Ars Medica

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In his recently pubished CBC Massey lecture series, Alberto Manguel writes of the power of language and of stories. Stories can "heal us," Manguel writes, "illuminate us, and show us the way. Above all, they can remind us of our condition, break through the superficial appearance of things, and make us aware of the underlying currents and depths." This is, perhaps, particularly true when writing about illness, where the condition described is the condition feared, and the underlying current and depths are the common waters of our humanity. *Ars Medica* was founded for the purpose of giving voice to these experiences, and in this, our eighth issue, we feel we have again found writers who accomplish this task admirably, with courage and skill.

But Manguel also introduces us to interwar German psychiatrist/novelist Alfred Doblin, who adds another piece to the task Manguel presents. For Doblin, Manguel tells us, language was "an instrument both to shape and understand reality." To understand, yes, but also to shape. When we tell stories (in words, pictures, sound) we not only depict reality and so give voice to the depths, but we create something new, a new understanding. A new reality. This process is not always easy, nor is it always pleasant. We are afraid of our new words, Dostoevsky tells us, and of our new stories. But one of the tasks we give to the creative amongst us, and to ourselves in our creative moments, is to parse the world in new ways and so create a different structure, alive to perception and meaning.

This dual task of art—to depict and create, to discover and invent—is on display in this issue of *Ars Medica*. Take, for example, the way scars are worked with by Marisa Bois and Jane Martin. The one in prose, the other in images, force us to engage in a dialogue with a scar, as a marker for what has gone on in the past and beneath, but also as entities in their own right. Bois' scar "demands recognition"; Martin's husband's scar is literally a question mark, the question his words are unable to ask. In another parallel, look at the way Amy Haddad, Janet Reibstein, and Isabel Hoskins describe the results of treatment, for breast cancer and for ovarian cysts. The standard narrative is that the removal of diseased tissue is a gift, the gift of life, and so it is, but not only. Haddad, Reibstein, and Hoskins, in different ways, make us aware of what is destroyed and what is lost in the act of healing. Faye George, in "Post Op" speaks for all these writers when she says, "But the body never *gives* up its own. / The body mourns."

A different reality is confronted by another pair of works, as Ruby Roy, Gina Wilch, and James Ward speak of babies born with serious difficulties. Wilch and Roy, a mother and her doctor (who is also a mother) have written courageous pieces about their own processes of confronting the birth of Wilch's son, born with meningitis and brain damage, while Ward brings an artist's talent to the telling of a similar story. Common to all three is the effect that the story we choose to tell about these infants has on all those involved.

Reality in a variety of guises is confronted in a number of works in this issue. Lily Iona MacKenzie looks beneath the surface at the aging body, Yu-Han Chao takes us into the mind of "Old Mrs. Jun," who seeks to confront the reality of death on her own terms. Marty Silverthorne finds something almost beautiful, almost exquisite, in the care he receives in "Bed Rest Blues Villanelle," while James Zerndt finds a stunning image for grief and guilt in an ordinary chest X-ray.

These are heady times at *Ars Medica*. In addition to ongoing support from the Mount Sinai Hospital, Department of Psychiatry, and the Munk Centre for International Studies, we are pleased to announce the renewal and expansion of a grant from the Canada Council for the Arts. This vital source of support for creative pursuits is something of which all Canadians should be proud, and we gratefully acknowledge their assistance. We are also delighted to announce that, as of this issue, *Ars Medica* will be published by the University of Toronto Press, and so joins their list of quality journals. Despite this shift in publishers we are pleased and relieved that Ian MacKenzie will continue in his role as copy editor and designer. Ian is one of those rare individuals who combines an ear for language, a mind for content, and an eye for design. Much of the success of *Ars Medica* is a result of Ian's talent, and we thank him for his ongoing involvement.

Albert Manguel also notes that language, for Alfred Doblin, is unlike many other human functions. We don't need others to breathe, eat, walk, or sleep, but we need others to speak. Language implies dialogue, and stories live only as read. At *Ars Medica* we envision our role as conduit, passing stories on from writer to reader. We hope you enjoy this latest offering.

The Rats

Yu-Han Chao

Old Mrs. Jun found out she had diabetes by the time she was forty years old, and that she had Parkinson's by the time she was sixty. She'd read a little about Parkinson's from a pamphlet from the hospital—it was chronic, progressive, and would eventually reduce her to a vegetable. Of course the pamphlet didn't say it in those exact words, but that's the conclusion Mrs. Jun came away with. She'd sworn at one point she would never incur the cost of surgery—she would rather let nature take its course—but by her seventieth birthday she had endured two surgeries already. Of course, it was lucky that she was registered under the Taipei City Health Plan, which paid for the lion's share of her medical bills, but she still somewhat regretted letting her children and husband talk her into going to the hospital, getting fixed up like something broken on a surgery table, having to live completely dependant on others.

She remembered when she called the shots at home. Her husband gave in to her almost always. She was beautiful and demanding. She could withhold sex from him. She would get mad at him over the smallest things and he would have to come back and beg for her forgiveness. She was a princess, a beauty queen. She was tall, fit, and elegant. Now, her skin sagged and folded in on itself. She was ashamed of her breasts, which were nothing but little empty pouches flattened against her ribs. She was ashamed of the tremor she had from the Parkinson's, and of how her husband, who had once been so passionate a lover and suitor, now cleaned her with a sponge in such a mundane manner he could have been scrubbing a toilet.

Thankfully her children had bought her an automatic toilet that sprayed water on her bottom and then blew hot air to dry her off—otherwise she would have to ask her husband to wipe her off every single time she went to the bathroom. Or even worse—she could be wearing diapers! She dreaded the day her body would no longer alert her to its most important yet repulsive functions, so she slowly did her trembling crab walk, leaning on furniture for support, to the bathroom every hour or so, when she felt the slightest tinge of tingling or stirring in her digestive.

Despite all of this, Mrs. Jun still put on makeup every day with trembling hands. Dark blue for her eyebrows and eyelids, an old red lipstick, some powder. It was all she could manage, but she insisted on it religiously. She would not see any guests, not even her own daughters, until she had put on her makeup in the morning.

She and her husband slept in different rooms, had slept in different rooms for over fifteen years. She had the master bedroom while he slept on the hard tatami floor of the Japanese-style room with paper sliding doors. He woke up at five and went for a walk every morning. She woke up at nine. For a few years he went to the Old Citizen University two bus rides away and got a master's degree. A master's degree! Mrs. Jun had wanted a master's degree forever, but never had a chance to pursue that dream because she was always teaching, working, taking care of her four girls. By the time she was done with it all, she was too old and too sick to leave the house to attend university, but her husband had that luxury. Her husband invited his female classmates home, women in their sixties who shamelessly flirted and made jokes with her husband (he was a huge flirt and jokester himself, ever since she met him at the age of twenty), and all this merriment going on in the living room made her sick with envy and resentment. He went on field trips with these lively, hoary-headed women with spectacles who laughed all the time at his jokes. Mrs. Jun wondered if her husband wished he'd married one of them instead, so that he wouldn't have a wrinkled, fallen, trembling wife to sponge-wash every night, to cook for, to take to the hospital every month.

He didn't have to cook every meal, of course. When Mr. and Mrs. Jun first moved to Taipei into a house their daughters bought for them jointly, the girls found a woman who lived nearby to be a part-time maid and caretaker for Mrs. Jun. The maid was the daughter of a farming family from the south. Mr. and Mrs. Jun were from the south, too, so they spoke the same Taiwanese familiarly with the same southern accent, which was comforting to the old people.

The maid, Ms. Hwang, cleaned the house, shopped for groceries, made lunch, and chatted with Mrs. Jun occasionally about Mrs. Jun's daughters and grandchildren and her own fiancé. Ms. Hwang was small and dark, engaged to a young man who was in the army. She lived just a few blocks away and walked to the Juns' apartment every morning at around eleven. After saying her good mornings to Mr. and Mrs. Jun, she received instructions from Mr. Jun about what groceries or supplies to buy today from the market and what dishes to make. She made large dishes at lunch, the leftovers of which Mr. Jun reheated at dinnertime to have again with rice. The rice cooker was on all day, keeping leftover rice warm.

Lately Mrs. Jun was having less and less of an appetite, and sometimes for a whole week she wouldn't move her bowels. She was getting stick thin and frail-looking, but for some reason she didn't actually *feel* weak. She felt the strength not coming from herself, but the disease. It had power, power over her, over her body. The Parkinson's not only made her tremble, but it sometimes controlled her movements. She would compulsively comb what was left of her hair, dyed brown with silver roots peeking through, or pace in slow circles in the bedroom with her stiff muscles and body labouring away. She felt like a cheap washing machine rumbling and rattling during its final spin. She was on her own nearly imbalanced final spin, and suddenly, without warning, the violent spinning and rattling would stop. Only, in her case, nobody would come and take laundry out of her to put into the dryer.

Mrs. Jun wasn't sure when she first got the idea in her head, perhaps a daytime drama about an old grandfather who was a vegetable lying in the hospital, rotting alive yet alive nevertheless, the potential euthanasia of whom sons and daughters argued and cried episode to episode about. She realized that a "natural" death, or at least one following the course of her disease, would be slow, drawn-out, unsavoury, simply a huge embarrassing mess. She didn't want to have puss-filled sores in her body where it touched the bed; she did not want diapers or catheters; she did not want to smell, to feel dirty. She was not a baby. Babies were cute. There was nothing cute about her wrinkled dugs and leathery skin wrapped over protruding ribs, her fallen buttocks. Everything that might happen to her at any moment frightened her. She was afraid to think about it, yet could not stop herself from picturing the most gruesome, saddening ends for herself.

Then she realized she could do something about it. If she died suddenly, everyone who loved her would be sad and miss her. They would remember the nice things about her. There would be no back sores, no adult diapers, no death rattles for them to recall. They would remember her for who she really was, not a broken washing machine that lost its battle to death. The more Mrs. Jun thought about it, the better the plan seemed.

She began by complaining about rats. Nobody else saw any rats or signs of them, but Mrs. Jun claimed to have seen little grey ones, babies that would grow up and reproduce, baby rats that should be extinguished by poison as soon as possible. At her insistence, one morning Ms. Hwang was sent to get some rat poison from a hardware store on her way to the market to get the fish and vegetables they would have for lunch. The rat poison came in a yellow tub. Ms. Hwang left tiny platters of the green rat poison pellets beneath the kitchen sink and under Mrs. Jun's bed.

"Show me the rat poison bottle, Ms. Hwang," Mrs. Jun said. "I would like to read it to make sure it will work."

"Why, of course, right away," Ms. Hwang said, though she thought it rather morbid of Mrs. Jun to ask to read a rat poison label.

Mrs. Jun spent the next hour poring over the bottle with the help of her black-rimmed reading glasses. She read the ingredients, which weren't very detailed because the laws in Taiwan, which allowed antibiotics and birth control pills to be sold over the counter, didn't require them to be. Under "ingredients" the bottle simply announced "anticoagulant rodenticide." What Mrs. Jun read with more interest but much confusion was the second part of the label in very fine print, which she could barely read—a warning about potential pet or human consumption of the rat poison pellets. "Lethal poison. Toxic. Do not ingest. Keep pets and children away from rat poison. Go to hospital immediately if poison is ingested, regardless of symptoms, and even if vomiting has been induced. This anticoagulant rodenticide will not produce signs of poisoning for several days after the toxic dose is consumed. Internal bleeding occurs and poisoning victim will show weakness and pallor. If these symptoms appear, seek medical attention immediately."

The paragraph seemed oddly truncated, ominous and illogical, first stating that the poison was lethal, then explaining symptoms and mentioning medical attention. What Mrs. Jun wanted to know was if it would kill her if she ate it. And how much would she have to eat? And how would she feed it to herself? She shook the bottle and listened to the little pellets knocking against one another in the bottle. They did not seem exactly delectable, though nowadays she could barely taste her food, so the flavour most likely wouldn't make a difference anyhow. She could probably crush them and put them in her porridge. She read and reread the label several more times, and seized upon the lines: "This anticoagulant rodenticide will not produce signs of poisoning for several days after the toxic dose is consumed. Internal bleeding occurs and poisoning victim will show weakness and pallor." This told her that she had time to build up the amount of rat poison in her body before it did anything to her, which guaranteed her enough time to consume a lethal amount. The only risk was that maybe the poison wouldn't kill her, would just leave her in an even worse and disgusting state. All she had to go on were the words *lethal poison*. But then she had seen so many news stories on Taiwan Society News about people poisoning other people or accidentally killing their kids with rat poison. Plenty of people died of it. Her body, aside from the compulsive trembling and walking in circles, was definitely weaker than a robust adult in his prime. Just last month a full-grown adult man was poisoned to death by his wife. Surely if it could kill him it could kill her, too.

Mrs. Jun would have liked to go about it more scientifically, but she didn't have enough mobility to leave the house and couldn't very well ask the maid to bring her books from the Taipei City Public Library teaching her how to commit suicide with rat poison, nor did her and her husband have a computer with which to "go online," as her grandchildren did, to look up, according to them, absolutely anything and everything under the sun. The Internet might hold the answer to her queries, but for now her doubts would have to remain. She needed to carry out her plan before it was too late, before her body betrayed her further in its gross defiance of her long-gone beauty and health.

Mrs. Jun stole a handful of pellets of the rat poison from the bottle under the sink while her husband took his nap from one to three one afternoon. His day was as routine as clockwork, and his loud snoring coming from the Japanese room told her that she was safe to slowly crab walk to the kitchen, almost impossibly sit down on the floor while gripping a half-open cabinet door, and reach for the green pellets of relief. Once she, with great difficulty, pulled herself back up and slowly walked back to her bedroom, she sat down on the bed, crushed the pellets in her pill platter, and hid them in small medicine bottle in her jewellery box, nestled between iridescent strings of pink and white pearls.

From then on, every meal she was served, she shook some of the powdered pellets into the rice or porridge and ate them pensively. Luckily, or perhaps unluckily, her husband and Ms. Hwang gave her privacy while she ate, since she was embarrassed by her slow motion, her food just missing her mouth sometimes, and she didn't want to see the pity in their faces. To her own surprise, when she began eating her rat poison–laced meals, there was no hesitation, no second thoughts. The moment she had complained about imaginary grey baby rats, she had already made up her mind. She had set foot on her path towards suicide then. She searched her body for signs of weakness, the "internal bleeding" her body was supposed to be doing. She had been largely incapable of feeling aches and pains for while, so the process of her committing suicide by rat poison felt vague, just like the literature on the rat poison bottle. Some mornings she woke up thinking this was it, she was dying, but some mornings she suspected the poison was fake, nothing but placebo pills the maid switched out because she didn't believe there were rats in the first place, and perhaps she had seen through Mrs. Jun's plans.

Then it came. She had bruises, a strange bulge on her outer thigh that seemed filled with liquid, blood. She was weak. She didn't leave bed. Paramedics came and carried her into an ambulance, carted her to a big hospital bed, and doctors hooked her up to blinking, beeping machines. Just like that, she was caught. One of the last things she remembered hearing was the fat doctor saying the words "anticoagulant rodenticide." Wasn't that what it said on the bottle? But she didn't have time to think. This was it, the darkness. Mrs. Jun fell under the soft cover of unconsciousness, and a nurse came in to change her diaper and flip her over on the bed.

"We flip her so she won't get a sore on her back," the nurse explained to Mr. Jun, who stood leaning against the door of the white hospital room.

Yu-Han (Eugenia) Chao was born and grew up in Taipei, Taiwan. Her writing has appeared in Bellevue Literary Review, Wisconsin Review, Zyzzyva*, and other journals. To see more of her writing and artwork, visit http://www.yuhanchao.com.*

Not Recordable on Film

Naomi Heilig

Although I can't remember how I learned that my mother was sick, I do recall other things that I learned around then. In grade one, our teacher took us on an early spring walk. We stopped at yellow flowers that reached so purposefully for the sun, that they seemed to have absorbed its colour. She said that they were called crocuses and that they were the first sign of the earth warming up after the winter.

Funny, how I remember that moment. A seemingly intact model of renewal and hope, it's like a yellow flower itself, poking up from the otherwise devastated landscape that buries most of my memories of that time.

I must have been in kindergarten when I learned of my mother's illness. I guess that my father told my older sister, Amy, and me, that our mother had something bad called cancer, and that it had to do with her breast. But I don't remember. I have to guess, sometimes, to fill in the blanks. When I did find out about my mother, I didn't understand how she could really be sick, because she didn't stay in bed, as I had with chicken pox.

I'm left with the task of an archeologist, puzzling to connect seemingly unrelated fragments of a time that I want very much to understand. Lacking the solidity of stone, my vestiges float like dreams, while I try to capture them, hoping to construct a meaningful picture of my own distant past.

I delve into dusty boxes in a closet and recover that remnant in which I might find answers. It's my school magazine, *The Busy Bee of 33*, from June 1955, its cover hardly faded from its original lemon yellow. I flip through its black-and-white photos, opening to the one of my kindergarten class. There I am, in my Dutch-boy haircut, posed like the others. I'm pretending to play with Tinkertoys for the camera while others play patty cake. Baggy pants extend from beneath my dress to my Buster Brown shoes. I recall that kindergarten was the only grade in which girls were allowed to wear pants to school, but I wonder why mine are under a dress. Was it because my father dressed me?

I examine my expression in the photo, and then everyone else's. Before looking at this, I imagined that my face would clearly reflect my experience of recent catastrophic loss and my increasing isolation from my classmates. But nothing about me that is not recordable on film stands out.

What can my memory retrieve about that time? Only random moments, never recorded on paper. One day, I returned from kindergarten, surprised at a shiny lock, newly installed on my parents' bedroom door. I thought locks belonged on front doors and wondered what was in there that I wasn't supposed to see. Another time, I peeked through the partly open door, but only glimpsed a yellow and black label on a bottle of Anacin on my mother's dresser. I hated Anacin for years afterwards, because it hadn't cured her cancer. Not long afterwards, we moved from that apartment, leaving me with indistinct images of the apartment's layout, but not of what occurred inside it.

Our mother cried near the end, because she was too sick to walk us to school. This, my father told us, much later on. When she entered the hospital, Amy and I left our garden apartment in Queens, New York, to stay with her sister, Aunt Miriam.

Our aunt's house overlooked the Hudson River. That we visited her there for many years afterwards allows my mind to return there in rich detail. Here, I don't have to grope for signposts.

I remember that she let us run in and out of the master bedroom that faced the water. A woven, grey, wool blanket covered the bed that lay low to the floor. I knew about weaving from making potholders in school. My aunt said she had bought the blankets in the same place she had gotten our two identical straw men who awaited our return from our respective dressers at home. A square wooden block attached to each man's feet kept his body upright. They were woven, too, their faces the colour of straw, their clothing yellow, green, and purple, and bright pink hats called sombreros. She had bought these items in a place called Mexico, which I pictured as a land full of colours.

We didn't miss our straw men, because we found all kinds of diversions in her house. A staircase led down to the art studio where white-haired Uncle Jack carved sculptures amid the scent of cherry tobacco. We loved looking at his collection of wooden pipes. We weren't allowed to touch them, so we made a game of guessing which one he might choose next. They waited upright in their holder, as if the one that stood the straightest might be selected.

In the living room, we stared, like mesmerized cats, at a spindly mobile on the ceiling. Its long, black, needle-like parts seemed to be some adult version of our multicoloured pick-up sticks at home. A mysterious grating on the floor of the master bedroom lured me to kneel and peek into it in search of elusive creatures that I imagined scurrying underneath it. The room's most extraordinary feature was not the picture window, with its unobstructed river view, but the earthy rock garden opposite it that served as a wall. I tried to figure out whether the room was an enclosed space, like every other room, with that wall obscured only by the plants and earth that covered it, or whether it had only three walls, with the plants from the outside hill growing into the bedroom. But no one explained it.

Nor did anyone explain what was happening at home. Amy, unlike me, could read and write, and received a letter from our mother. Like the school magazine, it has survived. I read it once, after I had learned to read very well, and could never pick it up again. It had probably a response to one of Amy's letters. In it, my mother insisted almost desperately that Amy shouldn't worry, because the hospital was making her well, that soon we would all be home again.

But only Amy and I returned home to our father. Shortly afterward, on a February afternoon, my father summoned us to sit on either side of him on our couch. Then, he stammered that our mother had just died. I have always remembered, with near-disbelief, what I did next: I smiled. I never understood why, and have always felt ashamed of the memory. I didn't remember what I had replied, but my father did. When I was much older, he told me what I had said to him then: "Don't worry, Daddy! We'll get another mother!"

My sister and I were too young to attend the funeral. I don't remember who took care of us. When it was over, people must have filled our apartment, bringing so many plates of cookies and cakes that they obscured the yellow oilcloth on our dining room table. But the only thing I really remember is that we had a yellow tablecloth.

