

Ars Medica

Volume 5, Number 1, Fall 2008

Founders

Allison Crawford, Rex Kay, Allan Peterkin, Robin Roger, Ronald Ruskin

Editorial Board

Allison Crawford *Managing editor*
Adrian Grek *Editor*
Rex Kay *Senior editor*
James Orbinski *Contributing international editor*
Allan Peterkin *Senior editor*
Robin Roger *Senior editor*
Ronald Ruskin *Senior editor*
Terrence Sooley *Assistant managing editor*

Advisory Board

Jacalyn Duffin, Rebecca Garden, Jock Murray, Jeff Nisker, Thomas Ogden,
Adam Phillips, Robert Pinsky, Mary V. Seeman, Anne Marie Todkill

Legal Advisors

Stanley Kugelmass, Adrian Zahl

Publishing

Ian MacKenzie *Copy editor and designer*
Liz Konigshaus *Executive administrator*

Web

Allison Crawford *Designer*



Canada Council
for the Arts

Conseil des Arts
du Canada

We are grateful for the generous financial assistance of the Mount Sinai Hospital Foundation, the Munk Centre for International Studies, and the Canada Council for the Arts.

Ars Medica: A Journal of Medicine, the Arts, and Humanities

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

ISSN 1910-2070

Published in partnership with University of Toronto Press, Journals Division

For subscription information or to submit a manuscript, contact arsmedica@mtsina.on.ca,
or visit www.ars-medica.ca.

CONTENTS

EDITORIAL.....	1
----------------	---

FEATURE PIECES

The Stricklands at Queen Street.....	<i>John Court</i>	4
Remembering the Clarke and Some of Its Founders	<i>Douglas H. Frayn</i>	9
Extract, <i>The Book of Negroes</i>	<i>Lawrence Hill</i>	37

SHORT FICTION

Sunday Nights at the Shangri-La	<i>Cindy Dale</i>	23
---------------------------------------	-------------------------	----

CREATIVE NON-FICTION

The Wong-Baker Scale.....	<i>Gina P. Vozenilek</i>	50
Saved.....	<i>Sue Eisenfeld</i>	90

PERSONAL NARRATIVE

Hope from a Distance	<i>Nigel Leaney</i>	62
Can't Make Cancun?	<i>Laurie Klein</i>	101
Qualitative Study: Clinical Euphoria.....	<i>Theodor Irvin Silar</i>	109
Making Images	<i>A. Robinson Williams</i>	119

CREATIVE PROCESS

Palisade 11	<i>Robert Houle</i>	74
-------------------	---------------------------	----

POETRY

The Alzheimer's Man	<i>Alan Steinberg</i>	18
Shoulder Dystocia.....	<i>Lanice Jones</i>	20
Pain Scale.....	<i>Paul Hostovsky</i>	33
Birth Announcement (This Little Daughter).....	<i>Dana Medoro</i>	35
The Specialists	<i>Rebecca Garden</i>	43
The Excessiveness of Witnessed Cruelty.....	<i>Edward Salem</i>	46

Swimming Upstream.....	Mac Greene	56
Driving the Ambulance		
with Robert Frost	Kathleen L. Housley.....	60
Either Side of the Scalpel Surreal	Chris Ransick	69
Twice a Year Now.....	Ruth Bavetta.....	73
mother your breast.....	Susanna Rich.....	76
Mountains That Block Sunrise.....	Marjorie Power.....	79
On Different Hospital Floors.....	Nicholas Samaras.....	87
Blood.....	Rod Farmer	89
Day before His Third Eye Surgery ...	Lori Anderson Mosemann ..	98
Side Effects	J. R. Kangas	100
Fluid around the Heart.....	Angie Macri	104
Saint Colonoscopy	Judith H. Montgomery	106
On the Gurney with		
the Village People.....	Sandra Evans Falconer.....	107
Night of the Lunar Eclipse	Magi Schwartz	114
Willendorf	Christine Rathbun.....	115
Medical Plane Goes Down		
in Lake Michigan.....	Phyllis Wax	118
Walking an Old Dog	Bruce Bennett	123
A Cartography of This Body	James G. Brueggemann	124
Waiting for the Glutamate		
Receptor Tablet	Lynn McClory.....	126

NARRATIVE OF ILLNESS

The Eighth Day	Michael C. McConnell	80
----------------------	----------------------------	----

