drove home, Erv said, again, how terrible he felt. And, again, “What the hell went wrong? Emboli? Clots?”

I said, “We won’t know until the autopsy results are back and even then there might be more than one factor.”

“Damn it, Joanie, I just don’t like not knowing.”

“Well, that makes two of us.”

“I mean, even with the donations the family made—the corneas, bones, and so on—that’s all nice and good, but we lost him right off our table when everything was going great.”

“Sometimes it happens, and it always hurts,” I said.

“You know what I really hated?” he said.

“What?”

“They kept thanking us for ‘taking care of him.’ I mean, I didn’t hate them, those people, but that phrase, almost like we were gangsters who ‘took care of’ a competitor.”

“Now there’s an ironic notion,” I said, “but I know what you mean. I do know. If you go into this business, you get cases now and then that go terribly wrong, no matter how good you are, no matter how great the technology.” I looked out the side window. “Damn it all, anyway. I guess it keeps you humble.”

AS THE WEEKS PASSED, the pain of Reuben’s death started to ease. I begged Lou’s sympathy on the phone and explained what little we knew, hoping against hope that he’d have some brilliant insight, but he too had no idea what happened. He said all anyone could say, that he was sorry and perhaps pathology would give us an answer. My normal work flow continued; I had other cases that went just fine. But as I drove into work each day, I kept reviewing my hospital’s record and my own career: there were very few deaths anything like Reuben’s.

ONE DAY at the hospital I was opening my mail, mostly routine notices of conferences, lectures, new equipment, and so forth. One envelope was handwritten, though, so I pushed the others aside and opened it. The return address meant nothing to me, but inside there was a yellow sticker on something photocopied. The sticker had small, careful handwriting from Mrs. Nordquist, again thanking me and saying she wanted to share Reuben’s letter with me; she said they had found it in his desk in an envelope labelled “To be opened in case of my death.” The photocopy was poor quality, but I could make out the text, which basically said that he had a premonition that he might not survive the operation and he wanted everyone to know that he loved them.

Good Lord, I thought, reading it over and over. If he had mentioned his uncertainty to me, I would have postponed the operation, hoping to try again when he was in a different frame of mind. Did he truly feel that he might die? Or did he actually want to die? If so, what would that make me? An accomplice in a suicide? Someone who helped him escape

this world in order to gain the next? And for what reason? Did he not like his new body or the even better one I was diligently creating for him? Had he lost his armour against the world? Or was it just that he felt that he wasn't the Reuben he had gotten used to being for decades? Or was there something tragic in his life? In my business, I hear of many human dilemmas, and I know some patients come to the hospital carrying burdens far beyond the surgical ones that I'm trained to repair. After all, I work primarily on the tissues and bones of the body, not on the minds that are also working on them internally. Was it possible that, somewhere in Reuben's body, his intention—for whatever reasons—took over and cancelled mine? But why should I project motivations on Reuben? Perhaps these are measures of my own doubts and fears, since all of us—whether Reuben, Erv, Lou, or me—have some trepidation about the unknown.

I dictated a sympathetic letter to Mrs. Nordquist, assuring her that we did the best we could, but that sometimes there were mysteries that we couldn't solve, and that she had my deepest sympathy. These were standard phrases, of course, but as I played them back on my little recorder, they gave me some solace, because part of me was still grieving, for Reuben Nordquist, certainly, but also for medicine itself, which, for all its elegance and power, always has its limitations.

Perhaps the cause of death was exactly what the autopsy report described: "complete pulmonary failure secondary to fatty infiltrates in the pulmonary capillaries." From the strictly medical point of view, surely that was the cause—and the best modern pathology could do. But what other points of view might there also be, I still wonder, perspectives that might redefine the notion of what "best" truly is? Such possibilities still haunt me, much like the little basket for the Schafer baby or Reuben's smiling photograph, images that occasionally float through my dreams.

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The Diagnosis

Eva Miodownik Oppenheim

In the waiting room of Radiology
there is a large photograph
of three wild horses foraging
in the scrub of a dark ravine.

We sit across from it
in identical pink paper gowns
like ballerinas in a corps de ballet
waiting for our cue to go onstage.
But they come for us one by one
—no backward glance at our sisters.

In the dim room a smiling nurse
nods me onto a table
surrounded by gleaming instruments.

I want to say excuse me
there's been some mistake
I'm supposed to be in Chicago
—as in a dream we find ourselves
alone in a foreign country
without clothes.

But another figure materializes
from the shadows
puts a cool hand on my shoulder
—no turning back now.

A week later I wait
in the doctor's bright office
clutching my handbag.
When he enters I scan
every line of his pale face, hold
my breath as he sits down
adjusts his glasses
and tells me in a tired voice
it's all right, it was only calcification
and I have to stifle the impulse
to rise and dance out of the room.

Eva Miodownik Oppenheim's poems have appeared in Animus, Off the Coast, Comstock Review, Little Magazine, Poetica, Steam Ticket, and Mobius. Her chapbook Things as They Are was published by Moon Pie Press (2005).

Nothing to Be Done

Ted St. Godard

Freedom's just another word, for nothin' left to lose.

—Kris Kristofferson

My mother was known to say more than her prayers. “Read books, kid, get out of this town,” I remember her insisting, not so much disparaging Flin Flon, the small Manitoba town where I was raised, as wanting me to see the ocean, and maybe some live theatre.

It's a funny thing, memory; evasive and elusive, like a mouse perhaps. I would not be sitting here writing were it not for values and determination instilled by my hard-working, articulate, and acerbic mother. And yet, somehow the sense I have of her as the intelligent, determined glue that held our family together, even as she instigated our diaspora, is vaguely incongruent with the image that so readily comes to mind: Mother in a robe on the couch, legs curled beneath her tiny frame, glasses low on her nose, and wisps of smoke rising from the table beside her.

My mom was more than a little fond of her tobacco. In her later years, when she and my dad travelled to see their children—dispersed across the continent—she occasionally enjoyed her Number 7s with a glass of white wine (the “Wh” and the “W” breathed—whined almost—with a force that belied the smoking). But at home on the sofa, in the iridescent flicker of the television, the beverage of choice was Carling's Black Label, a no-nonsense beer for a no-nonsense woman.

It will surprise no one that my father, married to a resolute woman for fifty-odd years, was, shall we say, malleable; you know who wore the pants. Although it would be unfair to intimate that my dad had no say

in anything (he did, after all, do the grocery shopping), neither would it be a stretch to suggest that we all knew, Dad included, at which end of the couch the buck stopped.

Dad did not only the shopping, but on weekends the cooking, especially in the summers, when, thanks to Mom having gone back to (paid) work, the barbeque was always on, and a hindquarter of beef was always in the deep freeze. We were a meat-and-potatoes family (and wieners counted), but my mom, a featherweight at best, was never much of an eater. I do, however, recall her lustily sucking the marrow out of the bone in her barbequed round, on the apparent advice of a doctor of whom she was fond, while the rest of us savoured the mixture of salts and preservatives used by Dad to make the otherwise un-chewable cut of beef a family favourite (Adolphe's Meat Marinade; now the cat's out of the bag). It may have been with the blessing of the same doctor, or it may simply have been a matter of taste, but I also remember that Mom heartily enjoyed the skin off her KFC, a treat in the relatively affluent later years. It was on medical advice, however, that she tried to add a glass of dark, bitter stout to her beverage repertoire, but this particular medicine proved a bit too hard to swallow, and Mom remained sparrow thin all her life.

My mom worked hard, as did my dad. I never saw my dad at work, as "The Company" property was fenced and guarded (although I once took a fairly unencumbered midnight "tour" with two of my buddies, both now dead). I regularly stopped, however, at the bizarrely named Labour Temple—on Church Street—where Mom worked for "the union," her boss at one time a likeable lug named Pig Pen (honest). In due course, their children grown and safely launched, my mom and dad left Flin Flon behind (inasmuch as this is possible) and enjoyed a relatively long and happy retirement in Red Deer, of all places.

In retrospect—in light of the above "lifestyle choices"—it should perhaps not have come as a surprise when my mother, by means of an apparently large stroke, made rather an abrupt exit from this life. But surprised we were, not least the man who for so long had appeared to thrive in her shadow, often her foil, unfailingly her champion. "It should have been me," he wept, and we his children consoled him with the banal, "We don't get to choose." (Banal and profound I suppose, given that suddenly the one of us who'd probably made the fewest choices in our

lifetime together would now find himself faced with a great many.)

Although he grieved and was “lonesome,” Dad ultimately took to the role of widower. As often is the case with the bereaved spouse of a strong-willed person, he surprised us with his resilience, and with his *joie de vivre*. I remember, with a touch of sadness, him telling me, “I sure hope I’ve got a few more golf games in me.” Regrettably, after Mom died, he never hit the links again—more than a little ironic, as it was at least partially at her insistence that he had taken up golf; they both enjoyed it when he spent the day with his friends.

With the support and prodding of his children (“You know Mom would be doing this, Dad, if you’d died”), he did, however, buy some lovely new furniture and move into what he thought of then, and still vaguely remembers now, as the nicest place he’s ever lived. Again at the urging of his children, he forfeited his car (to the benefit of yours truly) and settled into what we all hoped would be a pampered dotage; catered, chauffeured, and nicely affordable, thanks to the not insignificant amount of money he and Mom had managed to accrue over the years (in spite of their generously doling it out to those of their children who continued occasionally to come up short).

But we don’t get to choose. One day Dad called from his posh digs in Alberta to report that a mouse had found its way into his apartment, but that, in spite of his best efforts he couldn’t catch the “little bugger.” Oddly bemused, my family and I wondered about this, but rationalized it by reminding ourselves that the nice new seniors’ complex was built adjacent to an open field. The mouse, however, persisted and became troubling, both to Dad and to his children, as we began to experience a vague sense of foreboding and foreshadowing. And as plagues have been brought forth by vermin, so too did “the little mouse that wasn’t” turn out to be a herald of bitter things to come.

Lewy body dementia is increasingly recognized as the second most common form of dementia, after Alzheimer’s disease. It was first described in the 1960s, but thought to be relatively rare. The advent of sophisticated staining techniques, however, has allowed so-called Lewy bodies to be identified post mortem in the cerebral cortex of many more patients, and it is now thought to account for approximately 10 to 20 per cent of all dementia cases. As with other dementia syndromes, Lewy body dementia

becomes more prevalent with advancing age, but unlike others, such as Alzheimer's disease, it is more common in men than women.

The clinical feature, or symptom, that most helps distinguish Lewy body dementia from others is vivid visual hallucinations. This was unknown to me, however, when one morning my dad telephoned to tell me that my mother had died, which fact, of course, was not unknown to me. It turned out that he had walked from the bathroom to the bedroom of his cozy apartment, only to find, to his great surprise, my mother in his bed. As I write, I remember patronizingly humouring him several months earlier when he had mentioned, almost in passing, that he occasionally saw her; but now he was telling me that we needed to get an undertaker; that, yes he knew Mom had died some time ago, been cremated and buried, but nevertheless here she was in his bed, and something needed to be done. No amount of talking, reasoning, or cajoling would divert him from the problem of the corpse in his bed, and it quickly became apparent that somehow our little mouse problems had gotten out of hand.

Something indeed needed to be done, but after all that's transpired subsequent to that day seven years ago, I can't help but hear a refrain from Beckett's gloomy *Waiting for Godot*: "Nothing to be done, nothing to be done, nothing to be done." We quickly moved my dad to Winnipeg, where he lives in a Personal Care Home environment considerably more spartan than the Red Deer retirement home to which he still fondly refers (but the geographical location of which he no longer can be quite certain: Flin Flon? Tucson?).

There has been a slow, steady decline in Dad's functioning. To see him tangled in his television headphones, and struggling with the remote control, is a tragicomedy. But he has remained relatively independent, in response to the tireless attention of one of my siblings, some dedicated staff, some wonderful pharmaceuticals, and probably most importantly, blind luck. In spite of lapses, he has managed to retain sufficient memory and cognitive function to usually recognize and interact with his family, and to more or less maintain a coherent understanding of who he was and who he remains. Until now.

Nothing to be done, but something's happened. The disease burden that Dad has carried, and most particularly the dementia, appears to

have reached a critical mass, a breaking point. Once a fine dancer, Dad now is wheelchair-bound and clumsy. He spends his days sleeping and eating, the pleasure of the former tarnished by the confusion pursuant upon waking, and the thrill of the latter minimized by lack of coordination, bland institutional food, and perhaps too stringently followed diabetic dietary limitations. Telephone calls and visits are often rendered bizarre by the persistence of some memories and the opacity of others. Conversations tend to take on an air that, were it not so pathetic, and were it not my own father, surely would be hilarious. A chat the other day was disturbingly reminiscent of Abbott and Costello's famous "Who's on first?"