We returned to our usual routines several days later. At my Saturday playgroup, we were to make pins for our mothers out of wood and painted, alphabet-soup letters arranged to spell MOMMY. After some discussion among the teachers, I was questioned briefly, then told to make one for my aunt. Later, among the MOMMY pins drying on a massive wooden table, sat an AUNT MIRIAM one. It was the beginning of what would become a lifelong improvisation.

We became the only family in the community that had lost a parent through death. This situation drew well-meaning invitations from neighbours. It must have been April, two months after her death, when someone offered three, front-row, circus tickets to the unbalanced threesome that we had become. Even my prized seat couldn't stop whatever it was that separated me from the show and made it not matter. Since my mother's illness, I looked at everything this way, at a world that existed outside of me, separated by a window that had been frosted over. Others lived in a brighter place that I could not enter, one in which crocuses and bright, Mexican colours might belong. From there, they could laugh freely at clowns, unaware that their ability to do so might be stolen at any time.

I often felt stiff and frozen, like winter ice that I loved to crush under my red rubber boots. When playmates burst into a mindless parody of a popular, radio ad for chocolate syrup, no one noticed that I never joined in.

"Oh, I hate Bosco! It isn't good for me!
Mommy put it in my milk to try to poison me!
But I fooled Mommy—I put it in her tea!
And now there's no more Mommy
To try to poison me!"

Part of me wondered how children who had mothers could sing a song like that—and with such glee! Another part of me knew the answer. This time, what I knew was not from memory, but from imagination.

What might life have been like for such children, who never grasped how lucky they were?

The song must have soothed those thoughts that crept into their beds at night, where Mommy might turn into a witch, or an evil stepmother. What if she forgot to buy Bosco, or those favourite cookies? Next time, could she forget about her child, leaving him or her alone, forever, as Hansel and Gretel's stepmother wanted to do to them?

Exposed to daylight, the nightmares faded. Children slurped up cornflakes, then met friends outdoors. They snuck far enough from the windows so that their mothers couldn't hear, yet close enough to feel protected. Then, they exuberantly chanted that ridiculous rhyme. Singing it banished any fears that lingered from the night.

Later, that familiar voice called them in for snack. At the kitchen table, mother welcomed her child with a kiss. There was the Bosco jar on the table, next to the bottle of milk, fresh from the milkman that morning. When she opened the jar, her child would titter, but only to himself, at the idea that it might contain poison. Right next to the milk, sat a package of their favourite cookies: Keebler's chocolate chips. The children learned again, as they had yesterday and would tomorrow, that Mommy would always be there. I imagined this all to be true, for all of them, the same way that I pictured them living in the light, like crocuses in the sun.

Naomi Heilig's work has appeared in The Healing Muse *(Syracuse Medical University) and in the anthology* Voices of Breast Cancer. *A native New Yorker, she lives in Manhattan.*

Voice

Debora Lidov

Eventually, she couldn't speak—
a fact I forget to remember
on a regular basis. Whenever I want
I can. I tell myself memory's

a muscle only. I flex to see
the spiral notebooks reforming
every surface, the packs of pens
ripped or snipped open like milk.

Let's flex into the kitchen,
unlock the freezer and stare
at the one-litre milk bags,
solid symbol of Canada and her

lonely. Listen to me
pound the blue
plastic against the flecked
counter, hear it become

the actual house.
She wrote with her left hand
but I can zoom in on either,
see a wrist at rest

on the rim of the tub,
silver veins blue to capacity,
forty years' piano memory
bulge in steam.

Wrapped around the pen again,
I can stand at the bed
where she's propped with the pen
half clutched, pad on lap.

See the restless left slant
of the letters, the shifting
letters, instructions for dinner,
an opinion on the last

report I wrote for school,
mahogany headboard behind,
mismatched sheets,
symbol of mild

chaos, not dying, making do.
Then the world
crowded with another
body or two.

One by the door, one
at the bend in the bed.
If someone says something
my mother likes,

and if I decide to remember
her answer, I hear her voice
cracking, crooning,
when instead I should see

the mark she made
those years for agreement.
Could I draw it with her,
watch it swerve

six or so inches down the page?
There: the broken line of the classic
Bic, then the dot she plots,
as her head nods,

charged, punctuating so.
What I remember so wrongly
was gone by then and wasn't:
the voice rising as ever,

conversation still filling the room.

Debora Lidov is a medical social worker and therapist living in Brooklyn, NY. Her poems have appeared in Five Points, Salamander, Threepenny Review, *and others.*

Women Write Their Bodies

Stories of Illness and Healing: Women Write Their Bodies *(Kent State University Press, 2007) is a collection of women's illness narratives compiled to examine and to honour women's narratives of illness and healing. Contributors to this book give voice to a wide range of experience and a rich diversity of background. You as reader are invited to bear empathic witness, to listen with four contributors as they share their narratives of diagnosis and treatment, of womanhood and the ill body, and of family life.*

Sayantani DasGupta and Marsha Hurst

1. Distant Scars

Marisa Bois

It is long and jagged, extending in a sloping line from three inches above my navel to below my pelvic bone. Thin and threadlike in some areas, in others it bleeds outside the line, puckering the flesh here, smoothing it there. This blemish of skin meanders around my belly button, as if wishing to maintain its perfect shape. There are places along this erratic braid where one line becomes two, and then three. An overlap of many scars, a scalpel's slow slice traced and retraced again where numerous operations meet before parting once more. There are more scars. Different shapes and colors, contorting the flesh of other body parts. But this is the one that occupies the most space.

There was a night when I stood completely naked in front of the bathroom mirror. This was the last night that the skin on my stomach could claim smooth flawlessness. I lifted my shirt partway up, exposing my stomach under the blaring overhead light. Tentatively I exposed my skin inch by inch, until I stood there with nothing to hide under. I stood and stared until I knew I would remember my body before. My naked body burned my eyes as I stared, determined to brand my reflection into memory. Before the mirror I stayed until my eyes tired and closed.

The scar is the mark and reminder of my disease, the way invisible pain has carved its slow tattoo so others may see. Uncomfortable? Look, go ahead, see: this is me; this is a part of me that, no matter how hard you try, you will never know, never understand.

Before you turn away, I watch your eyes linger on the naked space in between my jeans and tee-shirt. Hmm . . . you think. Is that really . . . ? When we speak eye to eye, I see you glide your gaze down to my exposed stomach. How many glances do you need to answer your questions? Yes, it is. Another downward cast of the eyes. Do you wonder what it's from? You could try asking. But you never do. Instead, when you think I'm not watching, that I am ignorant of your curiosity, you stare. I flirt with actually lifting up my shirt, pulling down my pants, and screaming at you, "Here, wanna see the whole damn thing? Stare all you want, honey!"

Laying in bed I take one finger and follow the scar as it curves around my navel. I know this path well by now. After eight years, I am familiar with every fleshy dent and crevice. Here. This is one place where three lines run alongside each other, briefly separating before they converge once more. It's bumpy. A place that cannot fool my finger into thinking it is normal skin, unblemished and scar-free. There are tiny mounds that cling to the underside of my skin, forming little lumps that stick out awkwardly. These appeared one day when I was tracing the same line over and over again in nervousness. I looked down as if I were touching a part of someone else's body, foreign and unfamiliar. At first I was repelled by their obscenity, their foreign and unwelcome appearance on my body. But over time, this mountain landscape of scar tissue became another path in my scar, another detour my finger could trace and retrace.

"Well, that's the end of your bikini-wearing days." She said it as though my ten-year-old life were about to end. The nurse was busying herself around the room, occupying her hands and eyes so she could pretend not to see my exposed abdomen. Days after the operation, the tiny rectangular strips still clung in a neat, vertical line over my stomach. They formed a railroad rusted with red-stained strips of gauze. The line of the scar stretched from below my pubic bone up over my navel, splitting my stomach into two asymmetrical halves. I periodically fingered the corners of these strips with the same intensity one plays with barely healed-over bug scabs. Some of the edges unstuck from my skin, but I never took them off voluntarily, never touched the place where the gauze met the line of my scar. I liked looking down and seeing that mysterious dirty trail. I didn't need to see what was underneath.

Yet it was inevitable, unavoidable. I discovered that beneath their neat covering, the red line of the scar was crude and abrupt. It protruded rudely, demanding recognition. I could see the dark red that collected in some places, clinging to the gauze and making the strips hold on even tighter.

When they began to fall off I mourned their loss. One gauze strip washed away while I was in the shower; three were slyly ripped off when I struggled to put on my first pair of jeans after the operation. Days passed and I shed the strips like tired old skin. One morning I awoke to discover the last five strips lying in a litter of dirtied petals beneath me. The scar glared up at me, in all its rawness, reminding me of its newfound permanence. It wasn't going anywhere. I wrapped the remains of the gauze strips in an old handkerchief and stuffed it into my going home bag.

Marissa Bois

2. What If They Said?

Amy Haddad

We have your breasts and lymph nodes. Now we want
your hair, all of it, brows, lashes, pubic hair,
the down that covers your arms and legs.
Hand over your strength and stamina,
no more walks. Give us your ability
to sleep and dream. Drop in the ink pens
and paper, you won't have the energy to write.
Surrender your books, where you seek solace.
Relinquish the pleasure of flowers' scent.
Lose your appetite for food, for sex.
Forget swallowing without nettles in your throat.
Abandon the clarity of your vision,
perhaps permanently.
Your wit, your ability to choose words,
play with ideas—
give us all of that as well.

After all,
we're trying to save your life.

Amy Haddad

3. In the Bosom of the Family: *Reflections on Families and Breast Cancer (excerpt)*

Janet Reibstein

It is a warm, sunny June day, 1959; I am in sixth grade, and in two weeks I will go off to summer camp in New Hampshire for the first time. My mother and I are walking into the boutique that caters to the teeming colony of twelve-to-sixteen-year-old girls bred in Great Neck, the suburb of New York in which we live.

"Now, remember: I'm not happy about this. So one. Only one," my mother warns as we enter the small shop brimming with pants, blouses, dresses, skirts, tennis outfits, bathing suits, pajamas, and underwear, all in sizes seven to fifteen. Along the side, next to the colorful bathing suits pinned to the wall, is a free-standing counter stuffed with boxes stamped with images of girls beaming above their cleavage in demure white bras. I flip through the dividers till I find the one labelled "Lovable."

It's taken weeks to get my mother to agree to this expedition. "Ridiculous," she'd mutter when I'd bring it up. "Next you'll be asking me to buy you Modess when you haven't yet gotten your period." I am possibly the last girl in my class not to wear a bra. I have suffered the indignity of changing for gym in an undershirt; on sleepovers, of hiding in the bathroom while getting into my nightgown; and—much worse—at the boy-girl parties I've started to attend, the absolute mortification of boys running their hands along my back during slow dances and feeling nothing but uninterrupted fabric. I feel certain that this gossip will spread hotly and widely (and it does): Janet doesn't wear a bra! My mother has, till now, turned a deaf ear to my abject pleas for a bra. My position has become desperate: I will enter junior high pursued by whispers. That all my friends, endowed with bosoms or not, have ritually ditched undershirts for bras—even undershirt bras—has left her unmoved. Till today, when, finally, the ritual is mine.

I select a training bra: 28AA.

. . . .

I leave the store with my one bra triumphantly stuffed into a plastic bag. I haven't thought through how I will get through two months away at summer camp with only one bra. I've won this battle, though my mother is less than gracious about it: "Honestly," she is still grumbling, though with a grudging grin—the mom shepherding the (almost) teen daughter through a normal and necessary (if in the mom's view, premature) ritual—as we leave the store, "what next?"

WHEN I WAS SIXTEEN—only a bit over a year of living with womanly breasts—I watched my young and pretty mother be wheeled from her first breast cancer surgery, the first of her breasts now gone (the second would be cut off eleven years later). Her surgery came scarcely a decade after the first of her two older sisters died of breast cancer in her midthirties, leaving three teenage daughters. Roughly three years later her other sister, in her early fifties but still premenopausal, would die of the same disease. Three were diagnosed, and two died, within a dark age of breast cancer. In this long, dark period, silence, shame, and ignorance prevailed, and diagnosis foreshadowed an almost certain death sentence.

Two months after her surgery I was in my mother's bedroom with her while she threw clothes into two piles: "no longer possible" was one; the other, "can still wear." Into the first went halter necks and low-cut necklines. A third pile began to form: "not sure." Into that went tops that clung, tops that defined the outline of her chest. In time, most of these migrated back to the "can still wear" pile. My mother, like most women of her day when reconstruction was not an option, got used to her prosthesis. Bras come into their own again after mastectomy and prosthesis: like my training bra, the right one under clothes lends a semblance of "normality."

Without a word of explanation, she offered me the reject pile to sift through. I knew what had happened to her: that her breast had been removed; that she had "cancer." Cancer, we all knew, had killed my aunt. Yet I hardly attended, consciously, to my mother's bodily mutilation, nor to the fact that the very symbol of womanhood that had led to her irritability scant years earlier had been summarily removed from her just as mine was blooming. Her survival was my preoccupation, not feminine identity nor bodily integrity.

Breasts were dominant not just in my own emerging identity but also within a breast-fetishizing culture; this was, after all, only two years after Marilyn Monroe's death. Yet our family discourse about the actual loss of my mother's breast (whether during intimate conversations or clinical ones) occurred exclusively in terms of health rather than psychological or gender identity terms: removing her breast signified hope of her survival on the one hand and the portent of her death on the other. Beyond that, "breast cancer" was a closed-off subject and so an unknown experience. Even the sisters, loving and close and eerily all members of this secret, underground society of breast cancer victims, hadn't ready language to share, help, or guide each other. So it was that my mother lay in bed recuperating for a month postsurgery with half her chest gone and without a direct comment passing between us about this particular loss. Indeed, in my family, breasts, per se, were seldom named.

Handing me the "no longer possible" pile, my mother uttered her one observation about her changed body. "You don't feel like a woman," she murmured quietly and finally, the subject now closed. But as she spoke, I became aware of mine—that I had two breasts to her one. Briefly the notion that Whoa! Hey! I wasn't going to lose them too in some way distant future, was I? floated between us. The moment passed. And with it, for the rest of my mother's life, passed any possible easy discussion of our bodies. The summer of my first bra stands in memory as possibly the last time my mother and I had a "normal" and relatively transparent exchange about breasts, however cranky and irritating.

Janet Reibstein

4. Waiting for a Transplant: *A Meditation*

Marcy Perlman Tardio

I sit at my desk by the window. Clouds fill the sky like clean, ruffled sheets. An icy chill lands on my left shoulder through a crack in the window. On my corner of Fifth Street and Seventh Avenue, men with beefy arms dig up the cement, like trenches; like graves. They are exhuming the bones of rusty water pipes, replacing them with clean ones. Like my doctor will do with my kidneys.

I don't mind it's cold. It's nothing an extra sweater can't insulate against. I eat oranges to keep myself pumped with vitamin C, my way to fight the microbes that nest on the computer keys and invisibly adhere to my fingertips. I dig for words, a shard of metaphor, some bottle caps of adjectives from my mind's ditch to describe this state of waiting.

This past year, I closed my homebirth practice due to my kidney failure, which ironically allowed me to return to college after twenty-two years. I've strained to recall fifth grade math to help my son Levi with his homework. I've toyed with different fingerings for my Bach French Suite. All of this was punctuated with dialysis. No saint, I've cried and readied myself for death.

But now I've achieved the coveted position of being inscribed in that great "Cadaver Kidney List" . . . le-shanah tovah tikateivu[1] . . . may you be inscribed for a good year . . . Now, the only thing left to do is wait—wait for a date when I'll be prepped, incised, planted with a recycled kidney, and stapled closed.

Outside, sledge-hammered cement dust flours up, caking people's shoes as they walk by. As the men dig the trenches, I reflect on my Jewish people, and their Arab cousins, both warriors in the Middle East who fight from their respective trenches. I think the acrid smell of spilled blood is the same, whether that person is Jew or Arab. Each war-ravaged

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[1] Greeting for Rosh Hashanna, Jewish New Year

person—splattered, dead, broken-hearted—could be that person whose kidney will be bequeathed to someone like me. I wonder whether the volume or color of my urine would be different if I received the kidney of a Jewish boy, a Muslim mother.

The high school across the street is letting out now. Teenagers yell and laugh as they duck through traffic and weave in and out of cars and mothers pushing their children in strollers, women who wear their hair in dreadlocks or covered with sheitels[2] or scarves. One of these kids or mothers crossing the street may get hit by a car, or even knifed by someone over a parking space. If that person dies, maybe he or she will leave a kidney for someone waiting for a kidney, like me.

But it's my elder son Java who's promised me his kidney. He's completing his first year as a teacher. It's also his first year as a husband, and he and Michelle are both in grad school. Amidst these challenges, he has added me to his list of complicated ventures. He'll teach till the end of June, and two weeks later he will entrust his body to the surgeon and his soul to Jesus and give me his kidney. My son's sacrifice will be my salvation. I will become free of belly tubes, clamps, and bags of dialysate; free from waiting for another mother's son or daughter to die so that a kidney can be "harvested" like a summer melon and repotted in my belly's soil.

Two men, arms broad and coppery as the water pipes they lift, guide the pipes into the completed trenches. The metal glistens in the afternoon sun like their sweaty skin, all flecked with a fine white dust. All labor is artistry. It's in a day laborer's arms, his muscles, a work of anatomic perfection as they glisten and strain while digging through concrete. It's how a surgeon cuts the precise millimeter of tissue with a scalpel, when the least jolt of his hand could mean the difference between Levi and I kicking around a soccer ball, or Java being propped with pillows and limb restraints in a wheelchair. It's the way my hands have helped women's vaginas stretch slowly to make room for their babies, and how my surgeon's hands will midwife my new life as the doctor places my son's kidney into me.

Still, all of this labor does not equal the strength and resiliency required by the body and the human spirit in order to heal. I look at a scab on my ankle, for example. It's about three millimeters round from a nick I got shaving my legs. It's remained the same for ten days: crusty, dry, unhealed.

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[2] Ritual wig for Orthodox Jewish women, as scarves are for Muslim women.

When I was a kid and fell off my bike while riding in our concrete backyard, knees sliced open, palms abraded, it would only take a little soap and water, a swab of Mercurochrome, a Band-Aid, and in three days it would be gone, leaving new pink flesh in its place. Now—with an autoimmune disease that causes my body to fight against itself, exacerbated by the long-lasting effects of chemotherapy and steroids—I do not heal.

Java is giving me his kidney with hopes it will save my life. The surgeon will put Java's kidney into my abdomen, somewhere near my bladder, and leave my own two desiccated kidneys in my flank to shrivel up. I will need to take high doses of steroids and immunosuppressive drugs. I will organize a welcome committee consisting of my heart, spleen, and pancreas. They will be responsible for making my new kidney feel at home. Perhaps my dormant uterus will wake up as she remembers this new kidney, a distant déjà-vu sort of memory of the time she cradled it inside her nurturing walls thirty years before. Java's kidney, part of the duplicating cells that became him, released into one whole spirit and fleshy package that is my son.

Will my welcoming organs and the warm rays of my mind be able to convince this visiting kidney that it belongs with us, that we are now its home? Will it long for Java, whose young blood vigorously zooms like a falcon through his elastic veins? Will it miss the smell of testosterone?

Across the street, a bulldozer fills the trenches with dirt. The men put down large orange cones as a warning to pedestrians to watch their steps while they walk along the gristled pavement. They lift the old pipes and put them on the back of a flatbed truck. The new pipes, incandescent tunnels for clean, circulating water, are buried underground. We no longer see them, forget they are there; we take for granted that they will secure clean moving water into our homes.

Take for granted, as I did my birth kidneys, yet I cannot take my new kidney for granted. This fist-sized vital organ will be sewn into me, cradled somewhere in my pelvis just as Java was when he was cradled in my womb. As with the veiled heads of the pious, my kidney will be veiled in my hips, reminding me that that which is holy is also ordinary. Hidden from sight, it will call upon me to remember the sacred in the unseen.

Marcy Perlman Tardio received a kidney transplant in 2002. This chapter comes from a memoir she wrote about that time; her kidney, a gift from her son. She is a homebirth midwife in New York.

Something Happened

Drawings by Jane Martin

For Ewen McCuaig (1931–2001)

> Sor Juana, do you not think this might be the singular gift of women's art? To ennoble yearning, and imbue it with a kind of grace?
>
> —The Viscount, *Hunger's Bride,* Paul Anderson

The titles of the exhibition and the drawings in it are taken from things Ewen said. The changes in Ewen's language represent not so much a change as an intensification of his perception. A few of his expressions were funny, although not to him, some very concrete, others original, magical, and profound. Everything he said seemed momentous.