DISCUSSION GUIDE.....		128
-----------------------	--	-----

Then and Now

Anton Chekhov's *Ward Six* deceptively begins as a quaint description of a small hospital annex, where five patients in blue hospital dressing gowns wear old-fashioned nightcaps and sit or lie on beds screwed to the floor. We soon discover that the patients are "lunatics" and that the annex is a mental asylum. Dr. Ragin, the aloof asylum doctor, later wrestles with the riddle of mental illness and suffering: "If the aim of the medical profession was to alleviate suffering by the administration of medicine, the question inevitably arose: why alleviate suffering? For in the first place it was argued that man could only achieve perfection through suffering, and secondly, if mankind really learnt to alleviate suffering by pills and drops it would give up religion and philosophy, in which it had hitherto found not only protection from all misfortunes but even happiness." Dr. Ragin argues with Gromov, his patient, "Once prisons and lunatic asylums exist, there must be someone to be there. If it's not you, it's me: if it's not me, then it's someone else. Have patience—when in the faraway future prisons and lunatic asylums cease to exist, there won't be any more barred windows or hospital gowns. Such a time will of course come, sooner or later." Written over a century ago, Chekhov's central character, Dr. Ragin, grows closer to the pain and suffering of his patients, falls ill, and becomes a patient. He eventually dies on Ward Six.

Chekhov's narrative of illness and health remains an open question for the present. In this issue of *Ars Medica*, our first section is devoted to the centenary of the Department of Psychiatry at University of Toronto. John Court, archivist at the Centre for Addiction and Mental Health, opens a window on the history of the Provincial Lunatic Asylum, which was created on reforms of "moral treatment" from France, the United Kingdom, and the United States. His piece vividly illustrates hospital life through the eyes of William Strickland, head gardener at Queen Street Asylum in 1895, who worked closely with hospital patients in his

gardens. Charles K. Clarke (1857–1824), the first professor of psychiatry at the University of Toronto (and a somewhat controversial figure), was responsible for bringing one of the first psychoanalysts, Ernest Jones, to Toronto in 1909. Three quarters of a century later the psychiatric hospital moved outside its walls to the community and the Clarke Institute was constructed. Douglas Frayn, a past out-patient director, writes of that time where, unlike Ward Six, there was “considerable optimism for psychiatry and the future.”

Exploring the impact and stigma of mental and physical illness through art, medicine, and the humanities is a central and defining theme for *Ars Medica*. Another recurring theme in the many works we receive concerns power, exploitation, and subjugation by one group (or individual) over another. *Ars Medica* is indebted to Canadian author and recipient of the Commonwealth Writers’ Prize 2008, Lawrence Hill, who brings the historic oppression of slavery into a clear literary focus in an excerpt from *The Book of Negroes*. Aminata Diallo, speaks of her kidnapping from her West-African homeland, her many losses, and her survival in a foreign land. “There must be a reason why I have lived in all these lands, survived all those water crossings, while others fell from bullets or shut their eyes and simply willed their lives to end.”

Tales of survival in the face of suffering are present in many of our stories and poems, albeit in different forms and art. The celebrated Canadian First Nations artist Robert Houle reminds us, in his smallpox collage, that biological warfare was promoted by a white (and historically revered) British General. In the “Wong-Baker Scale”—an actual medical facial-pain rating scale used for patients—Gina Vozenilek writes of anxious domesticity in a medical household and contemplates Victor Hugo’s aphorism, “Pain is as diverse as man. One suffers as one can.” In “Sunday Nights at the Shangri-La,” Cindy Dale sets her sombre tale of grief in a suicide survivors’ chat room. Nigel Leaney’s “Hope from a Distance” offers a moving story of two brothers, the elder suffering from tormenting voices and recurrent hospitalizations, the younger suffering the burden of fraternal care. In the “Eighth Day” Michael McConnell narrates his recovery from the paralysis of Guillain-Barré syndrome, leaving the reader to wonder how he willed “the wretched disease to leave me alone forever.”

In our Creative Process section, Arthur Robinson Williams, a third-year medical student, uses the art of photography to reflect “additional layers to lived representation and the embodiment of the Self.” Using his work with “trans folks”—transgendered, transsexual, and gender-variant individuals—Williams bravely explores the enigmatic tension between the body and the inner core of subjective experience.

In its diverse poems, historical essays, personal narratives, images, and stories, *Ars Medica* seeks to offer a place of reflection and dialogue with the other about our presence. As Ann Enright, the Irish writer and 2007 Booker Prize winner recently said, “I write about the passage of life from ease to unease to disease.” Her comment applies not only to the current of words and images, but to the ebb and flow of shared and transmitted personal experience in our collective journey.