"You heard about the trouble with me and Mother?"

"No, Dad, I think you're confused."

"She's gone. She left," mumbled, sad.

"Dad, Mother died," with a trace of frustration.

"What was Mother's maiden name?"

"Tynan."

"Where does she live now?"

"She died, Dad."

"Who?"

"Mom." Did I smile? Probably.

"What room does she sleep in?"

"She sleeps with God."

"With Todd?" My nephew, Dad's grandson.

"Dad, Mom died almost eight years ago."

"Well, all right, why don't we phone her at work?" And he knows the number.

As I said, were it not for their pathetic and pleading nature, Dad's requests to speak with my mother may well be funny. But he's genuinely upset. He thinks she's left him. And try as we might, we can't get through. After the evening calls, we hope the next day will find him more clear, but then the phone rings, and it is again apparent that this once fiercely proud but dependent man, now diminished by longevity, needs again to be in my mother's shadow.

We don't get to choose, but we try to do the best we can. We take Dad for walks. We sit with him. We talk to him. And when we do this,

if he is being favoured with a good day, or a good hour, his face occasionally lights up, if he remembers some good thing, or hears about his children's happiness or successes. My brother recently came through town, from Montreal, on a fact-finding mission about my uncle Emile, Dad's elder brother, who died young but not before becoming a champion dog musher at the 1932 Olympics in New York, and a genuine hero in The Pas, where Dad was a child. Dad remembered snippets only, about Emile's dog Toby, and another one named Bowser, but was thrilled with the prospect of my brother doing some writing about Emile, a person in whose reflected glory he had once lived, long before making his life and his home with my mother.

As is not uncommon of men my dad's age, "The War" comes up occasionally. Recently, on a relatively lucid if not good day, he reported to my sister that he wished he'd been shot down (he never flew). I was reminded of the Dickens character, in *Oliver Twist*, who regularly threatened to eat his own head, a task only a bit more logically unruly—but drastically less heartrending—than my dad bemoaning his surviving the war.

Today, however, is a good day, or at any rate has thus far been. I walked Dad around several bumpy blocks, in a warm sunshine as yet devoid of mosquitoes. With my dog leashed in front of us, Dad recalled from his own dog days, long past and considerably colder, that "yee" meant "go right," and "hah" left. Emma (the dog named after Dad's eldest sister) remained blissfully ignorant, and for a while we three just walked, enjoying the silence and the breeze, the light and the trees. We stopped for some ice cream and a dish of water, and bless him if Dad didn't ask about my upcoming move and hope that I'd hire movers rather than hurt myself.

Yes, today we seem perhaps to have washed into a harbour, the proverbial port in a storm. Or maybe the last few weeks have been a sort of cerebral hiccup, a sludging up of the cognitive workings that has now, to a degree, and for a time, cleared. To be sure, the seas are unpredictable, and Dad's boat increasingly less seaworthy. But, to continue the metaphor, when the next swells rock our dad across the deck of his beaten craft, there will again be nothing to be done, other than to try somehow to make it less frightening, less bruising.

We'll attempt to take his mind off things, as it were. We'll try to

divert him, in ways, I suppose, that he might have with us, when we were pestering toddlers, or—more challenging—when we were teenagers, pleading for the permission he couldn't give, the reprieve he couldn't grant.

Ironically, in a culture built on choice, we don't get to choose. But what reprieve might I wish to grant my father? Or what advice, whether spoken or not, might I now take from him? Perhaps, suck the marrow?

Ted St. Godard is a physician with the Winnipeg Regional Health Authority Palliative Care Program. His writing has appeared in Prairie Fire, Canadian Medical Association Journal, and the Medical Post.

Seed Pearls

Andrea Potos

When I Tell People My Aunt Has Cancer

When I tell people my aunt has cancer
they apologize and swiftly move on
to another subject, after all,
they don't know her, and I don't explain
she's one half of an inseparable
twin set, my mother's baby sisters
my mother placed on the potty
all those years ago when she got home from school,
that was her job, eleven-year-old sister that she was.
I don't mention my aunt is my Yaya's
surprise daughter (Yaya,
who didn't know she'd been
carrying twins), born six minutes
after Alice, and two years after
Yaya's only son was dead.

She is the sixty-four-year-old mother
of my cousins, my retired uncle's wife
who just returned with her from weeks
in the glacial dream of Canada.
She is the aunt of my sister,
my sister the bridesmaid at their wedding,
circa 1964, and I, her youngest niece back then,
chosen for the thrilling task
of dropping pink-stained petals
onto the long, gold carpet on the floor
that dipped almost imperceptibly down
to the altar where we all waited
for her approach.

If they were to listen, I'd tell them
she stood beside me, her gown
a swishing profusion of cloth where I wanted
to play and hide, her bodice flashing
with seed pearls the colour of bone.

When Friends Are Disinterested in My Trip Photographs

For my Aunt Betty (1940–2006)

I think of you, that last summer
afternoon I saw you whole, never suspecting
the cancer had spread.
You asked for them, every one,
studying the white-washed streets
of Sifnos Island where my daughter grinned
in her new Hellas baseball cap; the dark stone archway where
the monks would pass on their way to mass.
Together we leaned over the blue dome where a swallow
balanced perfectly in the one spot the paint
had faded and chipped. You kept exclaiming
beautiful, beautiful. You tried to interest your daughter-in-law,
who sat, aloof, at the table beside us.

You were in no hurry to give them back.

Cancer

Lately it covets
all things female in our family:
first one aunt's breast,
then my mother's,
the other aunt
bleeding again at sixty-five—
not the shedding
of unused
possibility and hope,
but a birth announcement
of another kind

as if it
were envious,
resentful
of such magic
a woman's womb will do.

Recurrence

We slept the sleep of ones
granted a reprieve,
minute-by-minute truce

of the death watch over
my beloved aunt.
Hadn't the tests once shown

all clear, no cancer—magnificent gift,
we never dreamed
the Trojan horse,
standing by.

Andrea Potos is the author of the poetry collection Yaya's Cloth published by Iris Press (www.irisbooks.com). She lives in Madison, Wisconsin, and treasures the connection with her remaining twin aunt, Alice.

Bearing Light

Mary Ann Cain

For Lester Ray Cain
1923–2001

Who are you? is probably the most relevant question to ask of a text, as long as one isn't requesting a kind of identity card or autobiographical anecdote. The answer would be: how about you? Can we find common ground? talk? love? create something together? What is there around and between us that allows this?

—Luce Irigaray

Five miles from the cancer ward, I can't look up. Waves roll up onto the beach. Wind flings sand in my face. I hug my knees to my chest and hang my head between pale, freckled thighs. The wind whispers your voice, turns into a roar, a scold. How long has it been since I've come? How long since I have watched each foot imprint itself on wet sand, turn as the next wave erased it? Something in the twist and curve of my neck cries out along with the gulls. I come only so far before pulling back into the seagrass and dunes that guard the shore, and the tall buildings with empty eyes that stare day and night. I am yours; you are in my blood. Will I ever feel your pulse as my own?

SEEING MY FATHER'S PAIN is new. Three days ago, groggy from the anesthesia, he had asked, *Did they get the tumour?* In a calm voice, you had replied that they tried, but the cancer had spread. They would wait and use chemo instead. He sighed, closed his eyes, and went back to sleep.

It's unbearable.

Before he woke, I had walked an empty corridor with you, following an aide into the inner reaches of the surgical floor. No windows relieved the glaring overhead lights. No carpets or drapes absorbed the echo of our footsteps. The aide brought us to another set of doors to wait for the surgeon. We stood where one corridor met another, in the deepest cavities of the hospital. All we could see was the awful light shining on the tiled walls and floor. No place to sit. No cushion against the tomb-like sterility. And when the surgeon showed up a few minutes later, even his soft eyes could not stop the shock of his words from echoing crazily against those unforgiving surfaces.

We tried to listen and ask the necessary questions. The surgeon was brief and to the point. He expressed sympathy. I remember his brown eyes, their careful expression, something lighting up behind them, soft and fluid and deeply satisfied. *He knew*. He was a doctor and he knew what *unresectable carcinoma due to metastasis* meant. He took pleasure in offering this knowledge with sympathy. Now that he could offer no hope, he offered certainty.

We walked away, arms around each other's shoulders, slowly moving towards the turn in the corridor where windows thankfully appeared. Had we not seen these going in or had we taken a different turn upon leaving? You stopped, turned to embrace me, and began to weep. Even at your own father's funeral, you did not weep like this, a widow's weeping, full of fear, pleading, and helplessness.

What is there to prevent me now from placing my father in his casket, surrounding him with bouquets of spider mums and roses, gold banners inscribed "Beloved Husband" and "Dad," the murmurs of friends and family, soft weeping, my own, endless tears? Such an exquisite pleasure in that, releasing myself into the mourning that had begun as the surgeon's eyes had urged, *Give in*. Such luxurious, voluptuous certainty. I want to lower myself into it like a warm bath, drink its salt into my pores, let it wash over and through me until I can no longer feel the limits of my skin.

The slow, resigned closing of my father's eyes tells me that he is giving in. Perhaps he finds relief there. At least now he knows what he has to do.

SOMEWHERE inside the furious waves, you hear my plea, *Daddy, don't leave me now*. Perhaps it is not simply my own but your helplessness that moves me. To the waves, I vow I will never leave you. It's a foolish vow—I can't possibly keep it—yet it pleases them. I am no longer making excuses.

Those waves heave forward, reach out with trembling arms, unable to control their longing to hold on. How else can I remember what is you? Do I know how you feel me inside you wherever I go? How easy it is to bear me in your depths. Such a luxury it would be to hold me and never let me go.

But the more you cry out from the waves, the more fearful I become. I have so little time to spend—why can't you be the warm, placid one in my dreams? Soon, I tire of sand stinging my skin, of cold winds and crashing waves. I leave. You are not what I want. I remember why I left you—all your moods, your impossible demands, your longing for me and only me. I will seek shelter in the seagrass, the sand dunes, the tall unblinking buildings from which I can watch you at a distance, enclosed, deaf to your cries.

I CAN'T totally escape you. Wind bends palm trees everywhere I go. The sky is the same startling blue as the water, and clouds form thin, soft shelves that only sea breezes allow. The air is heavy with moisture that beads my skin in sweat. You have lived with my father for forty-seven years and now may lose him forever. But you, your unquenchable longing, is what keeps me from you.

The sun is bright and warm as I drive back and forth to the hospital. The wind eases. I think about returning to the beach once my father is settled back at home. I push the window control to let wind blow on my forearm and face. Wind relaxes in my hair. You twist in the seat beside me, fiddling with the air conditioner. You can't take the wind. It stiffens your neck and shoulders and gives you headaches that last for days. I push the window control again, close the window halfway, hoping it won't blow on you. You won't complain at halfway.

I can't help myself. Sooner or later I will return to the waves.

I keep my turbulence hidden until it forces itself to the surface, like a swimmer starved for air. I had cried that day in the hospital, too, relieved

but also worried that you needed me to be still and calm, as you had often been for me. I cried anyway. Tears were a source of strength between us, strength because they came and went without words.

In the hospital waiting room, a group of your friends had stood waiting for us. You told them the news, and they all locked arms in a circle as you began to cry. The weight of their arms across your shoulders, the soothing tones of their voices had held off the used coffee cups, crumpled magazines, frightened looks of others waiting for their own news. Their touch softened the horror of that sterile corridor and the awful certainty in the surgeon's voice. Your friends were all older women, like you. Some had lost husbands; some had never married. All knew what it was like to receive a doctor's certainty. Their hands, their voices, their eyes breathed together in that circle. Together they could say, *It's going to be OK.*

They helped you bear my father's slow sigh and eyes rolling back into a drug-burdened sleep when you told him the truth about his tumour. I could only watch his thin lips sag, follow the slow rise and fall of his chest as if each breath might be his last. What stopped me then from giving in were your narrowed eyes, the mask-like stillness of your cheeks and forehead.

It's for your sake now that I refuse to rehearse my father's funeral and instead listen to the elder women: *Doctors aren't God. They don't know everything.* For you to give in means that you will be lost, your husband's body, dead, yet your own inexplicably alive, as if entombed in that hospital corridor forever. The women's voices take me into a hospital room bathed in yellow light. My father is smiling. Still in his hospital gown, he runs his finger along the incision across his abdomen. He turns to you, your faces soft and radiant. Women's voices murmur in the background while he acknowledges the prayers that they have offered in his name.