Very rapidly over Thanksgiving weekend 2000 Ewen's memory fell by the wayside. Floating on his back in the swimming pool, he saw every detail of the ceiling with excruciating clarity without being able to figure out where he was. I thought he was having a stroke. After many hours at the emergency department we were told that he was not having a stroke and to go home. At dinner that night I asked Ewen to talk to me about what he thought was wrong. He raised his hand slowly, lightly touched his left temple, and said quietly, "Something happened to my brain."

Back in the hospital some days later, Ewen was so afraid of forgetting my name he wrote it on a scrap of paper and placed it on his over-the-bed table so he would be ready if "they" asked him what his wife's name was. Of the MRI, he said, "There was this noise thing and then I lost everything."

After his surgery, trying to make a little joke, I looked at Ewen's helmet and asked him if they'd shaved his hair. He raised his hands close to his helmet-covered ears and said, “Oh no, I have hair. I can hear it tick.” Later he corrected himself and said that they had cut the grass but they told him, “The grass grows back.” Explaining the surgery to me two days later Ewen said, “What grew in there by false, the stone, is removed. They throw away the stone. We have no idea the quantity at home.”

Ewen awoke the morning after his surgery and said, “I’m so sad overnight thinking of the policeman who died at forty-five.” I was struck that his sadness was for a stranger and not for himself. For the rest of his days Ewen remained what he had always been: devoid of self-pity and full of empathy for others. He looked forward to “All the lovely things I have to do.”

Barry and James, who lived with us then, had a huge bunch of roses waiting for us when we got home. As the roses opened over the next few days, Ewen exclaimed, “The roses were just moving into fabulosity.” The following June the hundreds of blooms in the rose gardens at 21 Rose Avenue were fabulosity itself.

On the August holiday weekend, Ewen was back in the hospital. A coloured square was drawn on his chest to guide the radiation machine. I worried when I inadvertently washed off some of this green drawing, but the technician said it didn’t matter as the marks were tattooed in. As it happened, we had a young niece and her friend staying with us who then wanted to show Ewen their tattoos.

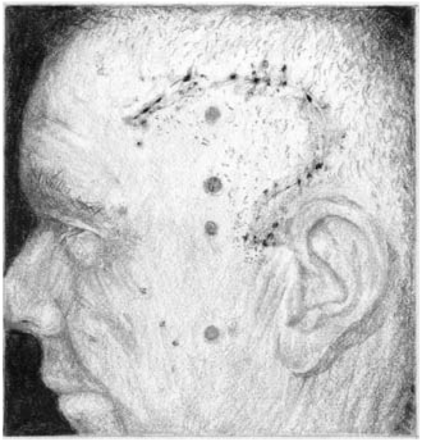
Ewen continued to swim for the rest of his life. Water became the only place he could move painlessly and with a sense of freedom. The bathtub too was “the swimming place.” He loved being at the cottage and lying in “the hanging bed”—a name I now prefer to “hammock.”

What amazed me was how Ewen, feeling his “whole body in devastation, time flying by so fast,” and close to leaving “all the lovely things I have to do” undone, could still find “there are questions I don’t know the answer to,” could say, “Though I accepted what happened, this is almost like a miracle . . . all the energy,” state, “For me this place is like a revelation,” could “feel that thing coming over my heart in waves,” and wonder “if there’s another place nearby where things are different.”

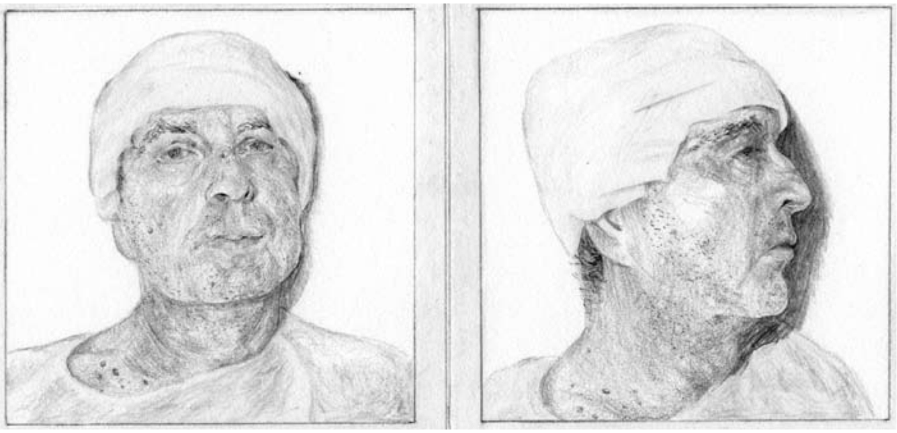
Something Happened: Do Not Fail to Pay Attention is based on a photo I took of Ewen on 17 November 2001, a week before his death and the day he left 21 Rose Avenue for the last time. He said, not in any context but quietly into the air, “Do not fail to pay attention.” He didn’t mean that we shouldn’t fail to pay attention to him. He meant, Do not fail to pay attention to life, to love, to our medical system, and to this terrible disease. This work is my “paying attention.”

Jane Martin

Something Happened: This Noise Thing and Then I Lost Everything. 11 x 9 cm. Pencil and coloured pencil. Coll. Erna Paris and Tom Robinson. © CARCC.



Something Happened: The Roses Are Just Moving into Fabulosity. 11 x 9 cm. Pencil and coloured pencil. Coll. Daintry Topshee. © CARCC.



Something Happened: I Can Hear It Tick #1. 11 x 18 cm. Pencil and coloured pencil. Coll. Erna Paris and Tom Robinson. © CARCC.

Something Happened: The Stone Is Removed. 11 x 18 cm. Pencil and coloured pencil, and watercolour. Coll. Art Gallery of Ontario by John McKinven and Bill Brown. © CARCC.

Who's to Say?

Marcia Golub

She had been seeing Dr. Weiz for two years when it crossed her mind that he was not really a psychiatrist. Her first thought was that that was crazy. It was a sign of her distrust of others, of men in particular, that she thought such a thing. After all, she was the one seeing a psychiatrist. That made her way of thinking suspect in terms of reality. Not that she was crazy. She was unhappy. And not so terribly, terribly unhappy. Just unhappy enough for enough years and having enough suicidal thoughts that, though she would never do it, were occurring several times a day, plus crying all the time and not wanting to get out of bed, that she thought she should get help.

His office wasn't the first place she had turned. She'd tried hypnosis. She'd tried acupuncture. She'd gone to a nutritionist. Her friend gave her the number of a psychic who could put her in touch with her dead loved ones. Her friend had found this very beneficial. But Eve thought she'd try this psychiatrist the neighbour of her friend had recommended. The neighbour wasn't someone Eve knew, but she knew of her. She knew she was the neighbour with a withered hand. So when she met Dr. Weiz, she told him that she was a friend of someone he had treated who had a withered hand. He had no idea whom she was talking about. She dropped it.

She liked him very much. He was funny. He was smart. He seemed old, much older than she was. But when she thought about how old she thought he was, she realized she thought he was in his fifties or sixties. She was fifty-four. It turned out he was too.

It happened one session when they were talking about brain chemistry. He was describing something that the pancreas manufactured and he couldn't think of the name. So, jokingly, she asked to see his medical licence. It was a small joke, the sort of joke she was used to making with writers, asking to see their poetic licence. Not an uproariously funny joke, but she didn't think it was offensive. What she found strange, though, was that he didn't laugh. He didn't give up trying to come up with the name of the hormone, even though she had gone on to tell him something else. "Endocrine system," he said. Then "exocrine." Then dopamine, neurotransmitter, fascia, and a bunch more medical words. He seemed to have put on his doctor's hat. And he wasn't smiling.

Okay, she thought. So you're a doctor. Enough already. I'm sorry I questioned your authenticity.

They went on to talk about this and that, but the rest of the session he maintained a distance—a medical distance. He was the psychiatrist and she was the patient, and there was a wall between them now. They could look at each other, they could hear each other through this wall, but there was no going past it anymore, as they had once done. There was none of that chummy closeness she'd grown accustomed to. And when she left, she felt like crying. So she did just that. She was like a cat with vomiting. It wasn't such a big deal to her to cry. She didn't like it, but she didn't fight it. She just felt the impulse and *vwap*, like a cat bringing up a hairball, there she was bawling her eyes out. She didn't know why she felt so bad, though. She decided it was all a matter of her craziness. Then she remembered her little joke and thought, What if he's crazy?

No sooner did she think that than she started to feel disloyal, as if he could read her thoughts and would be appalled to know she doubted him. She knew he couldn't know she would think such a thing about him, but she kept remembering things he had done that seemed to show he had been angry at her after their last session. For example, when they had finished she had used his bathroom. She didn't take long, she had just peed and washed her hands, but when she came out he was waiting. Had he been waiting for her so he could leave? Was he angry because she had made him wait? Did he think she took too long in his bathroom? Sometimes after seeing him she was nervous, so it could take time for her muscles to relax enough for the urine to come out. That had happened after their session, but how long could it have taken? Thirty seconds? A minute? Even if it were a few minutes, would he be so petty that he would resent the extra two or three minutes it took for her to pee? This was nonsense. This was ridiculous. But she couldn't get it out of her mind. He was standing there, at the end of his long hall, when she came out of the bathroom. She had smiled and waved. He had not smiled or waved. She had said bye. She hadn't heard him say bye.

He was mad at her. She knew he was mad at her. She knew also that he couldn't be mad at her. Psychiatrists didn't get mad at their patients for peeing before getting on the train to go home. He knew she had a long ride and was anxious about having to pee during it. It was simple. She would just send him an email. She would ask him, Are you mad at me? And he would say no. And they would talk about it the following week. Or not. In any case, he would respond and she would know he wasn't angry. They would laugh about it. Everything would be chummy again.

So she sent him a quick email. The subject line asked: "Are you mad?" and the body of the email continued: " . . . at me?" She liked this because of the pun in "mad," as if she were secretly asking if he were crazy. He wouldn't know she was asking that, but she knew. It was an inside joke. Then she sent it off. Then she waited.

And waited and waited and waited and waited.

Every few minutes she checked her email, then went to do something else. She had manuscripts to mark for the workshop she taught. She had meals to prepare. She had a shower to take. She had exercises to do. But she punctuated every activity with an email check. He was usually prompt about replying. She didn't email him often, but sometimes she needed to send him something or ask him something, and email seemed less of a production, less of an invasion, than a phone call. He usually got back to her within a few hours. This time the whole day went by and he didn't get back to her.

She thought about calling him but was afraid. She thought about sending another email but didn't. She just continued to check her email through the week, pretending she was checking for messages from anyone else but him. But it was his name she looked for when she received messages. And he did not write back.

He was mad at her. Oh my God, he was mad at her and she didn't know why. Because she had had to pee? Because she'd made that joke about his medical licence? Or was it something else entirely? Maybe he just didn't like her. She didn't think he did. She had in fact been writing notes to herself about this very thing, how he didn't like her anymore and wanted to be done with her. He was tired of her. He was tired of her complaints and her laziness.

"Just get up and do something. Stop feeling so sorry for yourself," she imagined him telling her. "Get a life."

Stop, stop, she told herself. She knew this couldn't be. He wouldn't do that. She wasn't that horrible, was she? Yes, she was tired and depressed and she complained to him. But he wasn't a boyfriend. It was his job to listen, not to judge her. He was supposed to be empathic, a good listener. Do you mean to tell me, she thought, that the whole time I have been telling him about my childhood he's been going, Oh, who cares? You think you're the only kid who was abused by a funny uncle? Or that everyone is born loved but you?

No, no, this can't be, she told herself as she checked her email. She checked her phone messages. He didn't call, he didn't write. What the hell was going on? He wasn't her lover, so why did she feel like he was dumping her?

She went to her next appointment, determined to give him a piece of her mind. How dare you not reply to my email? she was going to say. But then she thought maybe she wouldn't say anything at all. She would be sweet. Win him back. She wouldn't complain. She would scintillate for him. She would look lovely and be smart and funny. She would compliment him. Tell him how much she liked his shoes. Flirt with him. Maybe she'd tell him a sexual fantasy. Yes, he'd like that. It didn't matter if she looked like a giraffe in a tutu. His ears twitched and his whole face brightened when she (or anyone, she figured) talked about sex.

She rang his doorbell and waited. And waited and waited and waited. No one buzzed her in. She rang again. Still nothing. She didn't want to ring again right away. Maybe he was in there, listening to it ring, becoming annoyed at her for ringing so often. Maybe he was in the bathroom. Maybe he was consoling a really sick and crazy patient. She should be more patient herself. She should have compassion. She waited. And waited. Then rang again. And waited. And rang. And waited.

It had happened a few times before that he had not been in his office when they were supposed to meet. But that was when she had had an early appointment, his first of the day. And so, on occasion, she had gotten there before him. But when she had made it clear, difficult though it was for her to do, how much it hurt her that he was late, he had stopped doing it. He had only done it two or three times. He hadn't done it at all since she had changed to a late afternoon appointment. But maybe he had had an appointment himself and hadn't gotten back in time.

Or maybe something had happened to him. Maybe he was lying in his office, having had a heart attack. Maybe he was decomposing. Maybe he had been stabbed by a really crazy patient. She went to get the doorman, but the man didn't remember having seen Dr. Weiz that day or not. "Just sit on the couch," he said, pointing to the ratty lounge in the lobby. "He'll be here soon."

She sat down and wondered if the doorman thought she was crazy. Did he think it odd that she found it odd that her psychiatrist was not answering his bell? Did he think her neurotic about time? Did he think she was self-conscious? Did it seem self-conscious that she didn't know what to do with her hands or her feet and that she didn't feel like reading or, God forbid, writing in her journal with him looking at her?

She waited half an hour, then she called Dr. Weiz on her cell phone. She got his voice mail and at first was soothed by it. She left a message for him to call her on her cell phone, that she was waiting in his lobby and perhaps there had been a misunderstanding about the time of their appointment. Then she thought perhaps there had been. She asked the doorman, "Is today Tuesday?" and he nodded, but he nodded in a slow, almost imperceptible way so that it was clear he did in fact think she was crazy.

"I'm going to go," she told him. "Tell Dr. Weiz I waited, but then I had to go." Then she thought that was an odd message to tell the doorman to tell her psychiatrist so she said, "Oh, don't bother. Don't worry about it." Then she ran outside and she was sure the doorman was going to say, "One of your patients was waiting for you in the lobby and she was really crazy."

She went home, all the way home without peeing. She was so upset. She fought to keep from crying and as a result she got the hiccups. Everyone on the train looked at her but she couldn't do anything about it. She knew her face was red. She expected to find a phone call from him on her machine when she got home. But there was none. And there was no email. And no message on her cell.

She emailed him again. She called and left another message. She called her friend who had given her Dr. Weiz's phone number. Her friend didn't remember giving her Dr. Weiz's phone number. "Don't you remember? You got it from your neighbour, the one with the withered hand."

Her friend shook her head. "I don't have a neighbour with a withered hand."

"You do," Eve insisted. "Or rather, you don't. It was a misunderstanding. You had a neighbour with a withered hand but it was your other neighbour, the one with the same name who gave you Dr. Weiz's phone number."

Her friend smiled. "I don't recall, Eve. I'm sorry. I have a lot on my mind. But I have that psychic's phone number if you want."

Eve thought about calling the psychic to find out what had happened to Dr. Weiz. But this was going too far.

She thought about his black-and-white curls, his beard, his deep voice. Could she have made him up? Sometimes that happened. Sometimes she closed her eyes and would see a person who was an individual, and a very clear one at that, but no one she had ever seen before. Maybe it was that way with Dr. Weiz, she thought. Maybe she had made him up. Maybe she had been talking to herself all the time she had been telling him her secrets.

This was terrible, she thought. She was in love with someone who didn't exist. This was much worse than loving her psychiatrist. That could be chalked up to transference, a not uncommon phenomenon in therapeutic circles. She checked her messages, her cell and home lines, she checked her email, then she called her friend for the psychic's phone number. When she called the psychic she had to leave a message. She thought it was strange that the psychic needed a machine to tell her who had called. Wouldn't a good psychic know? Still, she sat by the phone and waited for it to ring.

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Days and Nights in NICU

Christine Benvenuto

My daughter was perfect. Thanks to a short suspension in the birth canal, she didn't have the battered prizefighter look that my first two children wore into the world. Okay, she was an amazing dark brick red but—as I would soon be told by an array of wannabe medical comedians—red was better than blue.

Born at thirty-six weeks, six days, the baby was a day shy of being considered full term. Clogged with amniotic gunk, in her first moments of life she spluttered and fussed instead of issuing the lusty newborn cries I'd heard twice before. The nurses cleared her nose with their powder blue plastic bulbs. When they took her off for her bath, I showered and moved into a postpartum room, then went to the nursery to claim my daughter. Nurses stood on either side of the bassinet, exclaiming to each other over her beauty. They had examined my baby and pronounced her healthy.

We spent our first night together in the postpartum bed. I gazed. She nursed, a little inexpertly. It was our honeymoon. In the morning she cried whenever I tried to put her down and made it clear that life had better arrange itself to keep her in my arms.

We planned to go home as soon as our pediatrician examined her, a formality. When the doctor arrived, around noon, they took the baby to the nursery. That's when it all began.

My husband was teaching that afternoon and had our three-year-old daughter with him. Our nine-year-old son, in love with his newest sister, elected to spend the day with the baby and me. So he was with me when I walked into the nursery to see how things were going. Once again the baby was in the bassinet, flanked by nurses. But now no one was smiling.

"She was breathing very rapidly," announced our pediatrician. Had I noticed a problem? I hadn't. The baby was hooked up to heart and respiration monitors, with her head under what looked like a clear plastic cake dome, an oxygen-enriched environment. In the minutes she'd been away from me, my daughter had entered the grip of medical crisis.

"Is this bad?" my son asked. Later he'd insist that the hospital couldn't hold his sister and threaten to notify the police.

I brought my son to my room and went back to the nursery. This was a path I'd retrace many times in the coming hours. Going to the nursery to be with my baby. Feeling in the way and concerned about leaving my son alone with his fears, returning to my room to be with him. Terrified of what might be happening, hurrying back to the nursery. One return, the doctor said the baby's eye movements might indicate seizure activity. I disagreed—I'd seen these twitching eyelids on dreaming babies before—but didn't say so, since my opinion would only be chalked up to denial. Later on, I was in my room for a moment while my husband, son, and daughter went to get some dinner. My son came in alone. Someone in the nursery had just told his father that the baby had an irregular heart beat. What, he wanted to know, did this mean?

My husband confirmed that the monitors had picked up a heart fluctuation. Coming on top of the rapid breathing and possibility of seizure activity, this was the low-tech nursery's last straw: the baby was being moved to the Neonatal Intensive Care Unit (NICU) of a much larger teaching hospital half an hour's drive away.

We threw ourselves into a numb flurry of activity. I cleared away the gluey remains of my children's pizza dinner. My husband made phone calls in search of someone to take the children for the night. I began losing things: the address book I'd been holding, then the baby's name. The name, just like the baby, was slipping through my fingers. In the midst of this, the midwife on duty sat down beside me on my hospital bed. "Do you think there is any way that this baby can be okay?" I demanded. She said, "Yes." What else could she say? Then she volunteered to bring our children to the friends' home where they would spend the night, and gave them the ride of their young lives in her jazzy top-down convertible.

After they'd left, someone remembered that I had given birth less than twenty-four hours before, and I realized that I was dizzy. A chair was brought to the foot of the bassinet, and I was given some sweet grape juice to drink that made me feel worse than I had before. My husband and I cooed to the baby and stroked her. She screamed at the top of her lungs, still brick red ("Better red than blue!") and unable to nurse with her head inside the oxygen dome.

The medical team that arrived from the teaching hospital were so green, the young intern insisted up front that he was a doctor, expecting to be contradicted. They gave the baby a dose of phenobarbital so that, if there had been seizure activity, it would be controlled during transit. They transferred her to an aptly named isolet, a clear plastic box on wheels, and she was on her way. We followed the ambulance in our own car, barely able to speak to each other.

We entered the NICU that night and over the coming days through a series of hurdles. The receptionist checked with a nurse to see if she could buzz us in. We performed the timed, two-minute hand scrub. Then we staggered through a dimly lit ward of bassinets and isolets.

We found our baby in the last bassinet at the end of a row. There had been another moment of heart fluctuation upon arrival. Now she was resting. Oxygen was being pumped into her nose, an invasive procedure that we were told is sometimes effective at jump-starting newborn lungs. She was wired everywhere, bruises flowering where IVs lodged, needles jabbed, and tape attached things to her diaphanous skin, receiving antibiotics to treat an infection that might be lurking unseen, and sugared water since she couldn't nurse while on oxygen. But the rest of that night was quiet. In the morning they talked about letting her breathe on her own. When I heard that I would be able to nurse her again, I burst into pent-up tears.