The Stricklands: *Living and Working at Queen Street a Century Ago*

John P. M. Court

The Centre for Addiction and Mental Health (CAMH) was formed in 1998 under the Ontario *Public Hospitals Act*, based on provincial recommendations for merging two mental health and two addiction specialty institutions.

Queen Street Mental Health Centre (QSMHC) had by then been serving the province for almost a century and a half. After the 1840s decade of temporary asylum facilities, the Provincial Lunatic Asylum (as it was known until 1871) opened with public optimism in 1850 on what is still CAMH's present and future hub location. Located on fifty acres within the pastoral military reserve, and monumentally designed on a mammoth scale with advanced residential features, the asylum drew upon reforms from France, the United Kingdom, and the U.S. "moral treatment" movement. By 1998, Ontario's largest psychiatric hospital led with a strong community focus on treatment of chronic and serious mental illnesses. At the merger, Queen Street was providing clinical training to more than six hundred students in medicine, nursing, rehabilitation, psychology, recreation therapy, and social work. Working with some 150 community-based agencies to assist clients with their housing, income support, vocational training, rehab, and other requirements, QSMHC had 1,030 staff (full-time, part-time, and medical) and an operating budget of \$64 million.



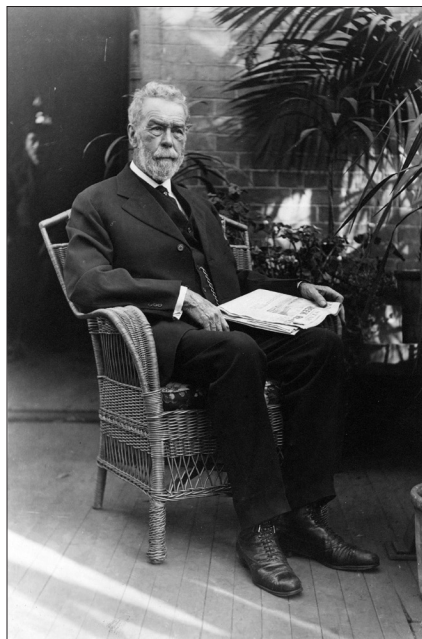
Queen Street glass negatives series, CAMH Archives

A nursing supervisor and students with their patients in the women's medical infirmary at Queen Street, about 1910



File 23, series 8, City of Toronto Archives

The ornamental fountain and front gardens at Queen Street, late 1800s, by the renowned photographer Frank Micklethwaite



CAMH Archives, courtesy of the Strickland family

William Strickland was presented with this wicker chair by his colleagues about 1920 as a token of their friendship and esteem.



CAMH Archives, courtesy of the Strickland family

The younger Strickland daughter, Alfie ca. 1909, behind the Asylum's East Gate Lodge, their family residence

A century earlier, when the Strickland family arrived to live and work on the grounds during the thirty years of Superintendent Daniel Clark, fresh air and exercise were considered more beneficial for mental health than many other asylums' invasive physical procedures and over-reliance on chemicals. Moral therapy continued to foster recreation and work regimens for patients, which were also intended to instill post-discharge working skills and confidence. This was, however, a controversial practice; patients worked for no pay. Patients' labour saved the provincial government, which mandated this practice, *enormous* expenses in numerous categories, such as clothing, made by women, and grounds maintenance and construction work by male patients. Some results of these labours can still be admired. The boundary walls along the east, west, and south perimeters of CAMH reflect the skills of the nineteenth-century patients who from 1860 helped in building and later reassembling them.



CAMH Archives, courtesy of the Strickland family

The Asylum's front and east wings as seen from inside the grounds at the East Gate Lodge, about 1907.

William Strickland transferred to Queen Street as head gardener in 1895, nurturing a wide variety of plants and flowers in the greenhouse while caring for the outdoor flowerbeds. In winter he tended coal fires to prevent the plants from freezing. The Stricklands lived on the grounds in the East Gate Lodge, where their second daughter, Alfie, was born in 1899. William Strickland worked closely with the hospital patients who helped him in the gardens and grounds, while his family became friends with many of them. A poem, "Alfie's Pets," was written for her as a gift from John M. in 1910.

About 1920, William Strickland transferred from Queen Street to the Mimico (later renamed Lakeshore) provincial hospital. His colleagues presented him with a wicker chair as a token of their long friendship and warm esteem for him. Mr. Strickland continued caring for the gardens and grounds of the spacious Mimico facility until he retired in 1924.