As I drive you back and forth each day to the hospital and home, you watch me open and close the car window, wanting the wind and warm air but afraid they will stiffen you. Your shoulders roll up and down; your neck twists side to side, after many hours with no room to stretch. The smells of jasmine and gardenia are filtered out. The bright sun is dulled by tinted windows. I notice only old cars or landscaping trucks keep their windows down.

Trapped inside the air-conditioned car, my finger on the window

control, you see my struggle: how much of you can I let in? how much must I keep out? I want to give in to the loss I know will eventually come, feel it in my tissues and bones. I find no rest there, catapulting from one wave to another. I want to give in to the hope of the women's voices, the quiet light in their eyes, eyes that have born so many births and deaths. Again, no rest to be found. I want to give in to the silence between us. But it is suffocating.

THIS TIME I drop you off at the hospital and return home alone. For days, I have watched you uncover plates of hospital food, tuck in my father's napkin, push his straw into a carton of milk. I have watched as every few minutes, you get up to clear something off the table that reaches across the bed like a prosthetic arm. I have watched you sit, rotate your head to loosen the neck muscles that wake you in the middle of the night, and rise to your feet as soon as my father needs you. Sometimes it is to tug the television in front of him, the metal joints of its wall bracket squealing, and help him adjust his pillows. Sometimes it is to rub salve into his sore neck. I understand that in some small way you are keeping him alive. His need is also keeping you alive, just as when your children were small and depended upon you for everything.

I have watched this intimacy unfold between you and him. So much of your lives are contained in your silent expressions. I remain an outsider. A terrible sense of finitude overtakes me, terrible because you and he do not share it. I wonder how many more times you will straighten his gown, find his glasses, uncover his razor. How many more times will he ask about mail, tell you what he ordered for dinner, thank you for the gift you brought? It seems easy for you both to focus on what needs to be done. I can do that for a while, join your up-and-down movements, my whole body tensed, my mind sharp in anticipation of the next thing that my father needs. But soon my mind wanders into rehearsals of what is to come.

I unlock the door and step inside. I feel you probing the windows, but you had already drawn the blinds to keep out light and heat. Outside air can enter only through the air conditioner, except what slips in when the doors open and close. You know every crack and leak, every opening and fissure, and yet you cannot keep me from sitting in the darkest room at

the centre of the house, alone, lights off, in the cool shadows.

As I sit on the sofa, the pendulum clock strikes the quarter hour. My body tenses. I breathe in and out, feeling each breath. I feel you waiting for me, as you have always waited. Between each breath, I begin to understand. It is not you, your endless longing, that has kept me from you.

I am waiting to make a choice that, up until now, I did not know was mine to make. I have lived as if the choice were yours.

For many years, I have rehearsed my father's funeral. I did not need his cancer; I had grieved this loss well before. I knew his pain before he sighed and closed his eyes against your strength, a strength that bore his slow sigh and his eyes rolling back into a drug-burdened sleep. His pain took me into this dark parlour and ignited the tissues of my cells with an exquisite intimacy. I could not bear the thought that my tears might some day run dry, just as I could not bear the thought that my father would die before we found a way through our separateness.

But just as often I have rehearsed my father's resurrection. Instead of intimacy, I clung to that exquisite light in which nothing was hidden—not my father's wound, not my parents' love, not the voices of women who, like angels, surrounded us. Here everything was known without effort. As long as I stayed in that hospital room, I could feel the truth of your life. I never thought that the light could go out and everything you knew would be lost. It didn't matter that I had to stay in that one room, still and quiet—the light was everything to you.

My parents' pendulum clock ticks, a waiting bomb. I measure my breath. Sooner or later, the ticking tells me, everything I have prepared for will come to pass. Am I ready?

But the rehearsals have not prepared me for anything.

My breath is a wave that crashes against the still, dark room. I have sacrificed so much in anticipation of what I could not possibly foresee. And as the clock chimes the half hour, my anticipation does not rest. All along I thought it was you who held the visions of my future. But now that future has come, and you are no more familiar to me than the day I was born.

All I can do is remember what has already happened, searching for the clues I thought you had been giving. I can't stop searching now, even

though I know now that there are no clues to be found. The habit of searching is strong.

Everything changed when, before surgery, my father had removed his wristwatch and wedding ring. Instead of a man with a family and a future, he became a name on a clipboard, easily lost in the labyrinth of that buzzing, sleepless building. The watch disappeared into your purse. He gave the ring to you, his fingers white and freckled, swollen with diabetes and the toxins of a tumour that he hoped would be removed. Like those of a chubby, awkward boy, his fingers released the ring into yours.

You held the gold band up, a chalice in the dim pre-op light. Your knuckles swelled with arthritis. You smoothed the small, raised beads that circled the ring's edge. A flash of gold, then the ring disappeared.

You and he have shared a lifetime of operations, procedures, examinations, tests. His hand did not linger in yours. Your fingers touched the ring briefly, checking its surface.

In a reversal of your vows, he returned his ring to you. His finger was pale, rimmed in red where the ring had worn a groove. You bore it up to the light. Its circle was still perfect.

Outside the recovery room, palm trees bent in strong winds. He had already asked if the tumour was gone, already sighed and let his eyes roll back. You asked him: did he want the ring back?

Your question held that fragment of your vows that had been reversed when you released him to strangers. The groove in his finger was already gone. It would be so easy to remain unbound, not marked by a family. His bloated body had already forgotten the grooves around which his life had formed.

Did he want them now that he had the doctor's certainty?

Like a small, obedient boy, he offered his hand, awkward under your touch. "Yes," he said. You wasted no time. You pushed the gold band down his swollen finger. You stopped. The nurse who answered your call reassured you that a ring would not interfere with any monitors or medications. You pushed hard until the ring was back where you had first placed it when he was so much younger, thinner. No question that same ring could fit him all these years. He closed his eyes and fell back to sleep. His mouth dropped open like an infant's.

Who are you? I ask now. What I didn't know was mine to ask, what

I have lived as yours. Your question only.

My answers are the same as yours, but they are mine now: I am not my mother. I am not my father. I am not the wind. I am not the ocean. I am not the palm trees bending. I am not the air. I am not the sand, not the beach, not the sea oats, not the shelter. I am not the dark parlour, not its exquisite intimacy. I am not the room full of light, not its fragrant truth.

I go on naming everything there is to name. By now, the pendulum has stopped swinging. Women come, bearing the scent of flowers. *Who are you?* Arms form a circle. *Who are you?* The circle grows. More arms, shoulders, hands. Inside the circle, light. Inside the light, each other's skin, hand clasping arm clasping shoulder. Inside their skin, a pulse, its dark parlour full of spider mums and roses. Inside spider mums and roses, palm trees and wind. Inside tinted windows, cold air vents. Inside a clock's ticking. Inside a widow's weeping. Inside breath. Inside light.

You are waiting. Inside the hospital room, you are waiting for me to bring you home. You cannot bear the awful certainty of that eternal light. Your face, its narrowed eyes, the mask-like stillness of your cheeks and forehead, carry no shadows. Still, calm, strong.

Doctors aren't God. They don't know everything.

I am waiting. Hand, arm, shoulder. My touch is breath. We belong in that circle.

Let us weep.

Mary Ann Cain is professor of English at Indiana U Purdue U Fort Wayne. Recent publications include the Denver Quarterly and the Bitter Oleander. Her novel, Down from Moonshine, will be published by Thirteenth Moon Press.

Interventions and Calculations

Jenna Rindo

The Bruised Skin of Berries

Her name—Veronica Jane Serna—
on her chart and lab labels
printed from the old dot matrix
seems a better match for royalty
than the nine-year-old migrant girl
almost lost against
flimsy hospital linen.

I still remember her mother's shame
at Florida's red grit and layers of dirt
between her daughter's bare toes.

I should wash her feet
with my registered tears.
Instead I pen dashed ink lines
around flesh swelling like rising bread dough.
Her chocolate eyes beg
a fluent Spanish I do not possess.
Live my *bonita chica*
please no *muerte* on my graveyard shift.
The mechanical groan of the bed as I reposition pillows
and put her in Trendelenberg.
It is all a voodoo dance of science.

I chart vital signs
and carry cups of lukewarm coffee

to pacing relatives.
Her IV drips its measured output
while her pulse races.
Each beat circulates diamondback
venom.
Tallahassee air so thick that night
it drips the juice
of ripe berries.
Their sweet, plump beauty
had tempted her to reach.

Willing a Conception

Take up archery;
prop the target
against the garden twig teepee
tangled with pole bean pods,
tense with seeds.
Impale the bull's eye
with arrows you've fletched
at midnight.
Grow organic vegetables
in raised bed gardens,
overseed the oakleaf lettuce.
Assign a gender to each
thriving sprout.
Crave yard sale clutter;
wander into the neighbour's yard
to scatter bright plastic toys.
Calculate half-lives
to repeating decimals.
Learn which lunar phases
illuminate ovaries.
Consult the genetic maps
and study cell division.
Sweep blood velvet interiors
with fallopian brooms.
Light clove candles,

sip raspberry leaf tea.
Thread veins with prayers
and palpate gypsy moths.
Hammer nails with amniotic rhythm.
Chant middle names
as you walk the back loop.

Jenna Rindo worked as a registered nurse in pediatric intensive care in Virginia, Florida, and Wisconsin. She now teaches English as a second language. Her poems have appeared in various print and online journals.

A Radical Cure

A. Hooton

LONDON, WEDNESDAY, JUNE 7, 1841

Dr. Thomas Hull settled in an armchair and glowered at the man seated on a sofa by the window, reading the newspaper he had only moments before snatched from under the physician's nose.

"Good evening, sir. May I get you anything?"

"Oh, good evening, Owens," he said. "Why yes, bring me a glass of my sherry, please."

"Yes, sir."

"And, Owens," he added, speaking more loudly and glaring across the room, "bring the decanter. I may need more than one glass."

"Very good, sir."

Owens nodded and melted away.

Engulfed in thoughts of mayhem, the Harley Street physician was rubbing his hands together when a loud voice startled him out of his murderous fantasies.

"Tom!"

Dr. Hull's whole body jerked as he recognized his colleague's rasping voice.

"Oh, Lord, what now?" he muttered under his breath.

Dr. Archibald Burton dropped his frame into the armchair next to Dr. Hull's.

"I went by your surgery at four this afternoon looking for you," he said. "You weren't there."

"I am aware of that."

"What are you doing in the club at this hour?"

"I came here to have a glass of sherry and catch up on the international news—in peace and quiet."

"Then why aren't you?"

"That American clod over there," Thomas Hull said, tilting his head in the direction of the sofa, "grabbed the *Times* away just as I was reaching for it."

Dr. Burton strode over to the sofa where the American was seated. They exchanged a few words. The physician took the newspaper, folded it, and returned to his seat.

"Thanks, Archie," Dr. Hull said, stretching out his hand.

"Don't mention it," Dr. Burton replied, rolling the newspaper up and stuffing it between the cushion and armrest of his chair.

"Your sherry, sir." Owens filled the glass, recapped the decanter, and set it on the small table between the two armchairs.

"Bring another glass for Dr. Hull, will you, Owens?" Dr. Burton said, picking up the glass and taking a sip of the sherry.

"That's the last of my stock of sack, you scoundrel!" Dr. Hull exclaimed.

"Is it?" Dr. Burton asked, his eyes half-closed. "Delicious! Manzanilla?"

"Amontillado."

"You really must order more, Tom. Have I told you about the case of jealousy I cured?"

"No, but I'm afraid you're about to."

"I did it by applying a new French method. Did you know the French claim that most disturbances of the mind are caused by strong emotions?"

"Nonsense! Diseases of the mind are diseases of the brain. Demonstrable lesions. The French themselves were the first to show that."

Owens appeared out of thin air. He placed a glass next to the decanter and vanished. Dr. Hull filled the glass and tasted the sherry.

"About six months ago," Dr. Burton said. "Lady Graham brought her seven-year-old son to me for treatment. James had been under my care since I vaccinated him against smallpox when he was two. He had always been a hardy youngster, ruddy-complexioned, lively, and outgoing. I was appalled when I saw him."

Dr. Burton paused to uncap the decanter and pour himself another glass of sherry.

“Help yourself!” Dr. Hull growled.

“Care for some more, Tom?”

Dr. Hull drained his glass and pushed it forward, fearful of seeing the last of his sack disappear without his help.

“As I was saying,” Dr. Burton resumed, “the boy’s appearance was shocking. He was thin as a rail. His cheeks had lost their rosy glow. His eyes were dull and expressionless and he had dark circles under them.”

“Consumption?” Dr. Hull hazarded.

“His lungs were clear to auscultation and percussion but he looked worried. I noticed a perpendicular furrow between his eyebrows that made me suspect he was suffering from a severe case of jealousy.”

“Jealousy? What a preposterous diagnosis!”