She was put through a battery of tests: EKG, EEG, CAT scan, MRI, MRV, repeated blood tests, examinations by pediatricians, a pediatric neurologist, a geneticist. A spinal tap, excruciatingly painful even for adults, was performed twice before enough spinal fluid was collected.

We weren't allowed to be with the baby during most of these procedures. Because we'd arrived when one of the NICU's two family rooms was unoccupied, we had somewhere else to go. In this invaluable pocket of space—the sofabed, if unfolded, filled it—with its own bathroom we could take showers, and I could use the industrial-strength breast pump a nurse helpfully provided. We could rest, after a fashion. If we dozed off for a moment, the ringing telephone tore through our half-sleep, terrifying even though it was only a summons to nurse the baby.

We held her as much as possible, negotiating the mess of wires. She nursed, slept in our laps, or looked into our eyes, sucking on our fingers and fluttering starfish hands with graceful underwater movements. While she slept I read a long novel by Trollope, soothed by the characters' quiet, nineteenth-century self-destruction. Days slid into nights. The world outside the NICU windows seemed uniformly remote and grey. Parents came and went. We stayed. Across the aisle, a teenaged dad kept his own vigil beside his son's isolet.

Most of the NICU parents were teens or not much older, the very young parents of children with intricate needs. One day we overheard a nurse detail a baby's arsenal of medications to a young woman with limited English who would soon have to give them to her son at home; the tiny patient, about the same size as our daughter, was 100 days old. All the babies looked like newborns; many were weeks, if not months old. The isolets housed some of the tiniest human beings in existence. Like parents everywhere, we knew our daughter's cry. We also recognized the baby who bleated like a lamb, the one who mewled like a cat in trouble. But most of the babies made themselves known only through the warning beeps of their monitors.

The babies were assigned a nurse every twelve-hour shift. The majority of the nurses were smart and dedicated; a few looked to be passing the hours until the shift would end. The doctors comprised a uniformly brisk, businesslike group. That is, all except the young intern who had come to get our baby from the hospital where she was born. "He only knows what I tell him," one nurse told another. He tried to imitate the professional veneer of his older colleagues, hopelessly unable to carry it off. One day he wanted to tell me what an MRI was, and was clearly stumped. I explained it to him instead. "That's it!" he beamed, his inner incoherence mapped for him. The boy doctor provided us with our only moments of hospital humour.

People incidental to our baby's care were uncommonly kind: the maintenance workers who cleaned the family room and brought us fresh towels. The receptionist who allowed us to hang onto the room when the baby's discharge kept being delayed. The cafeteria cashier who asked after her every day, and stopped charging us for our purchases when she decided we'd spent enough. The diners who brought my purse to the cash register for safekeeping when I walked out of the cafeteria without it. And the social worker from another part of the hospital who visited because she knew us slightly, bringing compassion and a whiff of the outside world into our vacuum of crisis.

Throughout these days my husband shuttled back and forth between the hospital and home, an hour away, where our son and daughter were being looked after by his mother. Each day the kids came to the hospital to have dinner in the cafeteria. Each evening we faced the wretched moment of separation. My husband and son and I were stoically miserable. My daughter cried. Once, saying goodbye in the lobby, we saw a new mother leaving the hospital's childbirth facility with her infant, baby balloons flying. That's the way it's supposed to be, we told each other.

Sometimes one of our baby's alarms would go off, but these always turned out to be mechanical glitches. Our hearts would stop, but hers never again missed a beat. The pediatric neurologist saw no indication that she'd had seizures, and each test yielded normal results. Tubes and wires were removed, our baby was returned to us by degrees. Raw fear turned to a desperate impatience to get her home before they found an excuse to keep her.

But getting out of the NICU proved more difficult than getting in. Some of the tests had to be redone, either because they hadn't been done properly the first time or because their results were inconclusive. While some provided quick information, on others we had to wait for a few of our baby's cells to grow in a laboratory into health or abnormality. Considered premature, she had to pass a road test, proving that she could sit strapped into a car seat for sixty minutes while the oxygen absorbed into her blood stream stayed above 95 per cent. If it dropped—and it did, over and over—she couldn't go home. After trying out seat after seat, we finally understood that our daughter could ride home in a car bed, oxygen-rich and prone, anytime. In exchange for our credit card number, the bed was delivered to the NICU by a respiratory equipment company. I thought I was dreaming when the release forms were signed and handed over. I dressed the baby in the clothes her brother and sister had worn for their entrances to the world.

Before my daughter was born I believed I knew only one NICU alum. In fact I knew several. Not surprising, given that some 9 per cent of babies spend time in a NICU. As one mother said, people try to put the NICU behind them. They don't talk about it, while the trauma of the experience continues to haunt long after. In our family, from time to time a memory is triggered out of nowhere, and together we find ourselves reliving that painful week and its blessed outcome. We'll never know whether our baby's time in the NICU was beneficial, even necessary. For this we can only count ourselves lucky.

That last morning, when we were finally ready to go, there wasn't a single nurse or doctor in sight. We gathered up our baby and, with no one to say goodbye to, walked out of the NICU. We rode the elevator to the lobby. The hospital doors slid open and I carried my week-old daughter out into the sunlight for the first time.

Christine Benvenuto is the author of Shiksa: The Gentile Woman in the Jewish World, *published by St. Martin's Press, and her fiction and essays have appeared in many publications.*

Bed Rest Blues Villanelle

Marty Silverthorne

Sometimes their singing is soothing
as they kneel by my bedside with water.
They come in early with a smile.

They stretch out my contracted limbs
to make the lethargic blood flow.
Sometimes their singing is soothing.

In the shower they shave off stubble;
while lathering they hum and sing.
They come in early with a smile.

Some quote scriptures, others confess.
I jump to the pulse of warm water.
Sometimes their singing is soothing.

They towel me down, lotion my scars,
tuck me into the water bed.
They come in early with a smile.

In their clean up they stir the dust,
help write haikus and bed rest blues.
Sometimes their singing is soothing;
they come in early with a smile.

Marty Silverthorne

Things Taken

Isabel Hoskins

It was October, the thick middle of autumn, when I had my last period. I remember that I bled onto newly washed sheets. I remember eating pears: green and brown and rusted red, juicy in their perfect ripeness. I remember the headache that started at the base of my spine and twisted its knotted fingers around the right side of my skull, boring into my temple and eye socket. I remember my last period because medical arrangements were made around it, and because while I bled that October, I was very afraid.

I had just returned from my midwife's office where, during my yearly exam, she said she could feel something large and abnormal on my ovary. She told me I needed to make an appointment for an internal ultrasound, that I should get in as soon as possible, but that the test could not be done during my period. I remember sitting at the dining room table, determining where I was in my cycle. The boxes on the calendar, each one with their inked number, said I would begin bleeding in only three days. My appointment was scheduled for that very evening.

Then, for three days I waited for the results of the ultrasound and waited for my last period, which I did not know would be my last. My family history felt like poisoned soil, infecting the tree that bore our names on branches. So I worried I about things like cancer: uterine, cervical, and ovarian. I told myself not to worry because I was young, only thirty. I did what they tell you not to do and researched on the Internet, typing in my symptoms and reading the results with panic. I passed time at home watching episodes of *House* on DVD, as if in viewing each rare and strange disease I would become immune to it. I played hours of mah-jong on the computer. I told myself that if I could win just one game before the results came, the news would be good.

My last period started the day we heard from my midwife, and she told me that the ultrasound revealed there was a mass on each ovary and I needed to see a gynecologist in her practice. My husband and I drove to Dr. Saleh's office an hour later. I was bleeding with my period as we sat in the waiting room, and I played solitaire on Todd's Palm Pilot. I won a game as we sat waiting in the exam room and I told Todd it was a good omen. Not a mah-jong win, but still, it meant something.

Dr. Saleh came in the room and introduced himself. I remember the intoxicating smell of his cologne: pine, cedar, musk, black pepper. He looked at my charts, my results, my body. He said that I had what appeared to be two large cysts, one on each ovary. He said that his opinion was that I should have surgery to remove them as soon as possible, as they were large, the size of oranges and grapefruit, and would likely continue to grow. He said that cysts are benign, but that they can take on a life of their own and sometimes when they remove them, the cysts have hair and teeth growing on them. He said that we should not be worried, that it was quite common to have ovarian cysts, that he was not thinking tumours or cancer and we should not be either. He said he wanted to give me an internal vaginal exam. I told him I was having my period now. He said this was fine, that he was only feeling for the location and size of the cysts. I remember my last period because when he removed his hand from my vagina, the glove was covered in my red menstrual blood and he tried to be discreet while he pulled it off and threw it in the toxic waste bin.

I bled for my normal ten days and during this time I waited for surgery. I remember sitting at my friend's house, and she asked me if I was scared or worried. I told her that, strangely, I was not. I felt like everything would be fine.

"I'm willing to be surprised," I said.

My last period ended. The bright red blood turned to soft pink and then it was done. The box of tampons went back in the linen closet alongside towels and cotton balls and toilet cleaner. Three days later I was at the hospital for surgery. As they wheeled me into the operating room the anesthesiologist asked me if I wanted a little shot of a relaxant, to soften things around the edges before they officially put me under. I said yes. And then I was out and I don't remember what happened because I had fallen into the unconscious, abducted into darkness, the last memory I have, Dr. Saleh leaning over my bed and smelling so good I could have crawled up and rested in the crook of his neck.

I have no memory of the next eight hours. I have been told that this is what happened. Dr. Saleh began the surgery laparoscopically and once inside he discovered a tumour. They slit my skin apart, a horizontal incision just above my pubic bone. An oncologist was called in for a consult. A piece of the tumour was removed, frozen, and sent for immediate biopsy. It came back malignant. While I was still unconscious and on the operating table, the doctors went out to the waiting room where my husband had been sitting alone in fear, wondering why what was supposed to take two to three hours had now surpassed five. They told him what they had found. He gave them permission to perform a full hysterectomy. They removed uterus, tubes, and ovaries, along with samples from other organs and tissue so they could all be sent to pathology to see if cancer had spread. Successfully emptied, they then sewed my skin back together and when I woke later, in the same room I had been in before they wheeled me into surgery, I looked at the clock on the wall. When it said seven o'clock, hours past when it should have been, I knew something had gone wrong.

Though this is what happened to me, it still feels not mine own. I was not conscious, and in the shroud of anesthesia I had no voice or choice. There was not even dreaming. It remains lost time in which, transported to the realm of the unconscious, events unfolded that would change my life. When they cut into my skin and with sterile surgical instruments removed organs and cysts and tumour, they cut open a wound in the ground and, like Persephone abducted into the Underworld by Hades, I slipped underneath.

In the days following, Dr. Saleh and the oncologist came to see me at frequent intervals, telling the same story again and again. I was thirty, so young to have had ovarian cancer. I was amazingly lucky to have had it found in the earliest of stages. I was not to worry because, though we were still waiting for the rest of the results to make sure it had not spread, they found everything so soon and I was so young.

People came to sit with me in the hospital and they said they were sorry and that I was brave. My mom flew out to take care of things at home. My midwife, who had been with me for the birth of my son, cried when she came to see me. The nurses warned me it would take a long time to recover, longer than the six weeks for my body to heal. The oncologist reminded me every time she stopped in my room how lucky I was, how remarkable really it was that I figured this out when I did. My husband reminded me, himself, again and again, "We were not planning on having any more kids anyway."

The pathology results returned and, except for the tumour and right ovary, they were all negative. A week later I went to see the oncologist and she told me I had been diagnosed with stage 1C ovarian cancer and that I required no further cancer treatments such as radiation or chemotherapy, as all cancer was successfully removed during surgery. She told me I would need to take tumour marker tests every six months for the next several years. She told me I would probably experience depression.

AND THEN MY MOM returned home. And then Todd went back to work. And then it was Halloween and I was well enough to walk slowly through the street with my toddler while he went trick-or-treating, the tail of his furry Tigger costume trailing behind. And then I went for the two-week post-surgical checkup with Dr. Saleh. Cancer free. Lucky. The incision healing well, quickly, faster than expected. And then the ground closed over me, from that place where I descended, and the grass grew over what had been a gaping wound and it was still, as if nothing ever happened.

I recovered, regained strength, and resumed normal responsibilities. I had not planned on having more children anyway. I was fortunate. I had known worse things than the loss of my reproductive organs. I was grateful for my life, my husband, my health, my son. I was young, only thirty, and my body could bounce back. If it were not for my absent menstrual cycle, I could pretend everything was normal.

I tried to make the most of things and went shopping for all new underwear, pretty delicate things that would never be stained with blood because I miscalculated the beginning of period or went out without bringing an extra tampon. That was it then. My consolation for losing my uterus and estrogen, for being cut open and stripped of organs, was twelve new pairs of panties. The absurdity slapped me and I felt a stinging burn through my body. Back home, looking through my purchases, I started crying. I did not stop. In the thicket of the unconscious and unspoken, in my fears and feelings that oozed and wormed their way into my dreams, in the images that arose from the part of me still locked against my will in that place to which I had descended, I began to grieve.

It was in the terrain of my flesh, with its scar ripping across my lower abdomen, with its absence of estrogen and progesterone, with its memory, that I found the way to mourn and tell my story. At times the grief felt like an emptiness, a void, barren as my removed womb. Where I once felt fertile creativity, there was vacancy. Absence itself came to take up space. My body began to dry out. I watched my hair change texture and turn to frizz, refusing to hold soft curls. My skin revealed its parched patches, flaking as if they had seen the scorch of desert heat. I found myself unable to wear contact lenses because even my eyes had lost their slippery wetness. Sometimes in the arid starkness of loss it felt as if nothing could grow on such a desolate land. My body taught me how to grieve.

It has been a year since my last period. I am still grieving. I grieve what I have lost and what has been given: the innocence of believing that youth equals health, the baffling realization I had cancer and it was both discovered and eradicated all while unconscious, the absence of my reproductive organs and the hormones that affect more than I had imagined, the ability to have a choice in whether or not I would have another child birthed from my body, the doctor visits that clutter my calendar, that vulnerability of having my insides touched and parts of me taken. And this: I miss my period.

It happened so suddenly, with no warning of its departure, and I miss my periods. I miss bleeding once a month. I miss the movement of feelings, the undulation of energy and creativity and how, though always fluctuating, it followed a rhythm, predictable and cyclical and intimate.

My periods have left me. Weeks pass, months pass, seasons shape shift, and I no longer know this in my body as I once did. For eighteen years menstruation has been the way I tell time, the circling of ovulation and emptying. It is more to me than just a physiological process of egg descending down the tube, of the lining on the uterus growing thick and webbed, ready to sustain new life, of the shedding of blood that has been considered to be both sacred and unclean. For me, having my period was how my body spoke to me and how I began listening. The entire life cycle was found with my own flesh, the beginning and ending and beginning again. I miss my periods, the shedding of blood like snakes slithering out of their skin.

Time passes. I move on, but not as I once was. In the shadow of fecundity is that which destroys and takes from us in its descent, returning us to the womb so we might begin again. Even without my periods a life cycle remains in me. As Persephone heralding the first stirrings of spring, I walk again upon the earth. The Underworld does not leave me but comes with me, rooted in my body as I grieve its wounds. I feel the physical manifestations of menopause and the emotional aftermath of being cut open, with its grief and anger and gratitude for saving me, and I watch myself fuse back together, the way my skin did as it healed from its surgical wound.

It is October once again and there are pumpkins and squash and the first pomegranates of the season with the thick, husk-like skin puckered up at the top like a kiss, the lumpy roundness, the hidden nest of seeds. I buy one and bring it home, slicing through the middle where it then falls into two halves and a tiny stream of juice drips onto the counter. Inside is a mine of jewel-toned seeds, each one a morsel of tart sweetness, beginning with a delicate crunch and softening into liquid centre. There is no real fleshy meat. The seeds are the meat, the prize, the delicacy, the red gift. And there are so many, too many to coun, and they remind me of my lost eggs from my lost ovaries that were once inside my body and now are no longer. I pull the seeds out with my fingers, disentangling them from the webbed centre. They feel like pearls, smooth, but if you put them in between your teeth, you can feel their gritty beginnings. I eat the seed, swallow it whole.

Isabel Hoskins is a writer and licensed doula. Currently a student at Goddard College, she is studying the mythological, medical, and personal history of the womb. She lives in Chicago, Illinois, with her husband and son.

A Strong and Noble Soul

James Ward

> Every trial endured and weathered in the right spirit makes a soul nobler and stronger than it was before.
>
> —William Butler Yeats

The obstetrical nurse, a tall woman with a Jamaican accent and freckles like chocolate sprinkles, leaned to Jodi's ear and whispered, "Honey, it's okay to make some noise. Scream a little, we won't mind. Curse a little, Jesus won't mind. It'll make it easier."

Jodi was sixteen hours into her labour and for the first time she thought she might cry. Lately, she was sensitive to kindness. But she didn't cry or scream or curse, just bit her lower lip and crushed two handfuls of tissue.

Delivered, the baby cried, not the anticipated hardy announcement but a rusty whistling sound, like the laboured wheezing of an asthmatic. Jodi tried to see but the delivering doctor's big hands hid the tiny voice and then the nurse's cool washcloth slid over her face and blocked everything.

The nurse finished and the doctor handed her the baby. She cleaned it and wrapped it in a blue blanket. "A boy," she said.

"Can I hold him?" Jodi asked.

With the doctor's impassive nod, the nurse set the baby in the crook of Jodi's arm and whispered, "God bless." Later, Jodi remembered a hint of sadness in the words.

She tried to feel her baby but couldn't. It was as if he weighed nothing, a floating figment from her dreams. She closed her bleary eyes and breathed deeply, soaking up the soft musky scent of his newness, welding the moment into memory, a reward she had promised herself. She was only twenty years old, but for as long as she could remember, she had yearned to be a mother.

"For just a minute now," the nurse said. "We have to get him to the ICU."

"Why?" Jodi asked.

The nurse was slow to answer and Jodi lifted her arm and turned the baby's face. She blinked to clear her eyes because it couldn't be true. He looked like something come out before its time. He had too much forehead that was too flat and his face dished in so that his eyes bulged and his nose beaked. His jaw stuck out. His face made her think of the toy, Mr. Potato Head, with parts put on by some bumbling child. So cruel a thought for a mother, and her insides twisted with the disgust she always felt when ashamed of herself.

A gentle squeeze of her arm and the nurse's tender voice, "It's okay sweetheart. It's a shock." But when Jodi looked to her, she lowered her eyes, and when she looked to the doctor he got busy writing on his chart, as if to underscore his small random role in all of this.

The baby had a tuft of brown hair. So soft and smooth, as she always wished hers could be. He had green eyes, innocent eyes without the slightest knowledge of the unsympathetic world that waited. He gasped and the nurse reached for him but Jodi tucked him closer—a moment she would often relive, always taking comfort that she had acted without hesitation.

The baby's breathing worsened, short starved gasps now, his face shiny and purplish-blue. The nurse moved in, determined this time. Before letting go, Jodi gently squeezed him between her arm and breast. He needed that to take with him, to know Mommy loved him.

The nurse scooped the baby to her shoulder. His arm came out. Jodi sat up and reached to him, but his tiny hand shocked her more than his face, the fingers fused into a web that looked more reptilian than human. A strong hand pressed on her shoulder until she lay down. A sting on her arm. The doctor had given her something for sleep. Exhausted, she fell off with the sharp squeaking of the nurse's shoes still in her consciousness.

SHE DREAMED of her baby, his face rosy-cheeked and Gerber perfect, the dream so lifelike that in its lure what had really occurred seemed an eerie nightmare, until things turned and there was her boy with a face gargoyle grotesque and lying in a dirty straw-bedded cage exhibited at something like a country fair, a huge banner floating above advertising the horrible Lizard Boy and attracting a long line of wide-eyed paying customers. Pays your way and you can poke at a monster. She tried to get to her baby but a tattooed giant kept pushing her back. She woke trembling, her nightgown stuck to her, the rich smell of her own sweat a shock. That dream, more terrible for its unpredictable appearances, haunted her for the rest of her life, always shadowing the first nods of sleep.

IN THE MORNING, a hospital volunteer came to her bedside. An older woman, hair striped with grey and in a tight bun. Her name was Mrs. Burke. A caring air about her, she said a doctor would be by later to talk about the baby.

"He's okay?" Jodi asked.

"He's stable," Mrs. Burke said. She touched Jodi's leg and said, "How are you doing?"

Jodi didn't answer.

Mrs. Burke flipped through a file and said, "Honey, there's no contact listed. Is there someone I can call? Some family or friend to be with you?"

"No," Jodi said, determined to say nothing more, her inherent wariness heightened by a stranger's concern.

"No one?" Mrs. Burke asked.

"No one," Jodi said.