Further Reading

Hudson, E., ed. *The Provincial Asylum in Toronto*. Toronto: Toronto Architectural Conservancy, 2000.

Reaume, G. *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940*. Don Mills, ON: Oxford University Press, 2000.

University of Toronto Department of Psychiatry. “Historical Vignettes for the Centenary.” <http://www.utpsychiatry.ca/centenary/#July-07-Wasylenki-Vig1-Pre-1907>.

Historian John Court is archivist for CAMH and assistant professor, Department of Psychiatry, University of Toronto. He extends his sincere appreciation to the Strickland descendants, especially Frances Charlton and Lois Nicholson.

Remembering the Clarke and Some of Its Founders¹

Douglas H. Frayn

Charles Kirk Clarke (1857–1924) was the first professor of psychiatry at the University of Toronto (1907–1924) and a protégé of Joseph Workman, widely considered to be the father of Canadian psychiatry. Dr. Clarke's efforts had led to the opening of the first psychiatric clinic in Toronto in 1909 and eventually to the Toronto Psychiatric Hospital, the forerunner of the Clarke Institute of Psychiatry. Dr. Clarke chose the controversial British psychoanalyst Ernest Jones to be director of the Toronto General Hospital (TGH) outpatient clinic in 1909. Jones assisted in founding the American Psychoanalytic Association in Baltimore in 1911 and left Canada in 1913. Clarence B. Farrar (1874–1970), Clarke's successor, was the director of the Toronto Psychiatric Hospital (TPH) and head of the Department of Psychiatry for twenty-two years. Dr. Farrar was followed by Aldwyn B. Stokes (1906–1978), who, with the first director (Charles Roberts), was psychiatrist-in-chief when the Clarke Institute of Psychiatry opened in 1966. The Clarke's library, one of the largest psychiatric libraries in North America, was named for Dr. Farrar, and its main auditorium was named in honour of Dr. Stokes.

¹ Excerpted and abridged from *The Clarke and Its Founders: The 30th Anniversary; A Retrospective Look at the Impossible Dreams* (Toronto: Clarke / Coach House, 1996). Subsequently in 1998, the Clarke Institute of Psychiatry was merged with three other institutions specializing in mental health and addiction to form the Centre for Addiction and Mental Health (CAMH).

My first impression of the Clarke was that this imperious, contemporary monster-building and I would become kindred spirits. Located at 250 College Street at Spadina, it was a thirteen-story, 200,000 square foot, concrete and stainless steel tower occupying almost half of a Toronto central-west city block. Forty years ago both of us seemed out of place and foreign in the midst of a homey European/Jewish neighbourhood. News vendors sold papers in several languages, and English was just one of many heard on the corner of College and Spadina.

It was June of 1967 when I came to the Clarke and it had been open for less than a year. Dr. Stokes had seemed tired, somewhat reclusive, and earlier that year, rather surprisingly, had suddenly resigned as CEO. There were reported squabbles or, as one staff man called, it “a palace revolt” as the old TPH staff came under fire from younger psychiatrists such as Arthur Jones, Don Coates, and Harvey Freedman. Robin Hunter had just been chosen as the next director and psychiatrist-in-chief at the Clarke, as well as being appointed chairman of the Department of Psychiatry. Although an outsider (from McGill via Queen’s), he was known as a good organizer, a man’s man, and an experienced clinician. Originally from a white Jamaican background, he combined aristocratic gentility with a riverboat gambler’s acumen.

This would be my third staff psychiatry job in as many years, coming from Queen’s with the new chairman and director, Robin Hunter. William (Moe) Robinson and I were recruited at Queen’s by Dr. Hunter for this journey and momentous undertaking. I wondered why I had let myself be talked into moving to Toronto, since my teaching and research year at Queen’s was to have been a temporary academic sabbatical before returning to Connecticut and hopefully a position at Yale. I had previously worked in a renowned psychiatric centre (Institute of Living) only to find myself now in Toronto where psychiatry had a distinctly provincial mental hospital ambience. My initial feeling was that of a novice missionary, unappreciated by the “natives,” rather than an effective psychiatrist. A factor in this reaction was my attempt to contain feelings of alienation that really have not changed much in spite of the intervening years. Hunter was a training analyst in the newly formed Toronto Institute of Psychoanalysis, and both Robinson and I were in analytic training. It was very clear from the beginning that we were expected to be good clinical psychiatrists rather than proselytizing analysts-to-be.