“His appearance recalled the symptoms I had just read in a French medical journal, *La médecine des passions*.”

“Knowing the strange ideas you sometimes get, Archie, I’m not at all surprised.”

“I asked Lady Angela if there was any reason to believe James was jealous. She scoffed at the idea. If anything, she said, he was bored. Since they had come back to town from the country, James had no other children to play with. The only other child in the house was his eleven-month-old brother, Henry, who was still nursing. Lord Graham had decided to send James to a public school so that he could be with boys his own age.”

“There! See how silly it was to ascribe the child’s condition to jealousy?”

“I warned Lady Angela against sending the child away.”

“Is that all?”

“I prescribed tincture of iron, quinine, and strychnine.”

“Excellent remedy for listlessness,” Dr. Hull opined, taking his watch from the pocket of his waistcoat and looking at it.

“More sherry?” Dr. Burton asked, reaching for the decanter.

Hurriedly, Dr. Hull emptied his glass and shoved it toward his colleague, gauging the diminishing level of liquid with misgivings. Dr. Burton graciously filled Dr. Hull’s glass before his own.

“Three months later,” Dr. Burton went on, “Lady Angela summoned

me urgently to her residence on Grovsner Square.”

“Some people never learn,” Dr. Hull mumbled.

“How’s that?”

“I said I think I’m getting heartburn,” Dr. Hull countered, raising his voice.

“Oh! Sorry to hear it, old man. Chamomile tea’s good for that. Shall I have Owens bring you a cup?”

“No, thanks. I’ll just grin and bear it.”

Dr. Burton paused and took another sip of sherry before picking up the thread of his story.

“It seems James’s schoolmaster,” he said, “had also recognized the condition. He sent the lad home with a letter beseeching Lord and Lady Graham not to send him back to school if they did not wish to see him perish from the malady that was consuming him.”

“So now schoolmasters are licensed to diagnose illnesses, too? What next? Coachmen, perhaps? Or women?”

“One of James’s tutors had heard him sobbing in a dark corner and had asked him what the matter was. The child told him he believed his parents had sent him away to school because they did not love him and had not loved him since his brother had been born.”

“Well, that bears out that scatterbrained French diagnosis of jealousy, doesn’t it?”

“Lord and Lady Graham admitted that I had been right and expressed regret that they had not heeded my warning. They assured me they would do anything I advised.”

“More iron, quinine, and strychnine, I fancy.”

“The child was in horrible shape. He was emaciated and his face was livid. He was jaundiced and his eyes had sunk into their sockets. His pulse was rapid and he was feverish. I palpated an enlarged liver protruding from his lower ribs. Moreover, he was constipated and suffering from intense thirst.”

“You prescribed linden tea and rubdowns with witch hazel, I presume?”

“I noticed how the poor boy frowned each time he looked at his little brother, suckling at his mother’s breast. ‘Lady Graham,’ I said, ‘Henry is more than a year old now. He’s drinking the milk James needs. If you

want to cure James, wean Henry and nurse James four times a day.' At that, James scowled and said, 'She would never . . .'

"And what," Dr. Hull interrupted, "did Lady Graham say to your lunatic suggestion?"

"As best I recall, she said, 'My child, I nursed you twice as long as I have nursed your brother, but since the good doctor feels that my milk is necessary for you to get well, I shall wean your brother and nurse you instead.'"

"Did she?"

"James immediately pounced on his mother's breast and remained there as long as the dear lady had a drop of milk left."

"Humph!"

"After that, Lady Angela nursed James four times a day as I had recommended. I prescribed chicken bouillon, gum arabic dissolved in herbal tea, emollient cataplasms to the right hypochondrium, two lukewarm baths a week, and short but frequent drives in an open carriage."

"It was almost certainly some contagious disease James picked up at boarding school. Didn't his brother display any of the same symptoms?"

"None."

"Then he must not have been exposed until the prodromal phase was over."

Dr. Burton paused, then resumed his impromptu case history.

"Henry was sent to the country to be weaned," he said. "Lord and Lady Graham spent much time with James, often holding him on their laps and caressing him. Within three weeks, his health began to improve."

"Convalescing. The illness had no doubt run its course by then."

"On my advice, Lord and Lady Graham brought Henry home from the country a few weeks ago. At first, they avoided showing affection toward him in James's presence and even pretended to scold him soundly when he cried. Kind-hearted by nature, James has taken to interceding on Henry's behalf. He feels proud when his parents grant his requests to be more lenient with his brother. He has developed genuine fondness for Henry."

Mellowing under the effect of the sherry, Dr. Hull felt something vaguely akin to compassion for his naive colleague, sadly, in his opinion, addicted to the outlandish theories of misguided foreigners. With glazed

eyes, he studied the three fingers of sherry remaining in the decanter.

“Might as well finish it off,” he said magnanimously. “Another spot, Archie?”

“Why not, old boy?” Dr. Burton said, holding out his empty glass.

As Dr. Hull reached unsteadily for the decanter, the American stood and approached the two physicians.

“If you’re through with the *Times* . . . ?”

“Of course, of course,” Dr. Hull said, slurring his words. “How thoughtless of me! Archie, give this gentleman the paper, will you? You’re a new member, aren’t you? American, I believe. Care to join us in a sherry? Archie, ring the bell and have Owens bring another glass.”

A. Hooton, an American psychiatrist practising in Switzerland, pursues twin interests in the history of psychiatry and creative writing. “A Radical Cure” pokes good-natured fun at an article that appeared in a French medical publication.

Two Poems

Sherre Vernon

Spiritus Nostrae Matris

What breath passes over matters—
it carries. I've watched wind,
over water barely frozen, frost a tree
to snapping. These words have to make it
past lungs and tongue and teeth
and intent. And all this before leaving
my body. (I have not included here chance,
accident). Still, before
reaching you, there are wires,
syringes, the small beeping of monitors,
all stretching their magnetic arms toward this
air. A machine guards you,
regulates your blood gases, counts
atoms, promises to strip
my exhale down to pure
oxygen. This is the mistake.
I would surround you
with words of healing.

Every Time You Die, Our Mother Cries

This is not the black wake.

Nineteen days old, in the X-ray.
Your heart balloons. She knew,
before the *twack-thwack*
of the helicopter, that you'd be gone
before she could reach the hospital: you were dying.

I will not be robbed of you.

A shadow on the print, he told her,
laughing, the place where your heart hides.

Pneumonia

is now kidney failure,
is now "we need a brain scan,"
is now my mother
repeating levels and percentages, the erratic
pressure, spike and fall, clot or aneurism—

either way: no blood.

Sherre Vernon teaches in central Los Angeles. Her first poetry chapbook, The Name Is Perilous, was Ruah's 2008 New Eden Chapbook winner. Green Ink Wings, a work of fiction, won the 2005 Chapbook Award from Elixir Press.

Wigs

Susan Sterling

Middle of May, and the last traces of snow have finally left the shadows in the woods in Maine. Around our house, the lilacs are spilling into bloom, and the animals, too, have emerged from winter and wander the Maine roads, so that we're aware of porcupines, groundhogs, and the occasional skunk stiffening at the edge of the highways. But I try not to think about them as I drive, not wanting to acknowledge death.

Like the animals, I'm travelling—in my case to western Connecticut where my younger sister lives. Two weeks ago she was diagnosed with advanced breast cancer, and now she wants me to go with her to select a wig before she begins chemotherapy. Her cancer is also travelling. It's escaped from her left breast into nine of her lymph nodes, and her doctors believe microscopic tumours have invaded other parts of her body.

BY LATE AFTERNOON I get to my sister's house, and the next morning we're both on the road, driving north to a small town near the Massachusetts border where a woman named Lorraine sells wigs and hats to women losing their hair. Dignity with Style is the name of her shop, which also offers mastectomy prostheses, breast forms, swimming accessories, and humorous books about cancer.

My sister had a mastectomy three days after the diagnosis, and she's already talked to Lorraine about a prosthesis versus breast reconstruction, but she's not ready to decide. Her chemotherapy starts next week; she wants the wig before her hair starts falling out. In the fall her oncologist has scheduled her for a bone marrow transplant, then radiation.

Now she has plastic drainage tubes coming out of her chest, and her scar leaks, so she's wearing a long baggy T-shirt, hoping that she doesn't look too asymmetrical. "Can you notice I'm missing a breast?" she keeps asking me, and I assure her I can't. Appearance was more highly valued than truth in the family we grew up in, but my sister and I try to be honest with each other now.

"YOU WENT WITH MOTHER to get her wig?" she said to me when she called to ask if I'd accompany her—more a question than a statement. She's become more hesitant since her illness. "This time feels more hopeful to me," I assure her as we drive north. And that's true, too. Our mother died three years ago, but even advanced breast cancer has a better prognosis than metastatic melanoma. Besides, it's a beautiful May day, and we're making an outing out of it, sharing lunch at a café near a river and taking photographs of each other by a covered bridge.

The wig shop is in a dome-shaped building, up the stairs from a hair salon. It's light and airy, and I feel as if we're stepping into the dressing room of a woman with good taste and the money to indulge it somewhat. The floor is carpeted in pale green, covered with two oriental throw rugs. The chairs and couch are upholstered in floral patterns, there are dried flowers on the end tables, and on the shelves are baskets with hats, combs, flower pins, compacts, writing paper, books. In front of the couch stands a low round table with a marble top. My sister sits down at the dressing table, and the owner of the shop, Lorraine, brings her hats and wigs to try on. On shelves at either side of the room, mannequin heads pose. After a while, with Lorraine removing all their wigs to show my sister, the mannequins look like bald sextuplets, with downcast blue eyes, brown eye shadow, holes for pierced earrings, and full pouting lips outlined in red, as if it's fashionable to have no hair.

A terracotta angel hovers over a basket of hats in one corner, and another angel, with a tiny head and elaborately swirled gold gown, leans against the dressing table mirror. Under the circumstances, I find the angel motif daunting, but in the shop no one is talking of death. It is all stories of wigs, of wigs made of real hair versus natural-looking wigs made of synthetic materials, of care for the wigs, of the ways to make the wigs cool (netting), and of a woman who has worn the same wig for

a year. "That's how well made they are," says Lorraine. She shows my sister how to comb out and wash a wig and gives advice: "Don't open a hot oven with your wig on, for the steam might frizzle it!" On the radio, Diana Ross sings "Ain't No Mountain High Enough." Mostly, though, it's Frank Sinatra we've been listening to in the car and in the wig shop, retrospective programs on all the stations, since he died last night. There's something melancholy yet soothing in the way his notes, drawn out and sustained, float through the air.

Lorraine is dressed as if to match the shop's decor, in a soft green patterned skirt and blouse of some filmy, delicate material. Her own hair looks perfect, and she's wearing white high heels and white stockings. As it turns out, she has a serious illness, too, a muscle-wasting disease, "somewhere between MS and rheumatoid arthritis." She goes to New York every three weeks for treatments. She got into selling wigs because she could no longer reach up to cut hair, and after she points this out, I notice that every time my sister stands up to look in the mirror, Lorraine has to ask her to sit down so she can adjust the wigs.

I feel an unexpected loneliness when Lorraine talks about her illness, as if she and my sister have an alliance that leaves me out. The same peculiar sense of being on the outside of an experience I'd never want invaded me when I accompanied my mother to radiation therapy. While she was being treated, I waited in a lounge with a group of women, mothers, mostly, all of whom had breast cancer and were sharing stories. One told me her children were just two and four, and you could tell by the way she walked that the cancer was already in her bones and she might not be around long. "I thought it would get easier," she told me. "But it hasn't."

Now, watching my sister try on hats, I wonder, why my sister and not me? I feel a guilty sense of relief, and then worry how long my own luck will last. Since my brother called to say my sister's lump was malignant, I've been reaching under my shirt to feel my breasts almost hourly, as if they have been given licence to betray me.

JUST AS IT WAS three years ago when my mother fell ill, the weeks after my sister's diagnosis are defined by phone calls with prognoses, pathology reports, talk of experimental or radical procedures. Again I need pills to help me sleep at night. When I visit my sister, I bring a novel and Annie

Dillard's essays, *Teaching a Stone to Talk*, but what I read at her house is Dr. Susan Love's *Breast Book*. Here in the wig shop I open *Teaching a Stone to Talk*, but I am distracted and keep rereading the same passage. Dillard is writing about silence and wanting to come back in the next life as a tree, a desire that would normally intrigue me, but now I eavesdrop on my sister's conversation. How is she talking about her cancer? How is she responding?

By Saturday morning, the day after the wig excursion, I will get the feeling my life has become my sister's life. I will wonder if the right thing would be to move in with her for the summer, but this would be impossible. She has a husband and children; I have a husband and children, not to mention an unruly puppy. I leave after breakfast, relieved to be going back to Maine. My son's senior prom is that night. I want to be home for that.