She had met the baby's father at the Milwaukee sports bar where she waitressed in a uniform of tight shorts and low-neck T-shirt. He was a part-time bartender and handsome enough that the first time she saw him she messed up an order, assumed the usual fries instead of the requested coleslaw. He said she looked like the actress Jennifer Connelly. She started darkening her eyebrows to enhance the resemblance. So stupid. But then she always put too much stock in looks. And he was clever, some sort of mind reader. Kids were what he wanted most. He had held her hand as he said it and she believed him. Turned out he was the type who wanted something until he knew he could have it.

"Well honey," Mrs. Burke said, "If you think of anyone . . ."

She wouldn't. It disgusted her, how some women clung. And she'd learned early about people who lost interest. Her father and mother divorced when she was six, their final fight over her younger brother, Thomas. Her mother won, moved east with her Tom-Tom and left Jodi as a consolation prize. Her father provided the necessities and the indelible sense that she was something between an inconvenience and a millstone. He was a good provider.

MRS. BURKE returned at noon with a doctor, supposedly a specialist of some kind, but drowsy looking and sloppily dressed, his collar and tie loose, his sport-coat's sleeves down over his knuckles. He stood alongside Jodi's bed, tethered half-glasses low on his nose, studying her file. His detached concentration made her more nervous. The glasses dropped and he looked up and spoke. The baby had Crouzon's syndrome. He spelled Crouzon's and said the head sutures had closed early causing the skull to form abnormally and the flat mid-face and protruding eyes. Did she have questions?

She did. She asked only the most important, talking slowly, bottling up any hint of the choking fear inside.

"Was the baby . . . ?" She wouldn't say retarded, she hated the word, one of her father's favourites. "Is the baby . . . is his mind normal?"

"Intelligence?" the doctor said. "Normal. No reason to think otherwise." He seemed confident of that.

"Can you help him, his face?"

"Surgeries can help."

"How about his hand?"

"Hand?" the doctor said. He set his glasses back on and returned to the file.

Jodi looked to Mrs. Burke who pursed her lips and nodded.

"His hand," Jodi said. "It's—"

"I'm sure it's part of the Crouzon's," the doctor said, not looking up. "If so, surgery can help that too." With thumb and forefinger he traced his eyebrows until, like the teller of some perverse worse news joke he said, "The baby also has a serious heart defect. The left side. That's his biggest hurdle right now."

He had numbers. Immersed in them, his voice deepened into a smoother, more authoritative bass. The Crouzon's combined with the heart defect, quite rare, probably fewer than a hundred newborns each year in the whole country. Without treatment, 95 per cent died in a month. Treatment involved complicated, high-risk surgeries, one within the week, and depending how that went, another when the baby was four months and another when he was two years. More numbers—50 per cent chance of surviving the first surgery, the surgeries were not a cure, and if the baby survived them all, a 50 per cent chance he would live to five.

Awful arithmetic. Dreams choked by tragedy. Deformities so rare Jodi had never heard of them and so horrible that among all her first-time-mother worries she had never imagined such. An overwhelming hopelessness assaulted her. She felt as if her life had ended, but without the mercy of death's oblivion. Mrs. Burke took her hand. She didn't pull away. Before she left, Mrs. Burke said, "Honey, I know all the doctors. We'll see your baby gets the best."

Later that day a nurse walked her to the neonatal ICU. There was her baby boy, on his back and surrounded by beeping monitors, a plastic tube in his nose and a strip of white medical tape across his face, his five-pound, four-ounce, seventeen-inch body all but lost under pads and wires stuck to his chest and stomach and even his tiny fingers and toes. Her heart broke. He looked like some exotic specimen impaled and displayed for scientific curiosity. She would have come apart right there, except her anguish and heartbreak fused into anger so great it sustained her. Why such horrific afflictions? Why not missing toes or fingers? Why not crossed-eyes or cleft lip? Why her baby? Why any baby?

The nurses assured her he was not in pain, but back in her bed Jodi hid under the blanket and cried uncontrollably for the first time since she was a little girl. The baby had his first heart surgery six days later. He survived.

"SWEETIE," Mrs. Burke said, "you can't go back to that apartment. Not all alone. Come and stay with me until you're back on your feet."

Jodi knew she meant it. They had spent hours together, sipping tea in a quiet corner of the hospital's cafeteria, half a shopping bag full of bills and insurance forms spread over two tables, Mrs. Burke with a calculator and limitless optimism. Jodi had often heard it said that God doesn't send more than you can handle. He must have sent Mrs. Burke to balance the scale.

Jodi never dreamed she could need so much help. She had planned everything. Saved enough to stay home with her baby for three months, arranged a steady evening shift, took an apartment in the University District five minutes from the bar so she could hire a student babysitter and run home in a flash. She even bought a sit-up machine, intending to squeeze back into the tip-stimulating hot pants.

Still, circumstances bested her. She thought of her father. Had she been too hard on him? Did she appreciate his circumstances? But her father hadn't faced what she faced. She was a healthy child who took care of herself. Truth be told, from the time she was eight, she took care of him—cooking his meals, washing his clothes, cleaning his house—and not a word said, as if that were a normal childhood. Did her father do the best he could? She felt a sentimental urge to call him. She hadn't talked to him in two years. Her mother . . . She quickly strangled thoughts of her.

The baby remained hospitalized for three weeks. Jodi stayed at Mrs. Burke's little brick house, just a block away, its air of unpretentious domesticity a comfort. She spent every day at the hospital, touching her boy, talking and singing to him, whispering deep secrets, so he could hear her voice, so he could feel and smell her, so he knew he wasn't alone. He would never be alone.

The other Intensive Care mothers huddled for coffee and comfort. Their babies were mostly heart patients, deformities hidden inside, faces meant for baby magazines, or so the young mothers giggly told each other—one's more beautiful than the other, who could choose?—as if it were the most important thing in the world, to rank among the beautiful. They all avoided Jodi, as if she were a carrier of her boy's afflictions. She was careful to never let them see her looking at their babies.

Her baby came home to surprises. Helium balloons, blue ribbons, a wooden crib brought up from the basement and polished to a fresh lemony shine.

"I never expected to use this again," Mrs. Burke said, as she and Jodi carried the cumbersome crib to the upstairs bedroom. Then, without the cheer, "It was Jeffery's."

"Your son?"

"Yes. Our boy taken from us."

"Oh?"

"Jeff was murdered. In Florida. His girlfriend too."

"Lord God," Jodi said.

"Almost thirty years ago and it's like yesterday."

"I'm so sorry."

"They were taking a break from school. Both working so hard to be doctors. They picked up a hitchhiker, because it was raining. That was my sweet Jeff. My husband . . . it tore the heart out of my Joe."

Jodi followed Mrs. Burke's eyes to a silver-framed, black-and-white picture, a handsome young man in Navy uniform—Second World War, Jodi thought.

"My Joe passed two-and-a-half years ago. August 12th."

Without warning Jodi's eyes filled and she started crying, first softly, then a convulsive sobbing.

"Oh, honey," Mrs. Burke said, "I'm sorry. I didn't mean to . . ." She sat on the sofa next to Jodi and hugged her.

That night the baby slept fitfully and Jodi not at all, her attention locked on his thin, reedy breathing, every pause justification to jump up and check him. At dawn, against the advice of the baby books, she took him from the crib and put him in her bed. She thought with amazement how it was the first time she was truly alone with him. He fussed. Her little guy, so improbably small, his surgically scarred chest rising and falling like a little bellows, skin as soft as chamois, hair like fine silk. She studied his face. It was all wrong, from every angle, lopsided and ill-proportioned as if he were the victim of a terrible beating, every flaw even more apparent in their quiet intimacy. She tried to picture him growing out of it, at least approaching normal, as some homely babies grew into beauty. The thoughts she tried to shut up leaked out again. The unbelievable unjustness of random, one-in-a-million genetic miscues ravaging his face, his heart, his webbed hand unable to even squeeze Mommy's little finger. Newborns were supposed to be perfect. He was so far from it, imperfect and imperfectible.

Why all this? She questioned God and nature but condemned herself. She was weak. She continued to work in the smoky bar, knowing it was wrong but liking the money. She was a vengeful person who harboured ill will, unable to forgive or forget. Worst of all, she conceived out of selfishness and not true love.

Was he a punishment? No! Right then she made a sacred commitment to her baby and herself, with a copy to anyone it might concern—

she might think bad things, things that came from some dark place, who knew where such things came from, but she would credit only what was in her heart. She loved her boy. He must know that. She rubbed his stomach and sang softly. Michael Finnegan had whiskers on his chinnegan, shaved them off, and they grew back again, poor old Michael Finnegan. Laughing and crying, she asked what he thought of poor old Michael Finnegan, and the baby kicked his legs and curled a crooked smile.

That morning she named him. Finally. Hope Charles. Early in her pregnancy, she had settled on a different name, but now it wasn't right. Hope was right, no matter it was a girl's name. Charles was right, it had dignity. Hope Charles. No shortcuts. No nicknames.

SHE HAD A PLAN, the product of long sleepless nights. She knew what the world held for her boy, how it would welcome him. But he didn't need the world. All he needed was her, and she would minimize his pain and maximize his pleasure.

Gently, respectfully, Mrs. Burke disagreed. "Honey, don't you think you should do what the experts recommend?"

Doctors, psychologists, counsellors—all advised not to isolate the boy, treat him like any other child, socialize him. Could they be right? Maybe. But Jodi saw how even these professionals looked at her boy, as a reminder of nature's fickleness and their impotence in the face of it; worse, a reminder of who knows what could befall their little boys and girls. The base instincts, she knew, trumped education and training. In the bar, after a few pitchers, what was the difference between professors and truck drivers, between doctors and bricklayers? Didn't they all go too far before she stopped them? Fear was the basest instinct of all. Fear even trumped mercy. She wouldn't risk any maybes.

"How will you manage?" Mrs. Burke asked. "Will you be able to stay all alone and care for the baby and still make a living?"

"I'll have to."

"I love him," Mrs. Burke said, leaning close to Hope Charles, making soothing baby sounds. He bubbled from his lips and she said, "You know we're talking about you, don't you?" She turned back to Jodi. "He's such a special baby, such a good boy, a smiler even after all he's been through. I'm sure other people would love him too."

"I'll be all the love he needs."

"That'll be hard," Mrs. Burke said. "For you and him." Then, softly, "You know you and the baby are always welcome here."

"Well," Jodi said, and looked away.

Mrs. Burke started to say something more but stopped. Jodi knew what it was, a belief that she (Jodi) should give some thought to her own future. Mrs. Burke had talked about that before, at a more relaxed moment, on a cold snowy night with both of them on her sofa under an afghan. "Honey," Mrs. Burke had said, her voice taking on an intense sincerity, "you're an intelligent, talented, wonderful young woman. Your whole life's ahead of you. I see how good you are with the baby, how quickly you learn things. You would make a terrific nurse. Maybe working with children. Or even a doctor!" Silence had followed, Jodi uncomfortably aware Mrs. Burke waited for some response. Finally, Mrs. Burke leaned closer and said, "Don't sell yourself short. That's all I'm saying. That's my prayer for you, that you don't sell yourself short."

Jodi never told Mrs. Burke, but she cherished her words. No one had ever told her anything like that. Intelligent, talented. She wanted it to be true. There was hunger in her, for something more. But she couldn't think about that now, for fear any covetous crack in her will might widen under the certain stresses to come. Her boy needed her 100 per cent. It meant a life devoted to him. A hard, lonesome road. But if God or fate or the devil himself wanted it that way, so be it.

MRS. BURKE heard about the job. Her neighbour knew someone who owned four houses on a private lake in a remote northern part of the state, all rented for a week or two at a time, with fishing and swimming the attractions in spring and summer, hunting and snowmobiling in fall and winter. The owner needed someone to clean between rentals, cut the grass, plow the access road and driveways with an old Jeep, collect trash, do minor repairs. Inconspicuousness a major plus. The caretaker, they assumed a man, got a modest salary and use of a lakeside cabin, small and spartan but comfortable enough, separated from the other homes by thick woods. The owner had a hard time filling the job, its main drawback the isolation.

Mrs. Burke cried when they left. Contagious tears. But Jodi never hesitated. The baby was two months old. It was time. Sometimes her plan seemed simple. Sometimes, if she thought too much, it seemed impossible. Then she was living it.

THE BABY AND JOB tested her colossal will. Hope Charles was five months old and just recovered from his second heart surgery when a craniofacial team removed bone from the top of his skull to give his brain room to grow. The nearest adequately equipped medical centre was halfway across the state, and after finishing work at the lake Jodi made the two-hundred-mile round trip every day, in the noisy canvas-topped Jeep. When he was eighteen months, the baby had syndactyly surgery to correct the webbed hand. Sometimes Jodi couldn't remember her old life. Maybe that was someone else. This Jodi cared for a sick baby and four demanding properties, learning from necessity the basics of home maintenance and repair, learning from love the art of motherhood. Who would have believed it? Was there merit to Mrs. Burke's kind words? There were times Jodi dared to wonder about that: when the baby did well—his weight up, his colour improved, his sleep deeper with fewer interruptions; when work days went well—a toilet unplugged, an outside shower repaired, a lamp rewired and lit without disaster.

Three days after his second birthday, Hope Charles had his third heart operation. The night before, old enough now to know what lay in store, he said, "I'm scared, Mommy. I don't want to." Jodi said, "I know, honey." Not knowing what else to say, she hugged him, heartsick at her powerlessness in the face of his undeserved suffering.

Other surgeries could improve his appearance. They could move the bones in his forehead forward, reshape his nasal area, straighten the muscles in his eyes, reconstruct his jaw—but after repeatedly seeing her baby lying in the recovery room, stuck again with tubes and wires, his tiny chest stained yellow and orange from disinfectant, his head and face wrapped mummy-like in thick bandages, all done for his greater well-being but still a desecration, Jodi said no to everything cosmetic. Through it all she marvelled at Hope Charles, his tolerance for pain, his good nature while suffering, his inexhaustible will. His heart stronger, he came with her as she worked. On Saturdays they rose by 5 a.m. Sometimes renters left early and she liked a head start. Checkout time was 11:00, and if all four houses vacated at the same time she had to be a whirlwind to finish by the 3:00 p.m. arrival of new renters. Hope Charles, his inquisitive nature in bloom, watched with wide-eyed amusement as she flew through bathrooms, kitchens, and living rooms—scrubbing, vacuuming, dusting. At three years old he became her special assistant, wearing his own little tool belt with plastic drill, hammer, and pliers, always employing the implements with serious intent. In summertime, while she mowed grass, he stayed in his playpen, Jodi constantly checking her baby monitor. Wintertime, she bundled him in a snowsuit, pulled a ski mask over his face to warm the air he breathed, and wrapped a wool army blanket over his car seat. Elevated there, a little prince, he bounced and cheered, "Faster, Mommy! as she plowed the jeep through tall snowdrifts. In a dream, she pulled the ski mask away to find his face perfect. She wept with joy and woke with her pillow wet and then guilt she caddied for months because she loved him just as he was, loved his nose and chin and eyes and mouth, loved every tooth and hair of him, couldn't love him any more, and that was gospel truth.

The boy loved his mommy.

And he loved the lake. Loved it so that Jodi made him crisscross his heart never to go near the water alone. In warm weather they sat together waist deep in the sun-splattered shallows, Hope Charles squealing with delight while shooting two squirt guns at the dragonflies that darted and hovered above, targets in nature's own open-air video game and performing just for him. At night he caught fireflies in a jar, freeing all before bedtime. In cooler weather they sat on the old wooden dock, tossing bits of bread onto the clear water, watching aggressive little bluegills rise to it, their shiny scales sparking at the surface. Eventually the fish came to eat from his hand. A painter turtle that popped his head periscope-like from the smooth surface, he named Tommy. The big snapping turtle that floated vertically to sun in the deeper water, he named Snappy. One morning, a ruminative Jodi dressed Hope Charles in a long T-shirt and, in the name of the Father, Son, and Holy Ghost, dipped him backwards into the lake, praying to God for her so worthy son in a rite of pantheistic baptism.

With library books she taught herself so she could teach him. He learned quickly, narrowing his eyes, pursing his lips, and locking full and fierce concentration onto whatever stumped him, never wanting help (don't tell! don't tell!) and never giving up, no matter how long it took. Through him Jodi discovered her own too-long latent love of learning. What a surprise, how learning excited her. It was as if she got it from her little boy. Or could it be he got it from her? Every day ended with Hope Charles safely tucked in and read a story. He came to love the baby bird in "Are You My Mother?" So did she. His "Love you, Mommy," was never routine, always said with sincerity and deliberation. Jodi liked to watch him sleep, his special face suddenly so angelic. She put herself to sleep imagining a miraculous future—with Hope Charles healthy and strong, always pictured running and diving into the lake with energy and strength to spare, a happy young man who with good reason loved his mother, his mother blissfully content that she had done what she was called to do, and it was the greatest thing she ever could do, and the doing made her so strong that she might still accomplish other great things.

Mrs. Burke wrote often. She sent cards and little gifts, sweet words of how much she missed them. She visited once, pre-announced but uninvited. She came into the cottage with an armful of brightly wrapped presents. Toy trucks and squirt guns for the boy, books and magazines for Jodi. Hope Charles hid in his bedroom. Jodi never asked him to come out.

That night, in the contemplative quiet of her bed, she knew she had been cruel, shutting Mrs. Burke out like that. She tried to cloak it in necessity, a mother protecting her baby, but she couldn't make herself unaccountable. At her next meeting with the hospital social worker she was foolish enough to tell him about it.

"Who are you protecting?" he asked. "The baby or yourself?"

A burn immediately crossed her face. A comment like that from a licensed state imbecile who sat on his ass all day reading psychology magazines and playing at Freud with people he figured for easy targets. When he stuck an unlit pipe in his mouth she went for him.

"Would you be there for my baby? With your professional code or oath or whatever pompous bullshit you're always shovelling? Twenty-four hours a day and three-hundred-sixty-five days a year? Not just hustling him through hoops at your convenience? Not having some colleague to cover while you and the little wife are off on some fancy island a nanny along taking care of your kids? Huh?" The imbecile didn't answer, just made a hollow sucking sound on his pipe.

On her ride home and all that night she replayed the confrontation, what he said, what she said, what she should have said. Truth was, the doctors and nurses, all of them, had been wonderful. But it only took one. Whom was she protecting? A stupid question. Never was her boy hurt by hunger or cold or violence or meanness. Maybe the Licensed Clinical Social Worker never saw the pictures of the world's suffering children, cold and without clothes, bloated from disease and hunger, sold into slavery, neglected and abused with no one to love them. All that, she knew, meant to tug at heart and purse strings, but also too real. Everything she did was for Hope Charles. He had the lake and his animal friends and storybooks, the peaches and sugar cookies he so loved. When the jerk asked that question, she wanted to hurt him. Later she felt sorry for that. Her impulse to cruelty always scared her. Never the faintest trace of that in Hope Charles. God bless him.

ON HIS FOURTH BIRTHDAY he couldn't muster the breath to blow out his candles. Jodi, exhausted from a trying day, sick from flu, and worried sicker that her boy might catch it, broke down and for the first time cried in front of him. She flushed with shame for that, but Hope Charles stiffened with determination, gathered new breath until his cheeks bulged like a little trumpeter's, and with a wet and dramatic release blew the candles out. Then he laughed and hugged her, dismissing her tears and unmasked pity by irreverently but affectionately declaring, "That Mommy!" Once again she wondered at him.

He was four-and-a-half when on a hot and humid Independence Day they played in the lake and sand all morning. Hope Charles pushed his toy dump trucks, faithfully simulating big machinery sounds, excavating a miniature canal to fill his sandcastle's moat, completely absorbed in the moment, a blessed state Jodi loved to behold. She planned a campfire for that evening and had stacked kindling and cordwood in the old truck wheel that served as their firepit. They would roast hot dogs and marshmallows and watch over the lake for fireworks. But late that afternoon Hope Charles collapsed in the sand. Jodi did CPR and called 911.

The doctors said he had suffered a major setback and that further surgery would not help. He and his courageous heart were worn out. He had weeks, maybe months. He stayed in the hospital for five days when, nothing more to do except pray, Jodi brought him home.

Whatever time remained must be special. Recently, Hope Charles had asked more and more about other people. When the breeze carried sounds of festive renters over the lake he perked up and smiled, especially at the joyful playing of children. He had seen his first television at the hospital and kept asking about an ad for a water park. "Mommy, could we go bye-bye? To the big water thing?" He threw his arms in the air and ran in a circle pretending to fly down a giant slide. Then, with his never-failing politeness, in his own pronunciation that so melted her that she sometimes wished she'd never taught him the word, he asked, "Peese?"