Clarke Institute fonds, CAMH Archives

Clarke Institute of Psychiatry (now the College Street Site of CAMH), as it opened in 1966 with the original curved and sloping entranceway, to the design of John B. Parkin Architects, Toronto.

We felt a special allegiance to him and to the fledgling Clarke project and its vision.

The parochial rumours about psychiatry at the U of T seemed to be confirmed when during my first Grand Rounds it became obvious that most of the literature and references being quoted had to do with Toronto psychiatrists and their Maudsley acquaintances. As far as I could ascertain, psychotherapy was thought to be an unscientific activity, practised by the unenlightened. Psychoanalysts and American-trained psychiatrists were especially viewed with suspicion. A staff lunch table (12 Floor East, furthest from the food) was the unofficial HQ for Hunter and his immediate subordinates. More work was accomplished over shepherd's pie than in the boardroom. It was also a place for the newest old jokes and informal but often urgent clinical consultations. Eventually some apparently well-meaning staff mentioned to me (but not with Hunter present), that Eysenck (in his leisure time away from physics), Sargent, and Farrar had all shown psychoanalysis to be ineffective and essentially a moribund procedure conducted by a ship of fools.

Generally speaking, in 1967 there was considerable optimism for psychiatry and the future. Generous funding was available for research and training. Psychiatry had been attracting more of the top 10 per cent of the graduating medical class than any other specialty. Long-term treatment in provincial mental hospitals was being phased out while short-term treatment for acute cases was now standard in all teaching hospitals. The use of day hospitals and community clinics was planned so that chronic care could be available on an ambulatory basis. The advent of the newer benzodiazepines, tricyclics and MAOIs, as well as depot phenothiazines and lithium, brought about the possibility that most major forms of mental illness now might be treated effectively using pharmacotherapy, and/or behaviour modification within a so-called therapeutic milieu.

Hunter made it very clear that the Clarke's first order of business was to improve the level of psychiatric services and clinical activities. We were told that there would be "no hours of operation" for any clinical service, and although there would be a staff roster we were to be available when needed. People were not to be turned away without effective intervention (even though 30 per cent of the "walk-ins" had no insurance). One could not use the excuse that there were "no beds available" unless

even the temporary cots were full. Writing papers and doing research during the day were to be left to those few who were already involved and had existing grants such as Drs. Stancer, Freeman, and Lovett Doust. The rest of us were to be “worker bees.”

The late 1960s were a time of great social and political unrest, and expectations of psychiatry were high and naively optimistic. Thousands of teenagers from all parts of Canada and the United States milled around Toronto on their way to nowhere. On a summer weekend it was not unusual to have to admit ten to fifteen severely disoriented, psychotic, and often homeless teenagers from nearby Yorkville or Rochdale College. Some of these patients had been pre-psychotic and now were acutely regressed because of abandonment or forced intimacy, particularly when combined with alcohol, hallucinogens, or amphetamines.

December 31, 1967, marked the end of the first full year of operation of the Clarke Institute. Robin Hunter functioned as medical director, Charles Roberts accepted administrative responsibilities as the executive director, and Mary Jackson was assistant medical director. Ian Davidson was chairman of the board along with Burdette McNeel, John Hamilton, R. B. Dale Harris, Mrs. Charles Dubin, James Matheson, as well as Arthur Kelley.

There were three general adult (open) units having approximately thirty beds each, with a receptionist to greet you and a large airy group room and central lounge for the patients. The patients’ meals were served from individual holding kitchens. There were several research rooms, some with one-way mirrors and rooms for isolation and observation. These units certainly did not look like any provincial hospital that I had been in. The Clarke had up-to-date customized architecture, spacious rooms, and comfortable furnishings, all arranged primarily with the patients’ interests in mind. Yet unlike the Allan or the Institute of Living, the ambience left no doubt that this was a mental hospital with many nurses in uniforms and some psychiatrists wearing white coats. I was told by a senior psychiatrist that if doctors did not wear white coats, patients would not be able to tell the staff from the patients! Offices for the staff seemed to be of secondary consideration, and several professional staff would use the same office or patient room when not occupied.

These were the days of the “therapeutic milieu,” and on certain floors, where there was a semblance of class distinction, even extending at times

to professional decisions was frowned upon. Patients were empowered to make decisions about other patients' privileges, and discharges. At times even medication changes and admissions would be voted upon. Bill Stauble wrote a discreet but accurate article, in 1969 (*Canadian Journal of Psychiatry*) about this kind of behavioural "democracy" and its detrimental effect on a ward and its staff. It seemed to me that the wish for social change, as in the Chinese Cultural Revolution, overshadowed the therapeutic needs of patients. As an example, it was possible for some regressed schizophrenic patients still to be in their pajamas and not allowed visitors several weeks after their admission because they "wouldn't speak up" in small group therapy discussions in order to earn these "privileges."