Friday afternoon in the wig shop, though, I offer advice. My sister is usually talkative and energetic. But she's become vulnerable and unsure in ways that break my heart. "What do you think?" she keeps asking me as she tries on various hats: pale blue, magenta, and denim with a flower on the brim. The hats are made to hide your hairline, or what used to be your hairline. She fears losing her hair even more than her breast.

BY THE TIME our mother was diagnosed with metastatic melanoma, there were five tumours in her brain, another tumour in her lung, and a suspicious spot on her liver. Three weeks later, when we went to get her wig, she'd lost the use of her left arm and hand, and her left leg was weak and unreliable. One of her best friends and I accompanied her to a wig salon in a suburb of Hartford. The shop was windowless and plain, in the basement of an office building and hidden away in the rear, as if what you went there for were shameful and best concealed. We struggled down the stairs, and my mother's friend and I each took one of her arms, holding her up since she couldn't keep her balance. After a while the owner emerged from the back of the shop. He had emigrated from the Caribbean and in his lilting accent talked about the options: human hair versus artificial hair (he recommended human) and ready-made wigs or made to order. My mother needed help with this decision, and her friend and I agreed she would probably do best with real hair, blond, to match

her own. Since her face was already thin and drawn, we showed him a recent photograph of her, her hair done as she liked it. The owner asked whether, at the nape of the neck, the hair turned up or down: the wig had to look just like her own hair for her to be happy. Then he told us the sort of wig we wanted was going to cost \$3,000.

The room was flooded with our fear at being at the financial mercy of disease. We'd been told wigs were expensive, but this man came highly recommended, a little strange, but an artist, the best around Hartford. Yet my mother's prognosis was terrible (six months, the doctor had reluctantly told my father). At best, she'd wear the wig a few months, maybe until Thanksgiving. Yet she'd always been meticulous about how she looked. All right, we said.

The owner laughed. He'd been joking with us. A little joke. The wig would cost only \$175, plus tax. My mother struggled to sign her name on the credit card receipt—she was having difficulties with perception—and the owner told us to get a prescription from her doctor so the insurance would cover the wig. He'd call when it was ready. Then, as much as we could with my mother barely walking, we fled. It was a hot and muggy day, late June. Heat steamed off the pavement in front of the building.

SOMETIMES, when I'm trying to find reasons, the point at which things might have taken a better turn, I wonder if our family tendency to denial led my sister to miss her breast cancer. "I wish I'd discovered it sooner," she said when she called. "I should have discovered it sooner." But she has no memory of "sooner." She first became aware of the lump the day before she saw the doctor. By then her nipple was inverted, the skin was dimpled, the doctor could feel hardening in one of the lymph nodes, and the tumour itself was solid and 2.5 cm—four signs, really, in one breast, and how could she fail to have seen them for so long? My sister is not ignorant of health matters. In the hospital where she works as a physical therapist, she's known for the accuracy of her notes on patients. She's published articles and book reviews on disability. When her sons were small, she baked bread and kept jars of grains in her cupboards.

IT WAS LATE AUGUST when I finally saw my mother in her wig. She was having lunch, sitting at the kitchen table in a wheelchair, a coffee cup

wobbling in her hand. Her morning aide, Una, whom we all liked, was in the dining room, making up the hospital bed where my mother spent most of her time resting. Her face was thin and sagging; the wig looked too well coifed and too big for her head, as if it belonged to someone else. I preferred the way she looked in scarves and turbans. They seemed, now, to go with her illness, with the stripped down life she led, confined to the back of the house. I sat with her while she struggled through her lunch, and when she asked anxiously if I liked the wig, I lied and said yes. And it did look like her old hair; she just didn't look like her old self.

"Una doesn't like my wig," my mother said. "But then she's never seen me with hair." Una had come into the kitchen and was now standing by the sink, getting ready to help my mother brush her teeth. Like the owner of the wig shop, she came from the Caribbean and had a beautiful way of speaking. "I'm always honest with your mother," she said to me. "We have a good relationship. I always tell her what I think."

THE WIG my sister eventually buys comes from the shelf in Lorraine's shop. The hair is brown, like hers, but the style is different: my sister wears her hair straight, with bangs, while the wig is layered, wind-blown, as if she'd just gotten off a sailboat. It looks like real hair, but it's artificial, lighter in weight than real hair, which, says Lorraine, will be good for the summer. And, indeed, I remember that my mother and the women waiting for their radiation treatments complained about their wigs being hot. It is hard, Lorraine says, to envision how the wig will really look because my sister still has all her hair: the wig sits a little high. Still, I think she looks great in it, as do Lorraine and Dawn, the hair stylist from the salon downstairs, but my sister isn't sure. She tries on several other wigs, including one that's cut like hers, straight, with bangs, but the colour is redder. "When it grows back, you could dye your hair that colour," I say. "It's a good colour for you." But she's never coloured her hair—a new colour would be too flashy a change.

I'VE DREAMED about my mother many times since her death, and in these dreams my sister often appears. The night after my sister's surgery, I dream that she and I are sitting on a bench in a tiny hospital room, on either side of our mother. My sister is showing us her mastectomy. As

far I can see, there's only a little slash across the skin: my sister seems still to have her whole breast, still have, amazingly, a nipple. My mother turns to look, and her arm inadvertently flails out and strikes me across the face. We quarrel. In the dream I know I shouldn't get angry, know I'm just wanting to draw attention to myself even though I'm not the one who's hurt. It's my sister I should be focusing on with this mastectomy that isn't apparent. But now she's become closer to our mother, and no one notices I'm suffering, too, in the bleak windowless room.

THE SUMMER my mother lay dying, she spent each day propped on pillows in the hospital bed my father set up in the dining room. Sometimes, when just the immediate family was around, she'd let us see her bald, but she always wore her wig or one of her turbans when grandchildren and visitors were in the house, always made sure she had on a little make-up. We stood around her bed with the many friends who dropped by, reminiscing and telling jokes, but we never talked about her dying, at least not in front of her, because she so clearly didn't want to. It was a sad time, but we didn't always feel sad. We tried simply to stay with her, alive to each moment, while far into September the flowers bloomed in her gardens, their fragrance filling the waiting house.

Susan Sterling's essay "The Quilt People" will appear in A Healing Touch: True Stories of Life, Death, and Hospice, edited by novelist Richard Russo (Down East Books). She lives in Maine with her husband, Paul Machlin.

Three Poems

James S. Wilk

In the Mile High City

In the Mile High City
everything comes puffy and under pressure;
it's packed at sea level, you know.
And everything comes out easy,
all by itself.

Taut potato chip bags pop like Mylar balloons,
startling toddlers when you open them.
Enough toothpaste to brush twice
oozes right out when you open the tube.

And be careful when you peel off
the bulging foil lid from a yogurt container.
I've got enough stained neckties
and dry-cleaning receipts to prove it.

You'd think that babies would just pop
right out, too. But they don't.
There's just as many pangs,
just as many fingernail marks in her palms

and just as much huffing and blowing,
grimacing and groaning,
pushing and sometimes pulling
as anywhere else.

The babies just come out a little bluer,
that's all.

John Doe, Found Down

When he was brought to the ER
catatonic, mute, and trembling,
the lab tests, EKG, and X-rays
weren't as diagnostic
as the untanned, annular
line around his naked
left fourth finger.

Ob/Gyn Clinic, County Hospital, July 22

In the summertime when the weather is hot . . .
You got women, you got women on your mind.

—Mungo Jerry

The AC's out today.

By 10:00 I'd shed Oxford shirt and tie
for the V-neck and short sleeves of scrubs.
The vinyl upholstery on the few empty waiting room chairs
glistens with shed perspiration.

By 11:00 the Deep Rock cooler in the waiting room is empty again.
A steady rustling accompanies the light rock on the radio
as the patients fan themselves with STD and birth control pamphlets.

Half a dozen bronzed and sinuous, bare-midriffed teenagers—
here for birth control, pregnancy scares, and STDs—
have gathered giggling in the far corner, sequestering themselves
from the globose and torporous pregnant women
trying to soothe cranky babies and toddlers, saying,
La quietud, la quietud . . . sé hace calor, mio pequeño

until the nurse calls them one by one and they waddle,
geese and trailing goslings, down the hall to an exam room
where they wait some more.

The children play with the sink and the swivel chair
and the knobs and the stirrups on the exam tables.

By 3:00 my pregnant women's legs have plumped like hotdogs on the
grill,

their sandal straps furrowing their feet in the stirrups.

The trashcans overflow with crumpled paper gowns, sheets,
plastic speculums, Pap smear spatulas, and cotton swabs,
and the room is scented with the moist musk
of the folds and hollows of twenty women.

My fingers retain the indelible smell of latex gloves.

My ass sticks to the swivel stool.

But two women say they've stopped smoking
and Mrs. Sanchez's mother has come all the way
from Guatemala to help care for the baby.

No eighth graders have positive pregnancy tests.

No one has pre-eclampsia. All babies have heartbeats.

It's a good day.

James Wilk is an internist in Denver, Colorado. His poems have appeared in Pharos, YJHM, Measure, and others. In 2007 he published his chapbook Shoulders, Fibs, and Lies and received a Pushcart nomination.

Two Roads Diverged

Marion Goldstein

It is the colour blue that recomposes the canvas of January 9, 1971, like a still life in my mind. Kathleen wore a navy blue jumpsuit with red piping. It was her Christmas outfit, and today was her eighth birthday, so she was allowed to wear it to school. Cupcakes were packed in a foil-lined blue box from Hahnes Department Store. Pale blue stars made of sugar decorated the vanilla icing. But mostly, it was the bolt out of the blue, the strike of lightning that changed her life forever, that fastened the blue day in my memory.

“Hurry up, let me in, I have to go,” Kathy yelled through the bathroom door to her brother Dennis, who was busy floating a salamander in the sink.

“I can’t wait, hurry, hurry,” and with the next breath, “I’m so thirsty” as she ran to the tap, half filled a glass and started to gulp down the water. When she came home at 3 o’clock, it was the same thing. She dashed for the bathroom, darted for water. During the night I heard her at 10 p.m., and 2 a.m., and 6 a.m. I heard the toilet flush and water running in the sink. In the morning three paper cups in the wicker wastebasket attested to her ongoing thirst. This went on for three days and three nights.

I made an appointment with the pediatrician, even though I believed the thirst and frequent urinating would probably disappear before we got there, the way a toothache seems to magically dissipate upon entering the dentist’s office. The nurse sent Kathy into the bathroom to urinate in a paper cup before ushering us into the examining room. Kathy was embarrassed, mumbling how disgusting it was. It was such a primitive act to her; she refused to touch the cup. The nurse dipped a strip of yellow paper into

the urine and I watched as it turned from the colour of buttercups to a bluish green and then to a deep forest green. Was this good or bad? I didn't know. The nurse left the examining room and the pediatrician came in. He took one look at the coloured strip and sighed heavily.

There is in almost every life the moment before the moment. It happens surreptitiously, while the kettle is boiling on the stove or the radio is playing the same old song. There is no drum roll to announce its arrival and the sky doesn't turn an ominous black. But everything changes. Time is divided into before and after.

The urine tested positive for sugar. "No, there is no mistake," the doctor said. "No, it is not just a fluke from having a candy bar after school. No, it won't go away if she stops eating sugar." No, no, no. She had juvenile diabetes.

We had to act quickly. She could go into a diabetic coma. The pediatrician called a specialist. Stunned, that night my husband Bob and I made our way to the endocrinologist's office. It was empty when we arrived. Dr. Bauman had opened it after his regular hours for Kathy, his newest patient. There was a large dusty plant on a table between orange leather chairs. Scattered among its leaves were decorative birds, each with different coloured feathers. As we waited for the doctor to finish his dinner, we made a game of counting the birds over and over like a mantra: "Look a purple one, a red one, a yellow one," as if the obsessive counting could undo the reality of finding ourselves waiting for the unknown.

Finally, the doctor appeared in the doorway and ushered us into the office. He spoke directly to Kathy, his sentences bypassing Bob and me as though we were the long way around the mountain. He told her he was going to give her an injection of insulin and then we would all talk some more. Kathy tried to be brave as she leaned against her dad, who was telling her silly stories with a shaking voice. I closed my eyes in a reflex born of denial. The doctor gave her a choice: "Do you want the injection in the arm, the leg, or the stomach?"

She looked at me with frightened eyes. "The arm," I said. She didn't cry.

Next, the doctor reached into a basket of oranges he kept in the treatment room. "Here, Mother," he said. "I am going to teach you how to administer a shot. You can practise with an orange, and tomorrow I want you back here by 7 a.m. and you will inject your daughter."