Jodi thought about it. He deserved it more than any child in the world. The doctors said if he felt up to it a day at the water park would do no additional harm. The nurses wanted to pay for it. If she could, Jodi would have rented the place just for him, like rich people did. But the world would be there, and in her mind's fearful eye she lived the scene in dreadful detail—ignorant adults staring, their kids pointing and laughing and teasing, most terrible—the original hurt in Hope Charles's eyes. She would not risk that. She already tormented herself wondering what thoughts invaded his active and increasingly questioning mind. She had noticed him touching his face, probably just her imagination, but it appeared he was trying to rearrange it. Was he tortured inside? And if he kept asking about the water park, could she keep saying no? That was another thing she had spared him from. No, saving it only to protect him from danger.

He kept asking.

"Why can't we go, Mommy?"

She tried misdirection. "What if we bought our own slide and put it on the dock?"

"That won't be the same."

She tried exaggeration. "It'll be even better! I'll hook up a hose spray and we'll have our own water park right here! Every day! Okay?"

He said, "Okay." But he looked to the sky, his habit when not convinced.

"Mommy?"

"What, honey?"

"Why do we stay alone?"

"Because we love each other this much." She spread her arms wide, hoping this familiar game would end his questioning.

He spread his arms too and smiled as he always did when playing this game, but then he asked, "Mommy, do we only love each other?"

"No, honey. We love everyone."

She said this but searched and failed to think of one person to cite, conjuring a sole image of Mrs. Burke but knowing Hope Charles had no conscious knowledge of her. This scarcity shocked her. But why should it? She had done it.

She said, "We love Tommy and Snappy and—"

"How about people, Mommy. Do we love them?"

"Yes—"

"Why don't we go by them?"

"We're busy and far away."

"You know what I wish, Mommy?"

"What, honey?"

"That tomorrow's nice and we can row to the middle of the lake and stay for an hour."

"Oh yes! We will. I promise."

"Can we stay for two hours?"

"We can!"

"Maybe can we stay for four hours?"

"We can!"

"Maybe we'll stay for—a million hours!"

IT WAS A WEEK before she rowed to the middle of the lake. Along the western shore the white cedar trees stood sad and silent, a dignified honour guard, their shadows cast long over the water. She stopped near the middle, at the deepest point. The air still. Her heart beat hard and fast and she waited for it to calm. She feared she might pass out. Hope Charles's ashes lay on her lap, in a small wooden box. Mrs. Burke managed everything, all the arrangements. Worn with grief and exhaustion, Jodi couldn't do it. Only one person to call and somehow she made the call and Mrs. Burke came without a hint of resentment. Where did that kind of generosity come from?

The lake was very quiet. Such a quiet that it must be purposeful, respectful.

How to live without him? Already their brief time together seemed unreal, more like a dream. Could she live without seeing him first thing every morning and last thing every night? Without his sweetness as her guide? Without what the doctors and nurses called his courage and that was surely true but it was really something more she couldn't explain except as his strong and noble soul.

Not another night in the lake house. That she knew. Since his death she hadn't raised the flag or fed the fish from the dock or said hello to the turtles. Earlier that day, energized by some survival instinct to go forward, she'd packed everything into the rented car and then cleaned and scrubbed every room. Tonight she would sleep at Mrs. Burke's, after using the long ride to play Hope Charles's favourite songs over and over as he liked her to and cry herself dry if there was anything left.

A splash and just a boat length away, concentric rings spread slowly across the surface, traces of a leaping fish. Aromatic cedar tinged the air, just as it had the afternoon he first swam in the lake, wearing his little inflatable arm rings. She talked to the lake and to the fish and to Tommy and Snappy, out loud and without embarrassment or pretension, just as he used to. She told them who was coming and how lucky they were and that she was envious. He always liked that time of day best and so did she, how the late day sun lit up his face. Her beautiful boy.

She took the box in her hands and lifted it over the side. She summoned his strength. The box turned and Hope Charles drifted to the lake. Cast thy bread upon the water, it will soon return again. From inside her blouse she took his pajama top and held it to her face. When she opened her eyes he was sitting waist deep in the water, laughing with his boyish delight. Concerned about the cooling air she asked did he want to come out. He gave an emphatic "No." Then he smiled and said softly, "Thank you, Mommy."

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Denial

Gina Wilch and Ruby Roy

Gina's Story

Most parents start with success: "Congratulations, you have a beautiful, healthy baby." We started with "Your son has bacterial meningitis. He's had strokes and most likely will not live."

There is a delicate balance between hope and skepticism. After absorbing all the facts, I too had a very hard time believing he would ever be "normal." My husband and I learned very early just how essential hope and belief are. We would only be failing our son—and our son would fail—if *we* couldn't believe in him.

Dr. Roy started out as just our pediatrician. Nine years ago we *saw* her skepticism, respectfully backed up by the facts. She then became our success marker, as someone who saw Justin every so often and reflected his growth back to us. Then, when she told me about her son, I realized she and I were not so different after all.

Justin has to go about learning most things a different way. There are some things his disabilities prevent him from doing very well, but we always tried. Riding a bike was difficult, but singing, playing the piano, and the computer are strong abilities. I know some very "normal" people who can't do that. If you spend too much time focusing on what he may *still* never do, you will miss today. We appreciate what most parents may take for granted.

Most people look at denial as a negative word. Denial is what made it possible for Justin to come running around the corner in our kitchen carrying a book that he opened to read to me. That entire sentence, broken apart, embodies the perseverance of every one of his therapists, teachers, and doctors, their hope, and, yes, their denial. "Maybe this one child will make it." Denial is often our drive. It is our silent protector.

It is the small triumphs that count. The other day we were in line and Justin, who is visually impaired, read every word on the sign in front of him. The parent behind me did not notice the lump in my throat or the catch in my voice when I said, "Good job, pal," knowing that it took nine years of blood, sweat, and tears to reach the point where he could read that sign. I was "in the moment."

I came across a quote shortly after he was born. I am not sure who wrote it, but it echoes in my head almost daily. "That which you believe becomes your world." Because I denied, I believed, and that belief became Justin's world.

Ruby's Story

Denial is not a river in Egypt. That's a medical joke—used to denigrate a patient who refuses to "face reality." Reality, in this case, is our medical point of view, which is usually grim. Doctors do not want to be accused of giving false hope—we can't be sued if the patients are already expecting the worst. We dole out hope carefully, in statistics.

This is ironic, because another medical joke is that there are three kinds of lies: lies, damn lies, and statistics. (We keep that joke to ourselves, a medical secret.) To our patients, statistics are presented as Truth, as Scientific Fact, worthy of Belief. "You have a 70 per cent five -year survival." "The operation has a 95 per cent success rate." "There's a less than 10 per cent complication rate." "Your chance of having a child with a heart problem if you are healthy is only 1 per cent." "Your chance of having a second child with a heart condition is only 2 per cent." Not much difference between 1 per cent and two per cent, is there? But what if I told you that your chance of having a second affected child is double that of the first? And if you already have a child with a heart problem, your "1 per cent risk" has already happened. When medicine becomes playing the odds, it ceases to be a hopeful way of living your life.

I learned about the positive uses of denial from one of my clinic families. Justin was born at a small community hospital at full term and was discovered to have bacterial meningitis two days later. The hospital should have suspected this at birth, but chose not to do the spinal tap, because he looked fine initially. By the time he was transferred to our academic facility, he most certainly looked far from fine. The infection had attacked his brain, and he had had multiple seizures and breathing problems and was in a coma. After three weeks of maximal intensive care, the parents—Gina and Don—were told that the time had come to give up. They were going to take baby Justin off the ventilator and they expected him to be dead within twelve hours. One month later, Gina and Don brought this baby to me for his two-month check up. They were, as I assessed, after looking through the hospital notes and the brain scans, completely in denial. They felt that Justin was a "miracle child" and were committed to believing that he would be normal. I had enough empathy for what they had been through to know that they would not trust any prognosis for Justin's future that I gave, after the ICU doctors had been so wrong, so I consciously refused to make any predictions. His scans indicated that Justin would be blind and vegetative—certainly not that he would have any kind of meaningful quality of life. But Gina refused to believe this and brought to each visit a chronicle of what Justin had learned to do. She believed that he could see her, and that he was smiling responsively. Our ophthalmologist was skeptical, and so was I. Gina started him in treatments to strengthen his muscles and aid his development and became a therapist for him. Whatever the professionals did in their hourly sessions, she continued, so that this child was getting therapeutic stimulation for twelve to sixteen hours of every day. And he made progress. She was tireless and unfailingly hopeful. The time and energy she devoted to her son was incredible. I was impressed, but more by her as a mother than by him as a child. As I applauded his progress and supported her role, my skeptical medical voice was telling me, "He may be able to do this, but he'll never be normal."

At Justin's four-year physical visit I saw him for the first time as he really was. I walked through the door into the exam room and sat on the chair and Justin walked over, climbed onto my lap, took my stethoscope from around my neck and said, not clearly, but unmistakably, "Hi, Doctor Roy!" I finally saw a child with some physical and speech delays, with some vision problems, but clearly an active, personable, and charming little boy. Not a vegetable. I had been in denial myself. He had improved miraculously—and was not at all in the dismal state that his lab tests and brain scans had predicted. I had not been alone in my skepticism. Perhaps, since miracles aren't something doctors can take credit for, they are hard for us to see, even when they are happening right under our noses.

And so I've learned from this family that there is an upside to denial—to living in a place that does not succumb to medical reality. Denial has allowed me to raise my own son for eleven years to feel like a normal kid, unrestricted by the limitations of the diagnosis of Ebstein's anomaly. It's allowed him the freedom to play soccer, to earn a purple belt in tae kwon do, to bike eight miles along a trail, without my wondering if his tiredness is due to his heart, or fearing that every twinge is a cardiac arrhythmia. Denial serves as an antidote to hypochondriasis. It's not lying—my son has been aware of his heart-valve problem since he was five years old. But it's about not dwelling on it and its ramifications every day.

I have come out of denial for two days of every year since my son was a baby—those two days are the day prior to his yearly cardiology appointment and the day of the appointment itself. And for those two days, I live in fear. I think about his risks of heart failure, of stroke, or of sudden death. I worry about the degree of heart enlargement that they will see on cardiac ultrasound, or if they will pick up an arrhythmia on EKG. I worry about risks of medicine and of surgery, neither of which will cure him. And there is a part of this fear that is irrational, but one all parents would understand—that something is wrong with my child and I am powerless to help him, to fix it, that I have failed as a mother, the one who bore him and yet could not prevent this congenital problem. Countless doctors have asked me about drug use during my pregnancy—trying to find a cause, something or someone to blame. Despite not using drugs or alcohol in pregnancy, I, as the mother, am responsible. “Reality” is the emotional hell of fear, hypochondria, blame, and guilt. Myself, I'd rather live in Egypt.

Ruby Roy

Gina Wilch lives in Elk Grove Village, Illinois, with her husband Don and two kids, Justin and Sarah. She serves on panels for both the educational and medical needs of special needs kids.

This Is the Age When Our Bodies Give Up

Lily Iona MacKenzie

This is the age when our bodies give up
 their secrets, the kidney
with a kink in a duct, the knees
 that run out
 of cartilage.
Aging turns us in-
 side out. We wear
 our hearts
on our sleeves and all
 the other
 parts as well.
At twenty I didn't think
 about such things,
 my body more a source
of pleasure than pain, wired
 for sex. Now
 the pleasures
take longer and I listen with dread
 to piteous stories
 of the really old.
They chronicle aches and pains—broken
 hips and arthritic joints,
 eyes and ears failing
to register sights or sounds, bodies
 unable to keep up
 their ambitions.

I hold fast to the image of sun-
    flowers, their dark
    centres pulsing, yellow
petals fringing
    the everlasting green.

Lily Iona MacKenzie

Seeing the Heart

Catherine Jagoe

The great-grandmother from Mexico
lies meekly on the gurney
fumbles at her hair with her soft hands
before they immobilize
her arms, stick metal-nippled
patches to her chest, infuse
her with blood thinner,
shave her pubis, swab
her white thigh brown with iodine
lay out the ceremonial green
cloths for the square hole of flesh
scrub their hands and arms up to the elbows
unpeel sealed gloves, don
plastic goggles and lead aprons
and feed their tubes and dyes
snaking through her groin
towards the chambers of her heart.
The great white eye above her
descends, turns, retracts, pores repeatedly
over her chest.
Clicks and whirrs.
"Look at the screen!" they tell her.
"You can see the blockage clearly!"
Snakeroot. Clematis climbs, winds
tendrils, knots, blooms.
Darkness bleeds like smoke from a branch.
It is not blood, they reassure her, only dye.
The blockage is the blank space in the vine.
They send expandable balloons

to cross the space, while in a monotone
she blesses them, blesses them
continually, barely pausing for breath:
the doctors, the technicians,
the nurses, the stretcher-wheeling man.
Rains blessings on them all
and all their families.
When it is done and they ask,
"Were you afraid?" she says, *"No,
porque soy la hija de un rey."*
I am the daughter of a king.
And then, both proud and casual:
"His name is Jesus Christ."

Catherine Jagoe

Everything We Look Upon

Susan A. O'Doherty

The high-pitched, coquettish trill rebounds down the muted institutional hall, catapulting Amy back to the age of fourteen. The jacket to her power suit, chosen to impress the nurses with her presence as Somebody, marking her grandmother as Somebody by association and therefore not to be ignored or abused, pulls tight across her shoulders, hunching them forward, and she can feel sweat seeping through its fabric as she eyes the passersby covertly for signs that they connect the voice to her, as though everything about her weren't wrong enough already. Brendan is chuckling to himself. She glares at him.

"I walked barefoot to my own wedding. Had to save my only shoes for the church," her grandmother is saying. "And look at me now."

Amy opens the door. She and Brendan walk in and look. Her grandmother is slumped in a wheelchair, listing heavily to the left. Her lips and cheeks have been painted vermilion by an unsteady, seemingly drunken hand. A nurse stands behind her as she points to a silver-framed photograph on the maple nightstand. "Grandma," Amy says, kissing her cheek. She smells of face powder, and Amy knows that it is Estée Lauder that dusts her pendulous cheeks, coating the fine hairs that have overrun her face like crabgrass (when did that happen?) but she can't escape the impression that her grandmother's face is disintegrating and that bits of her are adhering to the lip gloss Amy hurriedly applied in the parking lot. She starts to lick her lips, then catches herself.

"Well, hello," her grandmother says. "This is my daughter, Irene," she tells the nurse.

"It's Amy, Grandma."

"Amy," her grandmother says. "No, that's not it."

Amy walks over to the nightstand, which is not maple at all, but some kind of laminate imprinted with pictures of wood-like whorls. She picks up the photograph. Its heavy, chased frame lends it disorienting substance against the cartoon furniture. The black-and-white images of Amy's grandparents stare back at her. They are seated at a round table with two other dressed-up couples and a beefy man in a nautical costume. Her grandmother is resplendent in a satin evening gown—a "princess gown," Amy used to call her grandmother's fancy dresses, with their tight bodices and gathered waists, their heavy, shiny fabric in fairy-tale pink or ice blue. She sports a tiara that Amy used to wear when she played Sleeping Beauty. Her grandfather, only a little older than Brendan, is dapper in a dinner jacket, his thinning hair slicked back, a slender cigar burning down in the ashtray. She can smell his spicy aftershave, the smoke, her grandmother's signature Touche Moi—a rancid version of which, Amy realizes, permeates the room, interweaving with the smells of medicine, urine, and disinfectant. "I've never seen this picture before," she says.

"No, you never met my husband, did you."

Amy opens her mouth, then closes it. "Where is this?" Brendan asks.

"The Captain's Table at the Queen Elizabeth," her grandmother answers, sitting up a little straighter.

Her grandparents took her to stay at the Waldorf the night before they sailed, Amy remembers. They ate in the Starlight Roof, which really did have blinking stars in the ceiling. Amy wore a blue organdy dress her grandmother had brought her. She looked like a princess herself, everyone said so. The next day her grandfather bought her a Steiff rabbit in the gift shop. The rabbit sits on Amy's bureau at home.

"This is my husband, Brendan," Amy tells the nurse.

"Nice to meet you. She's excited about your visit," the nurse says. "You're just in time for lunch."

"Let's go out," her grandmother says.

"Out?"

"You can take her out," the nurse says. "Just sign out with your ID at the front desk. She's no trouble."

"No trouble," Amy repeats. She purposely does not catch Brendan's eye.

Amy's father, who loathed his wife's family, used to collect and repeat "Edith stories." Here is one of his favourites:

Edith and Jim had an early convertible, with a top that required manual adjustment. One afternoon, they were driving on the highway when it started to rain. Seeing no shoulder, Jim pulled over to the side, stopped the car, and got out to put the top up. A police officer appeared and reprimanded Jim for stopping on the highway. Jim explained the situation, but the officer said he was going to have to ticket him. At that point, Edith got involved. She insulted the officer's intelligence, judgment, appearance, and family background. The officer said, "Sir, I was going to give you a ticket, but I can see you've got enough grief."

Brendan immortalized this apocryphal episode in a story, "Medusa Meets the Bear," that Amy found hilarious at the time—especially the part where the officer's shield-shaped badge deflects her grandmother's fatal glare—but that angers her now. *She's not material,* she warned Brendan on the plane. *She's a person. She had a stroke. She lost her home. She's—*

French royalty, Brendan put in, echoing her grandmother's repeated claim.

Just show some respect, she said.

Brendan bows low now. "As you wish, *ma reine.*"

"We can't take her out," Amy says.

"Sure we can." Brendan fishes in his pocket for the keys to the rental.

"There's a cute sandwich shop across the street," the nurse says.

"Please," her grandmother says.

Amy sighs, outnumbered. "Fine." She starts to wheel her grandmother out.

"I didn't want to hurt her feelings," her grandmother says in a stage whisper, "but the food here is terrible. It may be all right for the coloured, but I'm used to something a little more refined."

Amy feels her face heat up. "She's not herself," she says to the nurse.

"She's nobody else, thank God," Brendan says.

OUTSIDE, the grassy heat embraces Amy like a domineering parent. Her grandmother stares out over the shimmering tarmac. "Where's the car?"

"We're just going across the street, Grandma. I can push you." The glass front of the coffee shop reflects the relentless sun.

"I want to go to the Tap Room."

"Grandma, the Tap Room is in Delmar. We're in Boca now."

"I want to go to Delmar. I want to see my house."

"Grandma, listen. The house was sold, remember? You live here now."

"Who sold my house away from me?"

"Grandma."

"I'll get the car," Brendan says.

THE TASTEFUL BEIGE VINYL SEAT burns Amy's thighs as she slips into the back. A slightly sour plastic smell, like the snorkels and fins Amy and her brother used to explore the crab colonies in the sandbars, rises from the upholstery. Her grandmother would drape towels over the car seats to catch the sand trapped in their bathing suits.

The highway shimmers before them. Amy spies a gleaming puddle stretching the width of the pavement. "Mirage!" she calls out, before she remembers that her brother is home in Brooklyn, a forty-two-year-old asshole, and they are not speaking anyway.

Brendan turns onto Ocean Avenue. "Might as well take the scenic route," he says. They drive past the beach where Amy and Joey would huddle under a striped canvas cabana, digging down into the progressively cooler sand until they hit water, filling the shadowy air with dark, salty mystery. They would sculpt homes for the crabs they caught on their snorkelling adventures, elaborate castles of moulded sand-mud finished off with dripped crenellations and studded with tiny orange and white shells, ridged like her grandfather's toenails. When the sun went down they would return their pets to the ocean, Amy worrying belatedly that the crabs would never find their families now. But the next morning they would begin again.

They pass the site of Rick's, the beachside café where tanned, teenaged waitresses, impossibly sophisticated with sarongs wrapped casually over their bikini bottoms, brought them gritty grilled cheese sandwiches with pickle slices in thin white cardboard boats that blew into the street if you didn't anchor them with the ketchup bottle. It's some kind of bar now; Amy can't make out the name. On the corner is the municipal pool where she learned to swim. She wonders whether any five-year-old girls are huddled on the wedding-cake steps leading into the pool, bewitched by the billowing fishnet of sunlight filtered through the anchor fencing onto the pool's turquoise floor. Amy used to imagine that this was what music would look like. She would sit as still as she could, chanting "Gloom, gloom, gloom" to herself in accompaniment to the submerged and shifting strands of light until an adult, alarmed and embarrassed by her strangeness, would snap her out of it.

They turn up Atlantic, past Rosella's bakery, now a video store. Amy once saw a Seminole Indian in a patterned blanket there, examining the cheesecakes. She wanted to ask him something, whether water was alive, if there were worlds under the ocean, she didn't know the words for what she wanted, maybe "gloom, gloom, gloom," but she reached for his blanket, and her grandmother slapped her hand away. Rosella made a chocolate fudge cake just for her grandmother, just for Amy and Joey when they visited, that was so dark and moist it felt like an initiation into another dimension, the hyper-dense universe of cake.