Instead of being an ivory tower, the Clarke seemed more like a cold cement fortress. Although spectacularly designed by John Parkin the architect, I have always suspected that, together with his brother Alan, the psychoanalyst, they aggressively schemed to make access to the Clarke restricted to a select few. The central entrance was an outside circular staircase, spiralling from College Street up to the first floor, with such an aberrant rise that one could not climb, walk, or run up comfortably. Individuals at lunchtime had been known to mathematically attempt to solve this geometric riddle by walking outwards as well as upwards, hoping that with an increasing radius, comfort might be achieved, but to no avail! The way out was no less complicated. Over the years there have been at least seven different exits—all either replaced, restructured, or armed with alarms to make sure that intruders and inhabitants alike were "pharaohically" entombed. The original plans called for more than the present three central elevators. These elevators always seemed to be programmed to stop on the floor just above where one was waiting and appeared to reverse their direction at the last moment. Once a suicidal patient, while peering through an unbreakable bedroom window on the seventh floor, said to me, "Well Doc, I guess this is maybe the only way out of this place, for both of us."

The Clarke made major changes again in 1972 after consolidation of the clinical and teaching services. Robin Hunter had an experienced but youngish psychiatric staff. One major goal of the reorganization was to expand services to the community and make greater use of contemporary ambulatory activity. Stan Freeman was made psychiatrist-in-charge of Community Services, Abe Miller was brought from Queen St.



Clarke Institute fonds, CAMH Archives

Joining in cutting the birthday cake for the 25th Anniversary of the Clarke are (left to right) Jonathan Hunter (son of Robin Hunter), Vivian Rakoff, Paul Garfinkel, “The Spirit of C. K. Clarke” (aka Joel Jeffries), and Fred Lowy, representing the Clarke’s leadership.

for In-patients, and I was put in charge of Ambulatory Care. I divided Ambulatory Care into the following sections: Emergency (Walk-In) Care (550 patients/month), run by Geoff Glaister and Pat Nestor; Assessment/Psychotherapy Clinic (110 patients/month), with Jim Davie, Bill Giddy, Betty Steiner (Gender Disorders); the Day Hospital had Joel Jeffries in charge; and Chronic Care (group therapy, lithium and phenothiazine depot clinics) with Wayne Furlong as clinical chief.

Prior to reorganization, each in-patient service would take its one-day weekly turn covering emergencies, new assessments, and follow-ups. As one can imagine, at times it was a nightmare with no one fully responsible for coordinating all these outpatient activities. Some of the innovative ambulatory changes established were the use of nurses as primary care therapists (Jennifer Pyke and the late Liz Plummer), psychology clinics with Sid Folb and Harvey Broker in charge, and home assessments were frequently done by our social workers (Elaine Green

and Barbara Evans). Active social and psychotherapy counselling groups were instituted for our chronic patients, and staggered therapist hours were encouraged so that our clinics were open into evening hours.

I stayed on as psychiatrist-in-charge of Ambulatory Care until the fall of 1975 when I resigned from full-time status and became the consultant in psychotherapy for the Clarke. Since qualifying as a psychoanalyst in 1973, I had found it increasingly frustrating trying to find the time to carry on an active clinical practice along with the administrative responsibilities. For example, having to interrupt analytic sessions to restrain emergency patients was commonplace. It gave me a broader outlook and diversity of practice, but I had a passion and wanted more psychoanalytic experience. Seb Littman then took over as psychiatrist-in-charge of Ambulatory Services. My psychotherapy consultant position was for three half-days a week. I was responsible for (initially with Alan Parkin) two psychotherapy supervisor groups with twenty-two supervisors who were supervising thirty-two residents. In addition I also assigned the residents to supervisors and published a monthly psychotherapy abstract bulletin. At that time (1975) I was one of the very few part-time psychiatrists to be on the medical staff at the Clarke, and I continued to chair the Psychotherapy Supervisor Seminar at the Clarke for the next twenty years (1975–1995).