“First, swab the top of the insulin bottle with an alcohol pad.” He waited while my shaking fingers opened a swab and applied it to the stopper stretched over a vial of insulin. “Now swab the orange.” I did. “Now clear the syringe of air. Draw the insulin into the syringe and manoeuvre it to expel any air bubbles because an air bubble injected into the bloodstream could kill her.” He waited. “Now hold the syringe very carefully in your right hand and insert the needle into the orange. Push the plunger down firmly to force the insulin through the needle and into the orange. Withdraw the needle.”

I followed his instructions with the orange, all the while silently screaming, “I cannot do this.”

I heard the doctor say, “There, you did it, Mother.”

The only way to exit that office that night, the only way to avoid having Kathy hospitalized, was to stay calm, to prove I could handle this, obey. This was not like other medicines Kathy or her brothers had taken for a sore throat or cough. These injections would stalk her every day for the rest of her life. One moment she was a carefree eight-year-old and the next she was chained to a regime of injections and a timetable of meals and snacks on which her life depended.

At 7 next morning we were back in the doctor’s office. After coaching me through Kathy’s second injection of insulin, he began to educate the three of us. In every morsel of food Kathy ate, carbohydrate had to be counted. Each carbohydrate had to be compensated for with insulin. Sitting behind the big cluttered desk, he scribbled a list of foods she could eat. No ice cream, no candy. Kathy’s eyes, welling with tears, sought mine, then Bob’s.

“Here is my telephone number, Kathy,” the doctor said, as he wrote bold numbers on top of the food list. He walked around his desk and gave her the paper as she put out her little hand. “For the next month you can call me any time of the day or night to ask me a question about food. After that, you should know it yourself.”

“Slow-acting” carbohydrates like bread would require insulin in three hours, “medium-acting” carbohydrates like milk would call for insulin in about one hour, and “fast-acting” carbohydrates like candy or juice would require immediate insulin. There was fast-acting, slow-acting, and intermediate-acting insulin. A combination of insulin could be mixed

in the syringe by drawing part of an injection from one bottle and part from another.

“You will learn to do that, Kathy,” the doctor said. “We will start with one shot a day.” What he didn’t mention was that by the time she left for college, she would be injecting herself four times a day: first thing in the morning, before lunch, before dinner, and before bed. From that day forward, before each injection she needed to test her urine with a strip of treated paper. She learned to evaluate the colour and adjust her dose of insulin. Yellow meant she was not spilling any sugar, but no sugar might mean that an insulin reaction was approaching. Therefore we had to consider how long the urine was in her bladder, for a lot can happen in a few hours and the reading might be false. Green indicated her blood sugar was high. Blue indicated slight sugar—the safe zone. She would check for acetone every morning by placing a drop of urine on a little white pill. Acetone was bad. If the pill turned pink, she needed more insulin. If it turned purple, her body was becoming toxic and she was instructed to call the doctor.

Mornings became ritualized around Kathy’s insulin shot at the kitchen table. It had to be administered before breakfast. She would take the bottle of insulin out of its spot in the refrigerator door and place it on a paper towel, along with the alcohol swabs and a syringe. She would have already tested her urine and we would calculate the number of cc’s of insulin to inject. Her dog Poo would sit at her feet, a powder puff of comfort, quietly bearing witness to Kathy’s ritual. Her two brothers would leave the kitchen. She wanted privacy; there was something intensely intimate and personal about injecting yourself with a needle. Her brothers respected her need. They would make their way to another room until she called “You can come back now.”

Her day was precarious. She learned that exercise causes metabolism to change and as a result the prescribed insulin requirement changes. Riding a bike, or swimming, or running in the playground, needed to be interrupted every half hour for her to consume four ounces of sugar to compensate for the insulin already injected that morning. When her blood sugar dropped rapidly because a meal was five minutes late, or exercise was more rigorous, or she was upset, or had a fight with her brother, or was getting a cold, or from just plain anything, she could have

a reaction. The antidote for a reaction was to ingest sugar. Left untreated, a reaction could quickly morph into unconsciousness. Symptoms of a reaction are different for each diabetic. The doctor could not tell her what form a reaction would take. "You will know," he said, "and you will have reactions." Unpredictable as obsessive thoughts, they came.

"My legs feel funny," was the way it generally began. Freckles sprinkled across her nose would disappear. She would reach for a Life Saver to suck on or a can of apple juice to drink. Within minutes the colour would return to her cheeks and her legs would feel strong again . . . or they would not . . . and the reaction would continue in a tide of symptoms. Perspiration would begin to soak her hairline, she would get progressively weaker, her thinking would become compromised, she would get angry or cry and not know why, her stomach would hurt and she might vomit the juice she had drunk to offset the insulin that had sent her blood sugar plummeting. For the most severe reactions, those that failed to respond to a couple of cans of apple juice, she would pull the ever-present syringe filled with glucagon from her pocket or backpack, and inject herself. Her blood sugar would rush to normal; the crisis would abate. However, this infusion of glucagon would often cause her blood sugar to rebound and soar to a new high. For the next several hours she would either have to avoid eating or inject herself with additional insulin to reduce the temporary spike.

For a child, diabetes is a balancing act on a highwire strung across each day and each night. Trial and error were the two instructors, and they were not compassionate. And always in the background, the litany of complications that lay in wait: blindness, and kidney and heart disease. I did not want to hear about them and I did not want her to hear about them, but the doctor insisted. "Ultimately, she is responsible for her own health, Mother," he said. "You can't be with her all the time. She has to learn." I wanted to smack him.

They say a family is like a mobile, each individual separate yet connected. Picture the quilted animals that hang over a baby's crib. Each one wears itself easily, held in equilibrium, balanced. Watch the baby kick one of those figures and disrupt the balance. The animals sway and wobble and all is chaos. So it was with our family. The effects of diabetes crept into every day. Life went on, but it was different, more fragile.

DURING THE FIRST SPRING after she was diagnosed, Bob and I struggled with Kathy's need for independence. Her life was measured into periods that aligned with insulin metabolizing in her body. She began to wear a watch. Often she would go off on her bike to ride the trails in nearby woods. She knew that as dinnertime approached, her insulin started to drop. This was when she was most vulnerable to a reaction. Often I was out on the front stoop, looking for her biking up the hill towards home. One day, she was about ten minutes late. Robert was playing basketball at the hoop mounted on the garage.

"What's the matter, Mom?" shouted my nine-year-old son, who would have you believe he never noticed anything.

"Kathy is late. Have you seen her?"

"No, she'll show up soon," he said.

I started to get on my bike. "She doesn't have juice with her." He knew what that meant. "I'm going to look for her," I said, as I threw a can of apple juice into the basket of the bike. But before I finished my sentence, Robert stuffed his basketball behind a shrub and jumped onto his bike.

"I'm coming with you," he said. We both tore down the street. I can still see him standing on the pedals as we flew alongside the cars bringing neighbours home from work, his blonde hair flying, and his eyes squinting in the dusk as he sought out his sister. And mostly, I remember the tears on his cheeks.

IN SPITE OF THE STRICTURES diabetes imposes, the doctor told Kathy, "You can lead a perfectly normal life. You can do anything anyone else does; you just have to account for insulin." These words seemed as far-fetched as orchids blooming in the artic. Yet Kathy, his little patient, heard them above all else; she took them and wove them into her personality like threads of gold.

Three months after she was diagnosed, there was an overnight trip to Girl Scout camp. I did not want Kathy to go, but she and her father double-teamed me. Her concession was that I could be a volunteer counsellor for the weekend.

Before leaving she packed her insulin in an insulated bag. She woke herself up early those mornings in camp, ten minutes before roll call, and tiptoed over the sleeping bags lined up on the floor. The yawning

and stretching and giggling of the other girls would start soon. She huddled in a corner under a moose head, secretly measuring insulin into the syringe, hoping no one would wake and see her. Then she crawled back to her sleeping bag, ready to participate in the waking-up ritual of girls, determined even then to normalize her camping trip.

Normal was the affirmation she incorporated into her thinking when she needed the courage and finesse to duck into public toilets with her hypodermic needle and bottle of insulin any time she would not be home for a meal. And that shame-filled day a teacher accused her of being an addict after a syringe fell out of her pocketbook—she clung to normal.

After graduating from college, Kathy was offered a management job with the telephone company. After her physical examination the medical director informed her of restrictions that he was placing her under because she had diabetes. What kind of restrictions? After all, she had been told she could do anything anyone else could do. It was then that he told her she would not be permitted to climb telephone poles! Although the desire to remove her gold earrings and black suede pumps to climb a pole was as remote as Mars, she fought him tooth and nail to have the restrictions removed.

Normal is the word that resonated years later as Kathy hosted a fundraiser for the Juvenile Diabetes Association. The speaker was Senator John McCain. I watched my daughter from across the room as we both listened to the senator speak of his experience as a prisoner of war in Viet Nam and use it as a metaphor for children who are diagnosed with juvenile diabetes.

“Each child is a prisoner of a private war,” he said, “a war waged in one’s own body from which there is no escape.”

Through the crowd I watched as Kathy quietly cried the tears she did not cry when she was eight years old, that January night when two roads diverged in the endocrinologist’s office, and she took the one that has made all the difference.

Marion Goldstein, a practising psychotherapist, has had articles published in professional journals, and her poetry has been published in literary journals and by the Liturgical Press. “Two Roads Diverged” is adapted from her memoir.

Recovery Poems

Deborah T. McGinn

Getting Well on Old Post Road

Little tree outside my living room window
wears red leaves this fall
looks like his new clothes are too big
I think he's stunning.
My friends say I'm lucky
to be home this autumn
but I say a tummy stitched hipbone to hipbone
is no easy way to be.
I look to young Sentinel Maple
a white cylinder base nurturing his weak trunk
and I know he's storing more than scarlet
holding my words that are not brave
enough to unfasten themselves
and fly with a spiral blue wind.
When I walk each day
I know his friends by heart
the Oaks on Shamrock Road, Green Pointed Pines
on Devonshire and sprawling Willows on South Street.
And there's my own tree,
inching upward
shedding his few layers one by one.
I pick his red silk pieces in my white hands.
Outside my living room window
he'll be wearing crystals soon
and little claws of snow.

Uncomfortable Display

What is he talking about
the middle-age man who carries his cooler of booze
everywhere he goes

charming at first

at second, reciting songs where he's in every verse
and we're uncomfortable
when he plays ego tetherball

batting his bitter sweet self like a life sentence

the man who tags her foot
leans in, his saturated breath of alcohol in her face
when she's been sober ten years

and moves to the end of the couch

the man who can't hold a healthy woman
picks a fight with another man's girlfriend,
toys with an eighteen-year-old

who doesn't know all he wants is a fast lay

and a fragmented morning after.
I motion to her to cover her right breast
slipping out of her tiny top
the man who buried his own rib looking on,

the dog that dug it up.

Allergic to Everything

I am in the haze of asthma
the kind that sneaks in
and blocks the throat with a pickup
bed of smoking coals.

Or is it the chambers of my body
starving for touch
so lonely that one sterling stethoscope
on my chest will suffice?

I return home to cool my head
to study the sky
until the Rockies
inside my skull become plains again.

My will isn't strong enough to control this
but a singular butterfly
inside my bedroom somehow
distracts my cough for a second.

Deborah T. McGinn is a writer and English teacher in Lincoln, Nebraska. She publishes poetry and essays, arranges poetry festivals, and keeps a long running reading series alive in her city.

A House Call

Evan Morgan Williams

I hear a knock at the back door of the priory. A single knock, just as I'm perfecting a new sleight of hand with my waxed Maverick cards. The Cardeen Single: another trick I'll never use. I am startled by the knock, but do I flinch? Hell no. I turn down the lamp—the nurses and the translator are sleeping in the next room—and I lay my cards on the fine teak table the prior left in the evacuation. Overhead, fat raindrops rattle the tin roof as palm trees loosen their rain, and I think of my grandpa's empty old house with the chestnut tree over the porch. I imagine my dad sitting there, dazzling me with his card tricks. His shaky hands. The rain. Now he's sold the place to pay his debts. That's what he said in his last letter. I have no place to go home.

The person knocks on the door again.

I stuff my deck of playing cards in the pocket of my shirt.

My dad said cards were for indolent rogues. But he always winked and showed me a new trick. He kept a deck of cards in his doctor bag.