Brendan makes a left onto Swinton and pulls into the driveway, the sand-toned orange and yellow pebbles popcorning and ricocheting off the car's underside. "Here we are."

Her grandmother pushes out before Amy and Brendan can get to her. "I don't need that thing. I can walk."

"Grab my arm," Brendan says, and she does, taking tiny steps as she always has in her ridiculous high heels.

"The hibiscus are out of control," her grandmother says, and it's true, the red petals are scattered everywhere, like a crazed carpet welcoming them to this phantom home. "They never do a lick of work unless you're on them all the time."

"The hibiscus?" Amy can't help saying, though she knows what her grandmother means.

"I don't think the new owners have taken possession yet," Brendan says. A paint-stained tarpaulin is spread over the portico. They look in through the kitchen window. The knotty pine cabinet doors hang open, their shelves empty. They walk around to the side, to the window that was

Amy's. The walls are still shell pink, though the ash bed and bureau were sent to Goodwill when the house was sold. She will never see them again.

The gardenia bush under Amy's window is gone. She used to drift off to sleep to the mingled smells of gardenia and Solarcaine, the sounds of the grown-ups playing bridge, and wake up with the aromas of coffee, bacon, and oranges wafting in from the kitchen. She and her grandfather would pad outside in their slippers, filling the bird feeders with the shiny mixed seeds he kept in mouse-proof glass jars in the kitchen. On nice mornings they would eat at the glass-topped table on the screened porch and watch the cardinals' diner, as her grandfather called it. She and Joey would slather their buttered toast with tupelo honey that was flecked with pollen and wax, then make faces when their orange juice tasted like lemons. Amy's job was to fix her grandfather's coffee, piling three sugar bricks in the bottom of his special cup, dripping the coffee slowly into the cup until the saturated tower collapsed, then stirring the mixture carefully before filling the cup the rest of the way. Her grandfather said his coffee tasted better with Amy's special method. Joey wanted to fix the coffee, too, but he was too careless. Unlike at home, Amy was the star in Florida.

Through the porch they can see the dining room, wires sprouting from the hole in the ceiling where the chandelier used to hang. Her grandmother would light candles every night, the flames flickering in the salt breeze but never blowing out. At home they ate pizza or hamburgers in front of the TV, but here, her grandmother served homemade angel food cake with real whipped cream and sugared strawberries in a crystal bowl that caught the candlelight so that Amy would get in trouble for staring and not listening. She still has little scars around her right elbow, where her grandmother would prod her with a fork to pay attention, to get her arm off the table, to stop playing with her food. Just because she was a star didn't mean she was exempt.

In the living room there are signs of a party. Beer cans and a Thunderbird bottle sprawl abandoned on the floor. A little Toby jug Amy used as the mean uncle in her doll play, forgotten in the move, is overflowing with cigarette butts, and there are burn marks on her grandmother's white carpet.

"All right," her grandmother says. "All right." They walk back toward the car. Amy and Joey were always in trouble for tracking in dirt, for spilling juice on the white couch, smearing jelly on the pink walls. Every evening the adults would have before-dinner cocktails with grown-up names, Manhattans, Alexanders, Gibsons. She and Joey would drink V-8 and eat pretzels, soggy from the heavy salt air. They insisted the juice was different from Brooklyn V-8; they didn't like V-8 at home but here it came in doll-sized cans with tiny pictures and tasted intensely of tomato and spinach, which they also didn't like at home, but here they did. Sometimes her grandmother would make sugar cookies, only for after dinner and only two apiece, but if there was company for cocktails Amy and Joey would sneak handfuls, the coarse turbinado sugar crunching in their mouths like sand.

"You're not going to the Tap Room dressed like that," her grandmother says.

When Amy was little, she thought the Tap Room got its name from the sound of all the party shoes striking the slate floor. "I wonder if they still have the goldfish," she says.

But the restaurant is now Chang's Lotus Inn, according to its sign. Amy hesitates in front of the familiar brass door, "What do you think?" Brendan says.

"What are you waiting for, Irene, an engraved invitation? Open the door."

They step inside. "What are all these Chinese doing here?" her grandmother says.

"Three, please," Brendan says. The floors are still slate, but their shoes are soled in rubber. Only her grandmother's unsteady taps echo through the cavernous room.

Everything in the Tap Room was heavy and comforting—the white linen tablecloths and napkins, the silver tableware, even the huge goldfish in the stone pond at the centre of the dining room, which Amy and Joey were allowed to feed their breadcrumbs. *We will be here forever,* they said. Now the tabletops are Formica, set with red paper placemats and bamboo chopsticks. The fish pond is a wishing well for muscular dystrophy.

The waitress hands them menus. Her grandmother pulls her blue cat's-eye glasses from a beaded case and opens hers. "I don't understand," she says. "They used to serve prime rib."

"Chinese food now," the waitress says. "It's delicious."

"I went to Japan once," Amy's grandmother tells her. "Do you know they eat fish and rice for breakfast?"

"Take your time," the waitress says, moving away.

"What on earth?" her grandmother says. "Look at this."

"Battered wheat gluten. Ear fungus," Brendan reads. "Yum."

"I've never heard of such."

"Me, neither."

The waitress has returned. "Ready to order?"

"I'll have the vegetable lo mein," Amy says.

"Shrimp toast for me," Brendan says.

"I want this," her grandmother says, pointing to the mystery item.

"Ear fungus? Are you sure?"

"I can't imagine what it tastes like."

The waitress writes their order and turns away. Amy's grandmother leans across the table. She grabs Amy's arm with her good hand. "Ear fungus," she says. "Can you imagine? I thought I'd tried everything."

Amy's grandfather used to take her to the Howard Johnson's off the highway, where the Home Depot is now. The ritual started when she was three, when her grandparents moved down here, and continued through her grandfather's final illness. At the end, Amy drove them, but her grandfather always paid. "May I treat you to a cone?" he would say.

When they went by themselves, they always ordered the same thing. Amy got French vanilla, a single scoop in a sugar cone. No nuts, no sprinkles. She imagined that this was what a cloud would taste like. Her grandfather got a double dip, coffee and butter pecan. When her grandmother came along, though, she would shame Amy into ordering something different. "When I was a child," she would say, "all we had was vanilla. Hardly even that, it cost so much. Now you can have your pick of *twenty-eight* flavours."

"What if I get something and I don't like it?"

"What if you get something you like more?"

"But what if I don't?"

"Then you'll have an adventure." So Amy, to prove she was interesting, would order pistachio (which tasted like soap), strawberry (the frozen fruit fragments crashed against her teeth, giving her a headache), or vanilla fudge (sublime). "See?" her grandmother said. "You never would have known!" Even so, when they went by themselves, Amy ordered vanilla.

She wonders now whether they should cruise Delmar for a Ben & Jerry's after dinner, to introduce her grandmother to Chunky Monkey and Phish Food. Edith would love that. She would eat mustard ice cream if they served it, just to see what it tasted like, and she would bully Amy into having some, too. *Mosquito bites,* Amy and her brother used to call their grandmother's "help."

The waitress brings their orders. "What is this?" her grandmother says, looking at her dish.

"Ear fungus, battered wheat gluten," the waitress says. "You ordered."

"I thought we were going to the Tap Room."

"This used to be the Tap Room, Grandma. Now it's a new restaurant."

"Everything is gone." Her grandmother's face crumples.

"Grandma."

"Don't forget me."

Amy takes in the clown paint, the mingled aroma of mothballs and spoiled perfume, the knobbed hands, veins like garden hoses snaking through the exhausted earth, miraculously still pumping. "Never," she says.

Her grandmother spears a battered brown morsel and chews. Her lips purse. "Strangest thing I've ever tasted," she says. She takes another bite, then pushes a helping onto Amy's plate with her chopsticks. "Here, you try some."

Susan O'Doherty is the author of Getting Unstuck without Coming Unglued *(Seal, 2007) and of numerous anthologized stories and essays. Her advice column for writers appears weekly on the publishing blog* Buzz, Balls & Hype.

Why I Kept My Mother Out of a Nursing Home

Carol Schwalberg

Mine was not the regulation Jewish mother. Her chicken soup came out of a can, and she seldom worried about illness. Mother could afford to be blithe about health. She never once sniffled. Even after her hair turned grey, her body stayed firm and her skin unwrinkled.

Just four feet, eleven inches tall, Mother stood out for her feistiness. Employers put up with her bossiness. for her hands flew over the typewriter.

But one day she complained, "Something seems to be holding back my fingers." Her hands shook and she had dizzy spells. The neurologist diagnosed Parkinson's, a disease that eventually paralyzes every muscle of the body.

If I saw Mother sliding into a pit, she saw opportunity. If she couldn't type, she could be house mother, receptionist, or matron in a toilet. Back bent, gait unsteady, Mother went on interviews, but she was never hired. Finally, she found work in a rehabilitation workshop assembling ball pens.

I could see that Mother would soon be housebound. Hoping she would have wonderful memories, I bought her a tour of Europe.

The breakneck pace wore Mother out. Walking became a problem. It now took her ten minutes to cover one city block.

"Put her into a nursing home" was the common approach then and now. (When a friend whose mother also suffered from Parkinson's faced the same problem, I decided to write about my decision.)

At that point, there was no putting Mother anywhere. She gripped the reins of her life. I urged her to take taxis, give out laundry, and hire a cleaning woman. She rejected these ideas: "I'm not made of money."

That was the least of her problems. For years she had managed on my stepfather's salary as a hardware clerk, banking her own earnings and reinvesting the dividends on inherited stocks. Her income could cover expenses.

No longer able to cook, she heated frozen pot pies to savour while watching TV. When carrying her tray to the living room one evening, she fell and broke her hip. Surgeons implanted a pin to help the fracture mend, but the fall or perhaps the shock of the fall sped the course of her disease. Mother could get about using a walker but needed help even to dress. As editor of one magazine and a contributor to others, I lacked the time to take over.

While Mother recuperated in a convalescent hospital, the question arose again, this time more urgently—should I put her in a nursing home?

I had to make the decision. She no longer could, and there was no one else. I was her only child. My father was dead, and my stepfather had left over a decade before. Her brother rarely visited. She had no friends.

I was divorced and living alone. Why not live together? My flat had no room for a second person. Mother occupied a small place as well. If we did join forces in a larger apartment, I would lose privacy and my own life. Besides wanting Mother happy, I needed peace of mind. A social worker mentioned board-and-care homes. Fob my mother off on strangers? The idea rankled.

Finally, although Mother had always dismissed nursing homes as places where unfeeling children dumped their unloved parents, I visited three or four. They looked far better than books and articles had led me to expect. Attendants kept patients clean and comfortable. Dietitians planned healthful meals. Nursing homes seemed like immaculate, well-run institutions.

But they were institutions. My tiny, idiosyncratic mother would not fit easily into institutional life. She had always gone to bed when her eyelids drooped and eaten when she was hungry. Now she would be forced into a routine.

At that point, I reviewed the facts. She was sixty-two, far younger than most people in nursing homes, and three years too young for Medicare. Her savings made her ineligible for Medicaid. Besides, she was crippled rather than sick, and she did have a home of her own. All she needed was someone to keep house and help her bathe and dress.

In 1964 a practical nurse charged $150 a week and did no housework; a housekeeper who earned $95 a week actually performed fewer personal services than a maid who earned $55. (Today a home health aide or a maid would earn between $275 and $350 a week.) The maid would arrive in the morning and leave at night.

After hiring Mary, I returned Mother to her apartment. The minute she walked in, she cried out, "I'm home!" Her eyes filled with tears.

Soon Mother was her outrageous self again. After training Mary to prepare German coffee and Czech sauerkraut, she set about telling her what to wear, how to have sex, and when to sleep over (if her alcoholic husband threatened a beating).

As the disease progressed, Mother could no longer stay alone at night. I found an apartment with a second bedroom and hired a sleep-in maid. In addition, a doctor made weekly house calls, and a visiting nurse gave physical therapy and vitamin shots three times a week.

Despite all this help, keeping Mother in her own home was not easy. Even a full-time maid doesn't work every day. After working five days myself, I showed up Saturday at noon to take over until Sunday night.

Whenever possible, I would try to extract some fun from our visits, telling her jokes and playing Chinese checkers. I arranged outings to concerts, the circus, and the zoo, although mass transit was impossible, and taxis often avoided a fare that required a wheelchair to be folded up and put in the trunk and then taken out and reassembled.

Mother's health continued its slide. When she grew too weak to lift the telephone receiver, the maid held it while she spoke. When Mother's voice dwindled to a whisper, the maid asked questions and Mother would nod or shake her head in reply.

The best of maids didn't last forever. As Mother's condition worsened, fewer women would accept or handle the job. Tiny Elizabeth lost her grip on Mother, and she fell to the floor and had a minor concussion. The next maid was bigger, but called me hourly for advice and reassurance.

Nothing could stay the course of Mother's disease. She was losing her strength and her sanity, too. One night she asked if I saw the little girl sitting under her chair and confided that people came in through the windows.

I felt weary. During the three years since the operation, I had enjoyed fewer than a dozen weekends without caring for my mother. Two maids agreed to spell each other while I took a couple of weeks away.

On my return, one maid took me aside. "I think your mother needs a nursing home now." Mother's doctor told me the same.

My personal physician suggested a hospital for chronic diseases. The nursing team left Mother in bed without moving her enough. She developed bedsores and could never walk again. After a month, I transferred her to a nursing home.

At first it seemed an improvement. The staff routed Mother from bed each day, if only to a wheelchair. Her roommate's husband paid daily visits. Seeing a man lifted Mother's spirits.

But then the nursing home switched roommates and cut her hair in a mannish bob. Her nicer clothes disappeared. Mother hated looking frumpy. She loathed the meals and refused to feed herself or to speak.

Four months after leaving her apartment, Mother died. I saw that keeping her at home had helped her stay alive as long as she did. Few nursing homes have room for a favourite chair. In her own apartment, Mother had only to open a box of photographs to relive her European trip and her youth. She slept better and had her privacy. She could use the phone, wear new clothes, and tailor menus to her taste.

Keeping my mother at home had forced me to live with the knowledge that I was holding Mother's life in the palm of my hand. I often complained about my burden of responsibility.

But those years also gave me time to know Mother better, to work out the old conflicts, and to appreciate her good qualities. I marvelled at Mother's zest for life, despite a limited existence. If her eyes could sparkle at the sight of a whipped cream cake, why shouldn't I rejoice over my health?

Keeping my mother out of a nursing home also made me sever my ties to adolescence. There was no longer a parent to rely on. I had to make decisions, some that I could ponder over, but many requiring an instant choice. Thus, I achieved what my mother always wanted: I stopped vacillating.

Why did I keep my mother out of a nursing home? In the last months before she died, I found the most important reason: despite her childishness and her inconsistency, her anxiety and her foolishness, I loved her.

Carol Schwalberg

Cancer Survivor

Joan E. Cashin

So lucky, they say,
So young,
And she lived.

Luck, only luck,
Since she does not remember most of it.
No grit, no valour, nothing
But the blind driving courage
Of a small human body
Mustering her small force
And a kind of wit
As the body outmanoeuvred the enemy.

The tumour bloomed like a black orchid,
A bruise, violet under glass, under the skin,
Gone now. She rejoices still.
Nothing but a scar
Where the small body flexed
And prevailed.

Joan E. Cashin writes from Columbus, Ohio. She has published in a variety of literary magazines, such as Intuitions, Acorn, Poetry Superhighway, Eclipse, Poetry Monthly, Externalist, *and others.*

Post Op

Faye George

I wrote on the release form
that I wanted to keep my kidney
for a paperweight,
but no one paid attention.

They wheeled me into surgery
and cut it out—
a vase with two dark flowers
delivered to pathology—

and told me how lucky I was
to be rid of it,
like a bad kid
that has left home for good.

But the body never gives up its own.
The body mourns—
depression, hormones:
loss is loss.

Faye George, a Perugia Press Prize winner, has authored three books of poetry; her latest is Märchenhaft, Like a Fairy Tale. *Her poems have appeared in* Paris Review, Poetry, *and the* Poetry Anthology, 1912–2002.

The X-Ray

James Zerndt

"He's inside me. I know it," the man says while taking off his shoes and socks. The doctor sits and waits, punches something into his computer, smiles, but says nothing. "I know how it sounds. Really, I do. But look at me! In the past month I've gained thirty-seven pounds, my hair is turning grey, and I can't feel my fucking feet."

"Hop up on the table for me. That's it. Let's see, can you feel this?" the doctor says, tapping something like a tuning fork on the ground and placing it on the ball of the man's foot.

"Yes, but that's not the problem. It's like my feet fell asleep. I can feel them, but they're constantly tingly."

The doctor continues tapping, placing the cold vibrating metal along the underside of the man's foot. The man stares at the top of the doctor's head, saying yes about a dozen times until the doctor finally stops.

"And this happened how long ago?"

"Right after he died. The next morning."

"And you say you've been drinking. How often?"

"Every night, starting in the afternoon."

"Till you're intoxicated?"

"Yes, till I'm drunk."

"And you never drank before?"

"No."

"And I'm peeing all the time, too. About seven times during the night. I'm telling you, he's inside of me. He's taking over."

"Have you ever considered seeing a counsellor?"

"A counsellor?"

"A psychiatrist."

"No, I haven't. Look, what I want is an X-ray. I need to have a chest X-ray. I'll pay for it out of my own pocket."

"I'm worried you may have napthea. It's something normally found in the elderly. It starts with this tingling you're feeling, then climbs up the legs until you lose all sensation. I'll need to draw some blood, check your B-12 level."

"Fine. And the X-ray?"

"I'll send you over to radiology. Don't worry, I'll write down here that you're having some chest pains, may have a fractured rib. But this is the only time I'm doing it, you understand."

"Yes, doctor. Thank you."

"I'm also going to give you the name of a friend of mine. Would you consider going to him once a week, just to see how things go?"

"Sure, it couldn't hurt."

"Good man. He's worked miracles for some of my patients."

The doctor leaves and the man is left alone in the room. He puts his shoes and socks back on, then hops back up on the table to wait. There's a mirror on the wall across from him.

"You want to go see a psychiatrist? Well, that's what we're going to do. Thought I'd give you a heads up in case you want to discuss anything from your childhood, maybe revisit the Depression Era and the struggles you and your family had."

The man stands, walks to the mirror, scrutinizes his reflection.

"No? Oh, that's right, you never did care for doctors, did you? Well, too fucking bad. I suppose you'd rather we sit on the couch all day watching reruns of Perry Mason or the History channel. No dice. Why don't you just move along? Is the afterlife that frigging horrible?"

A nurse gently knocks on the door. The man jumps back. The nurse enters. It's a young man. A boy in the man's eyes.

"Care to donate a little blood today?"

"Ha, sure."

The boy wraps a jaundiced-looking piece of rubber tubing around the man's arm like junkies do in movies. When the boy pulls out the tube with the needle, the man looks away. He's never been squeamish about needles before.

"B-12? Are you a vegetarian, by any chance?"

"No."

"I have to get checked for my B-12 levels every now and then because of the lack of meat."

"No, I drink plenty of meat," the man says, then realizes what he said. "I mean, I eat lots of meat. I also drink a lot. That's why he's checking it."

"Oh, sorry, didn't mean to pry . . ."

"No, it's okay. I don't have a drinking problem. Somebody else does."

"I'm sorry?"

The man can feel the needle going in, the sick slither inside his veins.

"Nothing. Never mind."

The boy says little else, takes the vial filled with purple liquid, and leaves the man to wait. He remains on the table, goes back to staring at the mirror. He bends his head down, sees the spreading grey, and looks disgusted.

"Thirty-fucking-six. Jesus Christ."

The man places his hand on his belly, on his beer gut. He wobbles it a little, like it's something attached to him.

"It wasn't my fault, you know. I didn't know CPR. What was I supposed to do?"

The man waits, but there's no answer. There never is.

On the wall there's a poster with another man sitting on a table, just like him, except he's wearing a towel. *"Studies have shown that people suffer a 68% hearing loss when naked."* The man repeats the sentence out loud, gets up, walks to the poster, is about to read the smaller print when a man wearing a white labcoat enters the room.

"X-ray?"

"Yes. Thank God."

"Follow me, sir."

The man follows the technician, holds still as a giant white gun is placed against his chest.

"How long will it take to get the photo?"

"Just head back to your room and the doctor will see you with the results. Shouldn't take more than ten minutes."

The man waits, looks at the mirror, then shifts himself so he won't have to see it. He goes to the wall with the poster. Reads. *"Tests done by*

Harvard have shown that people forget 68% of what doctors tell them when disrobed. Always bring a friend or relative with you so you don't miss any vital information."