Having worked with every departmental chairman and director at the Clarke, it has never ceased to amaze me just how totally different they have been from each other. All have been energetic, highly successful, and knowledgeable men. By the time Paul Garfinkel became chairman (1990), some of the Clarke's original residents were now full professors and in charge of the various hospitals in the department. The previous psychiatrists of Stokes and Hunter's time were beginning to retire. Psychiatry in 1996 looked different from thirty years before—not the patients, but the organization. Everyone has a title or three these days. There are no secretaries, attendants, or even general psychiatrists. There are administrators, executives assistants, emergency workers, and heads of this and that program, section, service, or division, and sometimes all of these titles on the door at once! At this time of limited funding, shrinking office space, and political uncertainty, perhaps it is understandable that important appellations may be one of the last perks

available in the system. It's my impression that in-patient psychiatrists, in particular, are at an all-time low both in numbers and morale. This, in part, may be due to the lack of professional recognition, which, when combined with increasing legal impediments and public expectations for patient outcome, makes hospital-based clinical psychiatry less appealing personally and financially. The psychiatrist at the Clarke continues to have a lot of responsibility but really has little authority as an individual to affect change in this large, diverse organization.

The Clarke and the Departmental Annual Dinners (now associated with Research Day) have also changed over the years. The first Departmental Dinner that I remember was held at the Inn on the Park (ca.1968) and many of the staff wore tuxedos. Spouses and non-medical guests did not attend, and there were few residents. At one of the recent Clarke Dinners I was seated at a table with Abe Miller, Stan Freeman, Vivian Rakoff, and Harvey Stancer, when it was suggested that someone should undertake to write down some of the early history of the Clarke while many of its founders are still (ostensibly) alive.

The Clarke has been criticized for being too big, too elite, and administratively overwhelming for personalities to make a lasting, significant impact. Having said that, I must say that, after interviewing and talking with a number of the original medical staff, I have been greatly impressed that so many have clearly devoted their lives to the establishment and development of the Clarke. I feel grateful to all those who have contributed as well as to those few who said they want only to look forward rather than backwards. This reminded me of Seb Littman's courageous characterization of his own psychotherapy style. In the midst of analytically oriented supervisors, he said, "I'm a covering-up therapist and proud of it."

It is unfortunate that many of the non-medical, other professional, and working staff stories remain untold, but that is an undertaking for them, not me to tell. It has been a privilege to have been part of the Clarke Institute of Psychiatry over the years and I trust others will continue to update its history during the coming decades.

Douglas H. Frayn is past director of the Toronto Institute of Psychoanalysis, has been involved in dream research and outcome studies, and is author of Psychoanalysis in Toronto (2000) and Understanding Your Dreams (2005).

The Alzheimer's Man

Alan Steinberg

1

His daughter stands
at the door,
tasting the air.
All around, the leaves are burning,
bright flames of decay.
One day she will wander.
One day she will not come home.
She will find herself
another shelter.
In time he will say: This is good.
I have done what every father should.
In time he will see her children
lean from the door.
If he is lucky, he will go like this—
some quiet autumn morning,
smoke still on the leaves.
His going will be no more
than a first winter chill.

2

His father did not leave so.
He grew old and lost everything:
his eyes, his hair, his teeth, his reason.
It was he who stood by the door,
blindly gazing on the ruin
of another winter day—a city day filled
with wet and rancid snow.

3

He tells himself his father lacked
the grace to die as he should, in autumn,
with the sun burning the leaves.
On such a day, death passes
like a shadow across the sky,
a soul taking wing
like a bird flying south to prosper.
But he left him on a winter day,
the air thick, destitute, uneven,
with only a ragged sparrow given
to short and desultory flight.

4

So now this is how he would have it,
if we can have such things
as the season and the sorrow
of our passing.
It will be autumn.
There will be birds in the air.
His daughter will be standing
at the door gazing
at her own horizon.
Word will come of his leaving,
his rising up into the air
like a mist.
There will be nothing to say.
Nothing to regret.
There will be no silence to wall up.
The birds will be singing.

Alan Steinberg has published fiction (Cry of the Leopard, St. Martin's Press), poetry (Ebstein on Reflection, Idaho State Press), and drama (The Road to Corinth, Players Press). He teaches at SUNY Potsdam.

Shoulder Dystocia

Lanice Jones

The primip laboured long
 Synto running, two hours pushing

The head was high,
 engaged, mid-pelvis
 zero station, direct OA
 rocking slightly downward with each push

Too high for me, but deliverable
 Consult OB.