You know, a knock during daytime is nothing. A mother bringing her son for an exam. Listen to the boy's breath, do a little hocus-pocus with your nickel-plated gadgets, dispense a few Aspirin. Sometimes the knock is a patient bearing eggs or cheese. But at night, a knock is always bad. I sleep in my raincoat. The nurses are not willing to leave the abbey, and it falls to me to run through the rain and stumble in the mud toward who knows what. I set a broken arm here, I watch malaria back away from a hut there. I've cradled a wailing baby and sung lullabies my mom must have sung to me. I've held a cup to the mouth of a dying partisan as he cried out in Portuguese for the Blessed Virgin. I never can tell which side

of the fight these guys are on, which colour is which, but I do know when life has faded from warm to cold. In the morning, I often lose my way back to the abbey, footprints erased by rain.

The knock persists, and I open the door.

A pretty girl drips rain on the porch. She uses her fingers to comb the rain from her hair, which is so long it hangs to her ankles. She is wearing a man's loose shirt. The girl has pox marks on her face, scars tight and shiny like the skin on pudding. That's what salves and prayer get you. But she is pretty, especially as she combs her hair, separating each strand fine as flax. I've seen farmhouses without mirrors. The girl might not know how pretty she is.

I offer her a chair at the teak table, and I pour two cups of tea. She coils her hair in her lap and sits. She does not take the tea. She stands. She tugs my hand.

Shit.

"Please, my brother hurts badly."

I AM A DOCTOR, and I am proud to say my father was a doctor, as was his father before him, and his father too. One of my ancestors was a Cherokee healer named Leaves. The story goes that his herbs and roots poisoned the wife of a Tennessee judge, and he fled to California and changed his name to Jones to throw off the law. That's what I was told. I believed he was without honour. But when I was ten my dad told me there was more to the story of Leaves. He said the judge's wife had a bloody gurgle in her lungs which did not respond to the balms Leaves rubbed on her chest. She begged for something to end her pain, and when she clutched Leaves's wrist, he understood what she was asking. He gave her something, all right. My dad said Leaves never practised medicine again. I thought about that story. I imagined the woman's fingers digging deep into my own wrist. I could not have gone through with it. Nevertheless, I became proud of the story and what it said about my family. A little mercy in this world was a good thing. I knew I would become a doctor.

THE ROAD IS MUD. I feel my boots sink in and stick. I hold the girl's hand and let her guide me to the village.

“You can cure him?”

“Of course I can. I’m a doctor.”

No point in worrying the girl. We still have an hour of walking. If death is taking shape on his face, I don’t want to know about it yet. I want the girl to sing me a song in her fluttery dialect. She is so skinny, and that long loose shirt is like a dress, and her hair swings around her ankles. There is something bulging under her shirt, but in the rainy season you see that everywhere. A satchel of food. A bandana in green or red. You hope it’s not a gun. Maybe it’s a set of papers. You can still move around the countryside pretty easily, if you have papers, if you are bringing help, and especially if you come with the cross. The girl leads me past hamlets we’ve inoculated against smallpox. It is magic: a bloody jab in the arm keeps you safe. That’s good Catholic magic and blood. We are doing good work, and it will make for good stories someday. The villagers insist on paying us, and I take what they offer. Fresh fruit, a bottle of honey wine. But you have to be careful. These are not modest gifts, and not intended that way. The parish priests in their rags scowl at you.

What would this girl give to me? Is she a partisan? Am I in trouble? What are the colours on her bandana? Blood is the common colour everyone shares. I grip her hand tighter; it is too dark to see. My thumb slides across the pockmarks on the back of her hand.

MY GRANDPA used to let me hold his gold pocket watch, fat as an oyster, with a caduceus engraved on the lid and a distilled version of the Hippocratic Oath on the reverse: refuse no one, and do no harm. During Prohibition, he had done a thriving business in patent medicines, and the watch was his retirement gift to himself. With a flourish of one hand, he could open the lid, set the watch hands, wind the spring, and click it shut. A surgeon’s dexterity. Or a huckster’s. He handed down the watch to my dad, and my dad promised that if I went to medical school, he would give the watch to me. By the time I showed an inclination, my dad had gotten into some trouble and pawned the watch to pay a debt. It was only a watch, I guess.

WE REACH THE HAMLET. We enter a tin shack. Everyone is wearing a bandana over the face, and that would be enough to set me on edge,

but their muffled voices greet me courteously. They offer me a seat and a cup of honey wine. Everyone is introduced. Catholic ornaments lean out from the wall. Eyes glance at my little black bag of spells. I show them my shiny American tools, my Portuguese dictionary, a rosary, and with these things we measure the distance from there to here. My hands shake a little. Their eyes follow. If I could juggle my instruments, like a parlour trick, it would come off well. Something slips from my bag with a thud. It's my dad's book of cures. They gave it to him at the end of medical school. *Use this and don't come back.* Rusty copper darts mark the pages he considered important.

"Is that a Bible?"

"Sure it is."

I wonder about the masks. Are they trying to protect themselves from a germ? Maybe they're partisans? I'm not supposed to care. The church says we move freely because we don't care. I think of the pockmarks on the girl's face. "Tell them it does no good."

"What?"

"The masks. They do no good against variola."

"Maybe they don't want you to know who they are."

"Why don't you wear one on your face?"

"This isn't my face."

"Sorry."

"Nothing."

"Where's your priest?"

"Gone."

I set down my cup of honey wine. I drank too much. But my hands are steady as iron. "I'm ready."

The girl takes my hand.

MY FATHER was in the war. Fresh out of medical school, he was sent to Italy. He was stationed in field hospitals at Anzio and Naples when it was really bad. He never spoke of it, but he must have felt helpless. I imagine that if a guy was hurting, my dad gave him a jab of morphine, fuck the dosage, and if someone was bleeding, he stuck his hand on the hole and tried to hold back the blood oozing between his fingers. He picked shards of shrapnel like seeds from the flesh of a pomegranate. He

wrapped gunshot wounds that leaked like wet sand along a riverbank. With his fingers pinching off arteries, he stopped a man's dying even as the man begged him to help it along. He must have known when a soldier's life was out of his hands, and sometimes he just stood over a dying man and read aloud from his book of cures. I don't know.

He learned how to play cards in the army. He learned how to hustle. It's just that whatever he learned, he didn't learn it very well.

IN THE BACK OF THE HUT, the boy lies on a cot, beside which stands a picture of the Virgin, a crucifix, an incense tray, and a jar of cheap syrup whose only effect is to sweeten your tongue. Even in the darkness, I can see the boy is hurting, and smallpox is bubbling on his skin, and he will die painfully. I order everyone out of the room. Except the girl, her pretty face. Too late for her.

"Please," the girl says in Portuguese, "tell him he will not die. Tell him you've seen death and it is not him. Tomorrow he will awaken and wear his skin like clean silk."

"I cannot help him." I gather my magic bag. "We have to quarantine this village. You know, we make a ring around it. Everybody gets the vaccine."

"Please. He hurts terribly."

The girl touches to the boy on his forehead. His skin is like scrambled eggs.

WHEN I WAS ELEVEN YEARS OLD, I came down with whooping cough. The rattle was in my chest. My father came into my room with a steaming bowl, a remedy he said was handed down from Leaves. I didn't like the sound of that. He opened his black bag and took out his thick meaty book of cures, and he held the book over my chest and read from it as though incanting spells. He rubbed the remedy onto my chest. I closed my eyes and concentrated on my breathing, doing my best to focus on each breath, in spite of the mumbo jumbo uttered over me. I told myself I got better because I was strong. Still, I was quarantined out of school for two months, and to pass the time my father taught me more card tricks. The Bedazzler. The Jack in the Bedroom. Five Aces. Even then, his hands had begun to shake. My hands smelled sweet like cigar box wood.

THE BOY'S SKIN is a bubbling stew. I pull back the girl's hands. He is my patient now. I lay out his limbs so the sores are not touching. I give him water. I sing lullabies. We pray. The girl slides the boy's rosary beads, and you can hear the steady click click of the beads through her fingers. I want to go home. I am twenty-six, and I want to go home. I don't want to consider anyone's pain anymore. But there's nothing to go home to.

I take out my deck of cards.

"Pick a card."

"What are you doing?" The girl frowns.

"Just tell him to pick a card."

The girl takes a card and shows it to the boy.

I place the card back in the deck, shuffle. I split the deck in two. "Is this your card?" He nods. It's the wrong card. I did the trick just right. He doesn't understand.

Undeterred, I do the Mongolian Clock and Schmidt's Magic Ace. It's a real show. The pretty girl watches me doing the tricks, and her face wrinkles up to where the pock marks are like kneaded bread, and she's not pretty at all. Then her face relaxes and she begins to understand. She leaves the room. I finish off Dig Your Own Hole, put the cards in the chest pocket of my shirt. I pick up my coat.

YOU KNOW what my father told me? All morning, we were sitting on the porch near the sound of rain. I was doing a trick called Gypsy's Bluff. I must have been about fourteen. My father had been out all night—some lady with cancer—I imagined my father's fat book of cures suspended helplessly above her. Now his hands had become too shaky to play cards. I was not in a hurry, and I worked with care. The rain was heavy in the trees, and the first chestnut fronds of the season were snapping loose and dropping from the weight of the rain. My father said, "You've got good hands."

"Yeah?"

"Do you know why you'll need those hands?"

"So I can be a doctor?"

"Do you know, someday, what you will have to do with your hands?"

"No."

"With a pillow and your own goddamn hands!"

“I don’t understand!”

The porch was perched too high, and my father stepped off the porch and into the yard as though stepping off the edge of a raft and into the sea. The yellow chestnut fronds were piling on the lawn, glistening with rain, and he waded through them and kicked them around.

STANDING IN THE RAIN outside the hut, I do not wear my coat. I want to feel something, the wet warm night air on my arms. The cards are tugging on the chest pocket of my shirt. In two years, I have learned four species of crickets by their sounds, and when they fall silent I listen to the beating of my heart. I become aware of my skin against the cold, and I wish for my coat, but it is gone. I left my coat behind, wadded in a ball, beside the boy’s cot.

Morning blues the sky. I hear the earliest birds. I need to get back to the abbey. This month was supposed to be the end of the campaign. A few of the nurses are entering a holy order, but most of them are already talking about boys waiting for them back home. They goggle about summer dresses in the latest American magazines, and they elbow for space in front of the priory’s only mirror. They won’t want to hear about this one.

The girl comes out of the hut and squats beside me. Her hair in a coil. “I’m very sorry,” I say. “We have to quarantine the village.”

“You cannot do this. Everyone will flee anyway.” She stands and moves in front of me.

“We are not partisans. We are with the church. All we care about is the virus.”

She steps closer. “I am so sorry.” From beneath her shirt, she pulls out a small pistol, and before I can move, she aims her steady hand and fires.

The bullet knocks me on my back, but I am alive.

The girl is screaming. She kneels next to me. Her hair hangs in my face, it piles on the ground, it tangles in her hands, tangles in mine, everywhere.

Later I find that the bullet has struck my deck of cards. And I thought those things would never be useful. I try to roll away, but I’m too stunned to move. My breath is a gasp. “Holy fuck!”

“I am so sorry. Mother Mary, it is a miracle!”

I touch the girl's pockmarked face. She is so pretty.

"It is a miracle. I am so sorry." She looks down. She crosses herself. "Mother Mary, Mother Mary . . ." She puts her hands on my chest and crosses me. My own hands shake too much.

I REMEMBER the night my grandpa fell off the tall porch. He was laughing at a joke, and he tipped his chair back and went over. He hit his head badly, and I set him in his chair and waited for my dad. He never did come home that night, and it was I who picked the pebbles from my grandpa's forehead. I daubed at the blood and the crust of pearly fluid. I threaded a needle, and I sewed my first stitches at an age when other boys were tightening the knots on their baseball gloves to play catch with their dads. I never played catch with my dad. In every way, he was a failure. I don't blame him for this. I have said it before: a little mercy in this world is a good thing.

I AM LYING in the hut. The girl is sitting next to me and holding my hand. The boy's body is gone. The girl lights a candle beside the Virgin.

"Sing for me." I lie back and close my eyes. "Fuck, sing for me."

"I don't—we don't sing right now."

"Then tell me the happiest story you know."

"My family doesn't have any happy stories. Listen, if we tell a story it's only to get rid of it. We tell a story to put it away, far far away."

"Then I will tell you a story about my family. There was a man. His name was Leaves . . ."

Evan Morgan Williams's recent stories appear in ZYZZYVA, Witness, Alaska Quarterly Review, Natural Bridge, and Alimentum. A disgruntled schoolteacher, he actively seeks a benefactor. Website: www.pahoehoe.edublogs.org

Knowing the Chaps: Travel Terrors

Fred Johnston

I knew the moment I opened my eyes. The thudding heart, the terror. The feeling of having awakened from a nightmare. It was very early in the morning. I got out of bed. We had a drive of more than a hundred miles to the airport. I knew I wasn't going to make it. I was so tired I could scarcely talk.