"That makes sense," the man says, staring at the old man on the poster. The old man looks miserable, embarrassed. He returns to the table, to the gurney covered in white paper. He studies it. It's like one of those paper towel dispensers they have in public restrooms. There's a lever on the bottom. He cranks it, the crinkled paper he'd been sitting on disappears inside the table, replaced by crisp white. He sits back down, gives in to the mirror.

"You hear that? Sixty-eight per cent. Good thing I brought you along. Pay attention when the doc comes back. I might miss something."

He tries to laugh, but it comes out wrong. Like a snort more than a laugh. He begins to think about the X-ray.

"There won't be anything, will there?"

He waits, but there's nothing.

Eventually there's the soft knock. An odd courtesy, like maybe he'd be doing something indecent. The doctor comes in, holding a large manila envelope.

"Hope we didn't keep you waiting too long," the doctor says, then flips a switch and a white box lights up on the wall. The man hadn't noticed it there before.

"No, not at all."

"Okay, let's see what we have here."

The doctor pulls out the X-ray and it makes a sound like a saw can when it's shaken.

"You ready for this?" the doctor asks.

He doesn't wait for an answer. Instead the doctor jams the X-ray up into the box where it stays as if by magic.

"You see," the doctor says. "Everything perfectly normal."

"Normal?" the man says, getting up from the table, moving closer so that his nose is almost touching the X-ray. "You call this normal?"

"Why yes, the picture of health, so to speak."

"And this," the man says, pointing to a spot under one of the ribs. "What do you call this?"

"Let's see," the doctor says. "A shadow. It happens sometimes, nothing to be worried about. Why, do you see something different?"

The man doesn't respond for a moment. He looks into the mirror across the room. His face is smiling, though he isn't. He isn't sure what he's doing. He wants to tell the doctor about the bald head he sees. About the two hands wrapped around his ribs, the face staring out at him like from behind prison bars. He wants to, but he can't.

"A shadow," the man says and his voice is gravelly, like his father's. "I see a shadow. Thank you doctor, this has been a great relief."

James Zerndt

First Day on the Wards

Eileen Valinoti

I hugged my blue nurse's cape around me against the biting cold. On this frigid January morning, I was to begin my clinical nursing work in the hospital. It was still dark as I walked with three of my classmates the two blocks from the nurses' residence to St. Mary's Hospital, a decaying hulk of a building surrounded by tenements and factories. Gusts of wind blew through the streets scattering dried leaves and scraps of old newspapers into the freezing air.

In the deserted lobby of the hospital, we got on to a large ancient elevator that swayed and creaked its way slowly up to the female surgical unit where we had been assigned. On the walk to the hospital we had chattered like schoolchildren, delighting in the rustling sound of our starched blue-and-white uniforms, the silken feel of our nylon stockings against our legs, the swirl and drape of our heavy woolen capes with their red satiny linings and their high military style collars, emblazoned with our school's insignia. People on their way to the subway had looked dull and drab in their workaday clothes, the women in knotted kerchiefs, the men in dark caps, with flaps covering their ears. But now, as elevator made its tortured ascent, everyone stared silently ahead. My stomach began to feel queasy from the rocking; in my excitement I had skipped breakfast. At last the elevator reached the fifth floor, shaking as it came to a sudden shrieking stop.

We stood in a circle at the nurses' station that adjoined a large open ward, waiting for our instructor, Sister Julianne, to give us our patient assignments. Some of us giggled nervously. A priest, his purple stole draped over his black cassock, rushed by.

"He's come to give the last rites," someone said in a frightened tone. A hush fell over our little group.

From the nurses' station, I could see clearly into the ward. The patients' beds were lined up against the wall, each one separated by flimsy green curtains. Some of the curtains were closed tightly, others wide open. The priest had disappeared into one of the shuttered cubicles, and I could hear him saying the droning prayers for the dying. The air was heavy with the odour of disinfectant.

"Ugh," a classmate whispered into my ear, "I can't stand that awful smell."

A woman whose face and head and arms were swathed in bandages walked unsteadily down the middle of the ward, leaning against a nurse. She must have been burned, I thought with horror. An agitated old lady in the first bed was banging a basin against the side rails. Her long white hair hung in disorder around her gaunt face, and her eyes seemed about to burst from their sockets with the force of her rage. What if Sister told me to take care of her? I fought back the impulse to run.

But instead I was assigned to a Mrs. Murphy, who had had her gallbladder removed a week before. She should have a complete bed bath, I was told. If time permitted, I was to take her for a short walk. All of us were to be finished and ready to meet Sister at the nurses' station at nine o'clock sharp.

"You have one hour," Sister said, peering at us intently over her glasses, "that's plenty of time."

Mrs. Murphy was an obese woman in her mid-fifties. Her grey hair was tangled and matted, and the strings of her short white hospital gown were undone. Rivulets of perspiration had pooled in the folds of her neck. She looked weary, but she smiled at me when I introduced myself, giving me some courage. She promptly forgot my name, deciding to call me "dearie."

I took the basin from her bedside table and went into the utility room at the end of the ward to fill it. A long line of student and graduate nurses had already formed. When my turn came, I worried over the temperature of the water, adjusting and readjusting the faucets from hot to cold and cold to hot and back again. In our nursing class, we had used a bath thermometer, but here in the real world, none was in sight. Behind me a senior student tapped her foot.

"Use your wrist," she said in an irritated voice.

Mrs. Murphy's bedside table was cluttered with get well cards, family photos, used cups and spoons. Her dentures rested in a cup of water. On the overbed table sat her empty breakfast tray. I had to deposit my basin next to it and clear everything away before I could even begin. Then I saw I had forgotten the bath blanket. Back again I went, past the long rows of beds to the linen closet. From behind the closed curtains of the dying patient, I could hear the prayers of the priest,

"Lord have mercy on her,
Christ have mercy on her."

In the next bed, a patient was retching and vomiting into a basin held by Sister Julianne. A wave of nausea came over me; I swallowed hard, averting my eyes. I looked at my watch; fifteen minutes had passed and I hadn't even started the bed bath. I felt myself in a race against the clock.

In the ward, people were perpetually coming and going: nurses were scurrying about taking temperatures and changing beds, doctors were making their rounds, aides were collecting breakfast trays and bedpans, patients were pushing themselves in wheelchairs or walking carefully, protective hands over their incisions, cleaning women were mopping the floors and dusting beds and shelves. A handyman stood on a ladder fixing a stuck window. The noise was constant. Radios blared traffic and weather reports, food and medication carts rumbled, trays banged, radiators hissed and gurgled, the heavy elevator door clanged as it opened and closed. Patients coughed, expectorated, groaned, called for the nurse, and sometimes shrieked. Their conversations were clearly audible as they cheered each other on: "You're doing good, Mary," a patient said to her neighbour, who was struggling to swallow a cup of thick chalk-like liquid, following each gulp with a hand desperately clamped over her mouth.

Out of this chaos, an order began to emerge. I saw that the outraged white-haired lady had stopped banging her basin. She was sitting now in a chair, her hands folded in her lap over the wool blanket that covered her knees. Behind her, a nurse with a large powdered face and a no-nonsense look was braiding her hair. Other nurses were stripping beds of sodden sheets and covering them with crisp white ones, fragrant from the laundry. An air of efficient industry emanated from the nurses; I could sense the pleasure they took in their own brisk movements as they tucked in sheets and pulled them taut, plumped up pillows, and smoothed blankets and bedspreads. Breakfast trays were stacked and carted away, dirty linen vanished into a large hamper, the broken window was fixed and opened to breaths of fresh air. In my own small way, I felt part of this grand communal mission to set everything to rights, as I walked purposefully back to Mrs. Murphy, hugging the bath blanket, still warm and soft from the hospital dryer. She had dozed off, but she woke with a start when I approached.

There were many steps to follow when you gave a proper bed bath. First you covered the patient with the bath blanket, underneath which she could remove her gown. Next you fan-folded the top sheet and blankets to the bottom of the bed. You held the washcloth in your hand draped over your fingers like a mitt, so that the edges were folded down, not to irritate the patient's skin. Each body part was to be washed separately to avoid exposing more anatomy than necessary, preserving the patient's modesty.

We had practised all this with ease on our mannequin in the nursing arts classroom, but as I proceeded I soon saw that bathing a live human being was a different matter altogether. Mrs. Murphy moved restlessly about and often pushed aside the bath blanket. What if Sister made one of her impromptu inspections and saw a flagrantly exposed leg or arm, or worse? I could hardly confide in my patient, but she saw my look of alarm.

"It's so hot in here, dearie," she said apologetically.

We were taught that patients who were able should wash their own "private parts." But how did one express this and to a perfect stranger in the bargain? Sister said we should hand a clean washcloth to the patient and say, "You can finish the bath now."

But I was too embarrassed even to manage that, wordlessly handing the washcloth to Mrs. Murphy. She understood at once and began to scrub herself vigorously, not even waiting for me to hurry outside the curtains.

Down the ward I went again to the utility room for clean water. As I walked past the row of beds, I saw that the priest was gone, the curtains pulled tightly around the dying patient's bed. Underneath the curtains, I could see the bottom of Sister Julianne's white skirt. The nun seemed to be everywhere at once. From inside the cubicle, someone was sobbing. I felt a shiver of dread and quickened my steps.

It was time to wash Mrs. Murphy's back. But as she turned on her side, I saw a narrow rubber tube protruding from beneath her dressing. I heard myself gasp in shock. The tube was draining dark green bile into a large glass bottle on the floor. It was a miracle I hadn't knocked it over with my many nervous steps around the bed. And I had been so intent on covering up my patient, I had hidden the drain as well. Beads of sweat broke out on my brow.

"Never let a patient think you're nervous," we were told. I kept my smile intact as I wondered how I would get Mrs. Murphy out of bed tethered to her equipment. I poked my head outside the curtains to look for Sister Julianne. She was nowhere in sight. I thought with despair that now I would never finish on time if I finished at all.

A harassed nurse was pushing a medication cart down the centre of the ward. When she moved closer, I shut the curtains and stepped outside. "Can you help me?" I asked her timidly. Freshmen students were universally regarded as a nuisance.

"I'm very busy," she said frowning, but she left her cart and walked over to where I stood. I whispered my dilemma. Behind us, Mrs. Murphy waited trustingly.

"You just disconnect the tubing, clamp the drain and then tape it to her dressing." She fixed me with a look that said any fool knows that, and turned away to walk back to her cart.

I stood paralyzed with fright. I had no faith in my ability to deal with Mrs. Murphy's drain. What if when I handled it, it accidentally fell out? Or slipped in further? Which would be worse? I didn't know.

I prayed silently, "Holy Mother Mary, let her do it for me." Tears stood in my eyes.

The nurse looked anxiously at her watch.

"Oh, for God's sake," she said, sighing with exasperation and pulling a small metal clamp out of her pocket. She went into the cubicle, smiled at Mrs. Murphy, and in what seemed like one lightning movement, disconnected the tubing, clamped the drain, and taped it to the dressing, freeing Mrs. Murphy from her bottle of bile.

My knees went weak with relief. I finished washing Mrs. Murphy's back, rubbed it with alcohol, finishing off the job in a great cloud of Cashmere Bouquet Talcum Powder, and took her bathrobe from the hanger. She reached over to the bedside table for her dentures and put them in her mouth with a happy sigh. I asked her to hold onto me while I helped her into a chair, but she shook her head. "You're such a skinny little thing, dearie."

With great shuddering grunts and groans, she inched her way slowly to the edge of the bed, one hand behind her and the other holding her abdomen, bracing herself cautiously for the final descent—from the bed to the footstool to the floor, and at last, out of breath but victorious, to her seat in the hard straight-backed chair. When she was settled, I brushed her hair, glad to be doing something that had no procedure attached to it. I brushed and brushed, then Mrs. Murphy pinned it back from her face and into a tidy bun.

Now, her dignity restored and in her pretty blue robe, she no longer resembled a patient at all. She seemed brighter, more alert, even cheerful as she looked around at her surroundings, such as they were. For the first time I saw who she was—a sweet middle-aged lady, down on her luck (she was, after all, in that dreary open ward) putting on a brave face and making the best of things, humbly submitting to a fearful young girl like me.

She let me take her arm, and I took her for a triumphant little stroll around the ward, basking in Sister Julianne's approving smile. I looked at the big clock on the wall—it was five minutes before nine.

Eileen Valinoti

The Oncogene Waits for Darkness to Fall in the Desert

Peter Solet

Wild,
the oncogene—p53—can be found
on the short arm of chromosome 17,
a patch of shadow perched
in the saguaro's thorny nook.
Under Sonoran sun
nothing
moves,
but in moonlight
missense and nonsense cavort
and wing-tip their way through
oncogene's 11 exons,
trying all the locks.
When the dance is over,
p53, no longer wild,
leaves a legacy
of immortality.

Peter Solet lives in the mountains of North Carolina with his wife Katherine and their three cats. He retired this year as a clinical research monitor.

Blue

Rhonda S. Palmer

> Even memory is not necessary for love. There is a land of the living and a land of the dead, and the bridge is love, the only survival, the only meaning.
>
> —Thornton Wilder

Brian was as tall as an NBA superstar. Tattoos, hair, and baggy clothes covered his six-foot-nine frame. His blue eyes were direct and calm. Our residential hospice took in a certain number of terminally ill, indigent people every year without reimbursement, for, despite the government's best projections, homeless people died also and died young, without the advantage of insurance or Medicare or Social Security. Brian was nineteen. A glioblastoma had established a home in his brain.

He had been living on the streets for years, at first with his homeless father and then as part of a group of homeless young people in our town. A well-known tag artist, he painted fabulous and illegal murals on the sides of businesses and trains. He picked up some money panhandling, but more often played guitar and sang for spare change. One of the coffee shops in town allowed him space on the sidewalk and gave him free coffee and food.

Who knows if having working parents or health insurance would have offered him a longer life? He never questioned his fate, but approached each new calamity with the same calm and contagious inner peace. As his regular evening nurse, I spent as much time as possible with him, for he had the artistic sensibility I love in people, and he was motherless and he was dying.

We talked about life. He felt that everything in his life had been inevitable. For him, the essence of contentment was a warm bed, food, and some freedom from pain. His friends brought him weed regularly, and the staff ignored the late-night visits and group trips to the roof, where they smoked and talked and were silent for hours until the night grew cold. Eventually they would come back inside for cocoa and the lights of the hospice kitchen.

His words started disappearing because of the tumour, slowly at first, more rapidly as the weeks progressed. I asked him about his art one day during this period. "How do you know what to paint?" He looked puzzled for awhile and then smiled. "I look at the sky," he said. Then he threw his hands up in the air and waved them around. "Blue!" he yelled. "Blue!"

On the floor of his room he had created a large mandala, about four feet in diameter. The only time he ever got upset was if one of us accidentally stepped on it, or moved any part of it. It was created with stones, small bones, marbles, sticks—items he had picked up outside. In one section was a small fox skull. Periodically he would move bits of it around, and it became a shifting, morphing artwork. I thought of the sand paintings of the Buddhist monks, or the Navajo, that were meticulously created and then released into the wind. One day, as Brian slept off the effects of a seizure, I looked carefully at the circle of earthy items placed so carefully in the middle of the room. Something seemed familiar and identifiable. I stared unfocused for awhile and then the connection hit. It was the cross-section of a brain, a large MRI scan. There were the two hemispheres, the corpus callosum connecting them. There were the optic nerves switching sides. There was the medulla oblongata, and there, just where the history and physical said it would be, was the fox skull, the tumour. As the days passed, the area of pebbles around the fox skull grew. Brian was intuitively tracking the growth of his tumour and the loss of his words.

Brian couldn't take a bath alone because of his seizures, so I sat nearby, trying to give him privacy in that most un-private way we nurses have. It was a large Jacuzzi-style bath, and he loved the feel of the hot water bubbling around him, possibly the first "bathtub" bath he had had in his life. Some of his medication had caused him to gain weight, and he sat in the tub like a young Buddha, his long black hair streaming into the water, his face full of light. He enjoyed his moments—in the tub, on the roof, in the kitchen, with his friends. He drew people to him like any good enlightened being would, and he stopped talking altogether.

I travelled west of the city on one of my nights off work, and during the drive saw an unusual display of northern lights. It was rare to see them so far south, but here they were, just as brilliant and large as if I were standing in the Arctic Circle. I stopped the car and walked into the desert to watch them. It occurred to me that Brian had died (he had, I later learned) and that I was seeing the evidence of his life of light and art high above me. Not just Blue ("Blue!") but Red and Green and Gold. In the sand I drew a large circle, and in the sand I wrote his name over and over, while high above a solar flare stroked this planet as gently as it could.

Rhonda Palmer is a hospice nurse/writer working in Columbus, Ohio. Published this year in the Comstock Review *and Heartsong, she was the recipient of the 2008 William Redding Memorial Poetry award.*

Two Poems

Michael Salcman

Chiasm

Of two minds because we have two brains,
each connected to an arm and half an eye,
we make our errors at the edges:
at a crossing, cross-gartered, at cross-purposes,
cross-cut; see how deadly Oedipus unknowing comes
to spear his father, while down the block
old Abraham opens his tent on every side
to the stranger. It's a wonder anyone understands
another, our faces crossing and re-crossed
in the brain's basement, reinventing ground
and sky. Unable to steer the lens of the eye,
the mind shifts parts of its world to make a whole:
Blake's tyger seen as color first
must flex a muscle and run before we give him a shape,
bone and sinew joined together in a time and space
our minds have made outside our choosing.

Praise for the Sick & the Dead

His voice remained bright and optimistic
those times he still had spit enough
to speak on the phone.
The week before my son's wedding, I feared to hug my friend,
afraid I might splinter a bone or shatter his eyes
like marbles.
He often said he'd beat it back but I can't tell
if he was just trying to cheer me up, as if I were the one
with black marks on my gut,

talking himself through the ordeal of a cancer wrapped
around his bile duct, bad luck lodged
in the head of his pancreas.
In my youth only two subjects were worth talking about
so Woody titled a movie Love and Death.
Zelig-like, I've stepped in and out of that picture now
or perhaps a Russian novel
in which everyone gets exactly what they deserve,
that is to say, nothing they expect.
The day I get his e-mail
I've no place to meet a friend but the cinema—
everything but the Chinese restaurant is closed.
Two years later we bear his suddenly heavy body
to the grave
though he was as short as a stick of incense
and his freckled smile and orange hair
as light as a ginger cat.
He liked to think of Fall as a season of hope and renewal;
that was Death's best trick, stitching him into its verses
during his favorite time of the year.
When his tail gunner's courage returned to earth,
love was something made of iron
and hope only an afterbirth, hardly breathing in my chest.

Michael Salcman

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.

Peter Solet's poem "The Oncogene Waits for Darkness to Fall in the Desert" challenges those who would bridge the gulf between science and art. Can a reader make sense of the poem without some knowledge of cancer genetics? Is its goal to be an intelligible, reliable guide to an aspect of medical science, intended for non-scientific readers? Or is an appreciation of the poem's animated images and sibilant sounds sufficient for reading and understanding the piece?

James Ward's story "A Strong and Noble Soul" deals with the reaction of a mother and a child to a rare genetic syndrome, one that may also be the result of "missense and nonsense" causing a genetic mutation. What might the reaction to Solet's playful imagery be for those who experience or ponder the grave implications of cancer or genetic disease?

Ward's story takes its title from the epigram the author provides from Yeats. How does the epigram relate to the story and the characters? Whose is the "strong and noble soul"?

James Ward's story also deals with the shocking and stressful disappointment of severe illness in a newborn baby. This, too, is the subject of the stories by Ruby Roy ("Denial") and Christine Benvenuto ("Days and Nights in NICU"). Roy's story offers contrasting views of the phenomenon of "denial," first from a mother of a child who survives meningitis, and then from the child's pediatrician, who herself has a child with a very serious congenital disease. Are the mothers in this story in denial? What are they denying? Is one of the mothers more or less in denial than the other?

All three stories describe the experience of care in a neonatal intensive care unit, and of contact with the doctors, nurses, and hospital staff who work there. Benvenuto's story highlights the alienation between frightened, miserable parents and seemingly impersonal professional staff. The story also conveys an otherworldly sense of the frantic milieu of the ICU and the pressures to be felt there. Does the story imply that modern technological care is inhumane? Is it necessarily so? How are technical and humane care to be balanced in the pressure cooker of an intensive care unit?

Isabel Hoskins has written an account of the experience of gynecological cancer at the age of thirty (shades, perhaps, of a miscreant oncogene). Her life has been saved, as the result of radical surgery performed with the consent of her husband—not of herself, under anesthesia when the decision had to be made. Without her consent, she tells the reader, her feminine identity has been ravaged. What is the price of the preservation and prolongation of life by modern medicine, and how should a predicament like the one in this story be anticipated and managed?

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