A writer longs for conferences abroad where he can preen. I am no exception. I had prepared meticulously two papers on aspects of contemporary Irish literature. I was confident in them. Two weeks in France, all expenses paid. I had looked forward to this for a year.

Twenty miles from the airport everything broke down. First the anxiety, then a dreadful heavy feeling of despair. I had some sedatives in my pocket that I use for travelling, and I had taken my serotonin uptake whatsit. But I had no will to reach for a sedative. I had no will. In a state approaching hysteria, I gave up. I couldn't go on. Every thought had turned sour, every emotion raw. My head filled with rain and fog. My partner, who has learned not to be shocked, simply turned our car in the direction of home. Immediately the self-loathing set in. The guilt. I fell asleep. I woke up. The entire rest of the day was taken up with apologizing by phone and email to my hosts. The self-loathing was sickening. The disappointment worst of all.

Disappointment, because I have lived my entire adult life calling things off at the last minute. As a writer, I have travelled, paradoxically,

quite a bit. I lived in Africa for a period, though I drank a lot then, calling it stability. Being out of my own corner has always caused anxiety. But as I've grown older, the anxiety has grown with me, matured horribly; two days before a trip I have found myself with my head down a toilet bowl looking for symptoms of bowel cancer.

When I couldn't tolerate diving into the toilet bowl any longer, I found a GP who understood what was going on. It's safe to say that without his advice and help I wouldn't have travelled anywhere; in recent years, I have travelled abroad by plane and boat three or four times a year, sometimes to work, sometimes for pleasure. So things have been worse. Much. The same bloke who freaked out on his way to an airport recently was driving a car quite happily across Tunisia a couple of years ago. So I can now travel, suitably prepared. I actually enjoy flying and I love new places.

But then there are glitches. Like the one that killed the lectures in France.

Only a complete idiot would suggest, or suggest to my face, that this mental and psychological turmoil "adds" to my writing and gives me "understanding" that others don't possess, and so on. I've read all that rubbish. I've taken part in debates about it. The only thing that my episodes create is self-loathing, guilt, shame, and terror. There is nothing to be gained from them. Nor are they "steps" on some journey. Quite the opposite; they prevent journeying. The psychobabble's not for me, I'm afraid. When I write, it has nothing to do with being too terrified to drive to an airport or get on a ferry.

Over the years, understandably, I have come to recognize features of my Poe-like travel terrors. A week or so before the trip, I will feel edgy (less so now, perhaps). But if I am in good form, I will be more enthusiastic about the trip than afraid of it, and will get on the plane or ferry nervous, but not terrified. If I am in bad form, fatigued, depressed, all terrors and anxieties will be magnified. On the road to the airport I had had about two hours' sleep. I had few emotional resources.

What is curious, however, is this: there is an airport closer to home, and no matter what hour I have risen for a flight, I have never failed to make it, arrive there, take the plane. It seems to me that the drive to the airport a hundred miles away has something to do with how I react: it's

a long trip anyway, but with me, it seems to allow too much time for ruminating on how I feel, how I will feel, and that sort of thing. Long run-ups to journeys are not good for me.

Now let me emphasize that what I reach when I enter a travel-killing “episode” is not anxiety but a stage beyond that, which I can only describe as despair, a bleakness that prevents me even from trying another pill. I am beyond all of that. I am in another zone. In that zone I am paralyzed from the inside out: I have, as I’ve said, no will. I have, most of all, no control.

Theories? I am no psychologist. But I think control is a small word with a very big significance. Years ago I sat in Heathrow airport, drinking to steady myself, and beside me sat an elderly couple; he was dapper, with a clipped moustache, she wasn’t speaking to him. He drank—quaffed—glass upon glass of whiskey. As people do in such lonely, drunken circumstances, I started chatting to him. Their son had sent them tickets to visit in Germany. He was terrified of the flight. Out of his wits. Never flown before, then, I suggested? Oh, yes, he said, shaking like a leaf. All through the Battle of Britain. Spitfires. Beautiful plane. Marvellous. Loved it!

How, one might ask, could a survivor of the Battle of Britain, who obviously had loved his Spitfire, be afraid of flying?

Well, he said, on these things (he meant modern commercial aircraft) one doesn’t know the chaps, you see. They could be anybody! Doing anything!

Albeit that many of “the chaps” he had known in the heady days of the Battle of Britain had died at the rate of four or more a day, I could see his point. Knowledge was power; it was, at least, control. Had he known his pilots, or had he been flying in a Spitfire with a German fighter bearing down on him, he would have at least have had control. Now he had none. Needless to add, he began to talk enthusiastically about how he’d gone one-on-one with “Jerry,” but each man had the same chance as the other, and so on. An understanding. Control.

My own theory, for what it’s worth, is that a very small child knows nothing about abstract concepts such as love, but everything about control and where it comes from and how he might obtain it. A child lost in a supermarket is not crying because he has lost the object of his love, but because he has lost the object from which emanates all his control

of the world, all his points of reference. His compass. To the child, the world is controllable—therefore, by extension, safer—when this person is around. You play with this, you eat that, you shit over here, your grazed knee gets attended to. Everything is controlled, ordered. Alone in the supermarket, the sky could fall in and no one would stop it. The world is uncontrollable.

I don't think that need for control ever quite leaves us, and after that the need for control is a question of degree and circumstance. An only child like me needs more control; no siblings, let alone parents, at this stage of my life, to offer me any. Fatigued, troubled about something, physically ill, I will more easily lose my connection to the internal control systems I have managed to acquire over the years and even those bolstered chemically. This abandonment is what I call despair.

Of course, this could all be rubbish. But I'm not so sure. I think of the venerable old chap with the clipped RAF moustache. I continue to write and accept invitations abroad. I will travel abroad again and I have no doubt of that. But I may have to do certain things to make it easier, such as make sure my flight is not too early in the morning and does not leave from an airport a gruelling hundred miles away. I have to look at these episodes as setbacks and not tragedies. I know where my own private Spitfire is kept and how good I feel when I fly it. I know my own chaps.

Fred Johnston was born in Belfast, Northern Ireland, in 1951 and educated there and Toronto, Canada. A novelist, poet, and critic, he was writer-in-residence to the Princess Grace Irish Library at Monaco several years ago and is the founder of Galway, Ireland's, annual Cúirt Festival of Literature. He runs the Western Writers' Centre, www.twwc.ie.

The Spouse

Elayne Clift

The day she learned the tumour had shrunk was the worst day of all. The pipe in the basement had leaked so there was no water pressure in the second floor apartment. Irene had been furious with her for not being there to drive her to her hair appointment, even though the appointment was for Thursday, not Tuesday (a clear sign that her mother-in-law's Alzheimer's was getting worse.) The dog had peed on the carpet again. And worst of all, Joe had forgotten altogether that it was her birthday.

That was to be expected, of course. She knew that as the brain tumour progressed Joe would become more forgetful. She could handle that. It was his lack of affect that upset her most and made her feel so desolate and alone. No matter what she said to him—"Watch your cigarette ash, Honey!" or "You know what today is? It's my birthday!"—his reaction was always the same, a dull stare, an imperceptible acknowledgement that she had spoken, or a spontaneous crying jag.

He cried a lot. He cried when he pooped the bed or had to have his diaper changed, when she heaved him into or out of the wheelchair, and when she had to wipe his chin after he'd eaten. He cried when, in the dark privacy of their bed, he whispered, "Why can't I just die?" He cried when his children and grandchildren came to see him. And he cried when they didn't.

She, on the other hand, never cried. She had tried, but the tears wouldn't come. Not until the phone call telling her that his tumour had shrunk and they would perhaps want to consider another round of chemo after all. Then her eyes had filled, if not spilled over. Would it never end?

She had wanted to throw the telephone across the room instead of replacing the mouthpiece gently in its cradle. She had daydreamed about leaving the apartment and not returning. She had fantasized that she might begin to withhold Joe's medicines, or even that she might overdose him out of kindness, because his quality of life was so compromised. And that was when she knew how angry she was.

She'd read the literature, of course. She was a nurse, after all, and knew all about death and dying, about its stages and the toll it takes on the patient and the family. But she didn't want to be the nurse now. She wanted, if she could be honest, to be a grieving widow so that she could get on with her life after the hell it had become since Joe's diagnosis fifteen months ago.

They had been married for seventeen years, a second marriage for both. It was a good marriage, despite Joe's three subsequent heart attacks. They'd kept up with his Marine buddies and her church friends, looked after each other's kids, including Joe's youngest with Down syndrome and her middle one with depression. They'd travelled a bit, gone to Florida and to visit the kids in West Virginia when the first grandchild was born. She wasn't complaining; he'd been a good husband and they'd been happy despite their limited income and the constraints it imposed.

But now, now that she was in her senior years, now, after all those years of caregiving, she just wanted this ordeal to end. She wanted rest—real rest, not the respite that Hospice gave her twice a week, or that came with friends cooking a meal or taking her to a movie once in a while (if one of the kids could babysit Joe). She was bone tired, tired to her very core, so tired that all she could do these days was put one foot in front of the other, task after task, while she waited, and waited some more.

And it wasn't only rest she sought. It was joy. It was feeling, just once again, Lord, happy and carefree. It was getting in the car and driving until you found a place you wanted to lay your head for the night. It was laughing with girlfriends. It was shopping, or a manicure. Maybe it was even feeling love again.

And so, when the call came, she cried.

Then she wiped her eyes, put on fresh lipstick, and went into the bedroom. She roused Joe from his nap. Checking his diaper, she found him dry.

“I’ll just get your lunch now, Honey,” she said. “Are you hungry? Want some grilled cheese and tomato sandwich?”

Then she swung his limp legs around to the side of the bed, put on his slippers, slipped her arms around his still-wide girth, and heaved him into the wheelchair.

At the kitchen table, when he had finished nibbling on his sandwich, drunk a cup of coffee, and smoked a cigarette, she patted down the wisps of hair left on his head and kissed his balding scalp. Then she wheeled him into the living room and turned the TV on to ESPN. “Basketball,” she said. He nodded, his eyes tearing up, his face crumbling.

She went back to the kitchen, cleared the dishes, began writing a grocery list. When Irene called about her missed hair appointment again, she suggested that her mother-in-law look at her calendar and check the date against that on the newspaper. Then she called Joe’s boy to tell him the water problem wasn’t fixed.

She would wait until tomorrow to tell him, and Joe, that the hospital had called with his MRI results. They could decide what to do then. For now, what she needed was a quiet moment to herself, and the sense that life still held options, if not outright hope.

Elayne Clift is a writer, lecturer, and health communications specialist in Saxtons River, VT. Her latest book is ACHAN: A Year of Teaching in Thailand (Bangkok Books, 2007).

Discussion Guide

In this new section we provide some questions to facilitate reflection on some of the pieces contained in this issue. This could be useful for personal reflection, or as part of a group discussion or educational exercise and will be a regular feature of Ars Medica.

In “The Orange Mother and the Purple Mother,” how has James Nolan captured the essence of two personalities and his sense of loss through colour? Is colour sensory? bodily? emotional?

What happens when caregivers experience ambivalence about those they care for, such as in “The Spouse,” by Elayne Clift? How would you counsel the protagonist in the story?

What assumptions do you make about the homeless? How would you have asked questions of Kenton, in Henry Alley’s “In Recovery,” to get at the “real” story of how he filled his days?

What does the “the Chinese law of the mother” mean to Sarah Werthan Bittenwieser in “Bone: Meditation in Twelve Parts”? Why/how is telling the story in twelve parts so effective?

In the series of poems by Paul Lomax, how does the unexpected use of medical terminology and language combined with mythological references shape our response to these poems?

A. Hooton’s piece allows a reflection on how physicians construct stories, particularly when compared with other modes of storytelling and narrative. How does jargon sometimes conceal common sense about universal human experiences?

Using Ted St. Godard’s “Nothing to Be Done” as a departure, how does our medical knowledge both buffer and distort experiences of illness in our own lives and of those we love?

In Holly Masturzo’s “Foot Bones,” how does one body part become a metaphor for shared experience in this story? How do we use our own experience to make sense of the suffering of others?

Why is control so important to the narrator in Fred Johnston’s “Knowing the Chaps: Travel Terrors”? Why do we all fear losing control, and how does this fear affect experiences of change and literature?

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7. Payment will consist of a complimentary one-year subscription to *Ars Medica*, including the issue in which your piece is published.
8. We read submissions on an ongoing basis. Deadline for the Spring issue (May 15 publication) is January 28. Deadline for the fall issue (November 15 publication) is July 30. However, because of a high volume of submissions we cannot guarantee that your submission will be reviewed for the upcoming issue. It may take two to three months to hear back from us.