A large man, decades labouring
 in the case room
 gentle voice, gentle hands

Both of us garbed in green,
 Silent before sacred alter
 Nurses in purple flank the thighs

Soft golden cup slid through yielding flesh
 “Vacuum on.”
 The aspirated hum begins

Muscles taut beneath latex,
 His hands grip the pliable vacuum
 Slowly, gently, perineum bulges

Labia part. Head stretches the fourchette
Mother, with effort,
pushes her baby's head into our world

A turtle startled by the light and noise,
the head tugs back toward the womb
Nurses lift knees into McRobert's

"Feel here." Obstetrician takes my hands
Holds firm
Slides them into the dark vault

My fingers trace the anterior shoulder
jammed beneath symphysis

"Feel here."
My right hand is guided to slide beneath
the posterior shoulder, revealing space

Time stands still
Stretches into millennia

My hands hold the shoulders
His hands cover mine, firm yet yielding
Paddles of flesh and bone that guide our craft
from the edge of the Styx

My hands curve the shoulders, while
his hands waltz in supination, pronation,
rotating the shoulders transverse

Anterior shoulder slips beneath symphysis
Together in sacred, eternal dance
we ease the infant out of the unrelenting womb



Years at a time of doctoring
fade into the miasmic past

But this,
this transcendental moment glows
in sacred intimacy . . .

Large, gentle hands holding mine,
together welcoming a newcomer
into her allotted seasons circling the sun

Lanice Jones is a family physician practising obstetrics through her work with the Calgary Refugee Health Program. Her free time is devoted to her three children, her parents, writing, skiing, and hiking.

Sunday Nights at the Shangri-La

Cindy Dale

8:57 p.m. I log on, enter the chat room, no one's here. Type in *Hey*—to the void. Sarah's always here first, and that scares me. This is the third Sunday in a row she hasn't shown. Here's a girl who joined in religiously for fourteen weeks straight and suddenly she's gone. If this were AA, you could be certain she'd fallen off the wagon. But it's not AA, and well, damn it, I'm worried.

The trouble is I have no way of contacting her. I don't even know her last name, or where she lives. Somewhere in Montana, near Missoula maybe? Which is not necessarily a good thing, statistically speaking at least. You think of Montana as "Big Sky" country. You think of snow-peaked mountains and crystal-clear rivers and streams studded with silvery trout. You think of a place where there are more cows, deer, and elk than there are people. But Montana is also the state with the second-highest suicide rate per 100,000 population, sandwiched neatly between Nevada at #1 and Alaska at #3. Now those two you can understand, but Montana? Isn't it supposed to be God's country?

Sarah's brother Matt was one of those statistics five months ago. He shot himself through the head with his father's pistol, choosing the most popular route to the other side. He was nineteen years old and had just completed his freshman year at the University of Montana. He didn't leave a note, but then only 40 per cent of people do. You've got to wonder

why. Wouldn't you want to get that final "fuck you" in before exiting stage left? Maybe you're too worried about messing that up, too. After all, chances are you aren't Shakespeare, and it's easy to imagine the authorities scrutinizing your misplaced commas, your errors in proper tense. But by the time they find your note, you're most likely newly past tense anyway so what the hell difference does it matter?

Sarah's fifteen. She's the only one left now. Her parents don't let her out of their sight, having curtailed even cheerleading practice. They're constantly asking how she's feeling. Hell, they've even removed the Aspirin from the medicine cabinet, just in case. Can you blame her for feeling like she's slowly going nuts?

Of course I understand. All of us here understand. Maybe we're the only ones who really do. I mean, we've all got these phantom siblings who are still hanging around the dinner table, despite their untimely demises. We've all got parents who—either jointly in a state of suicide-induced solidarity, speak to you in the imperial "we" or separately, the suicide being the final straw in what was probably a lousy marriage to begin with—watch over you, trying to do what all the damn therapists tell them to do, trying desperately to make you feel loved, determined not to miss those telltale signs a second time.

9:02 p.m. *Hey—How's things?* The words appear in bright green on my screen. Nicki's here.

Hey Nick, I type back. Surviving.

Nicki's twelve and lives in Shaker Heights. Her brother Gregg hung himself down in the basement on December 23. He was home from this famous boarding school for the Christmas break. According to Nicki, he never wanted to go there in the first place. But their father—this hotshot ESQ who was up for judge—had gone there, and Gregg had no choice, especially if he wanted to get into Yale a couple of years down the road, which is something his soon-to-be-Your-Honour never questioned.

Nicki was the one who found Gregg, although she's sure that wasn't his intention. He was hanging way back in the laundry room. She's convinced the ultimate *Fuck You* was intended for their mother, who was some kind of modern day Lady Macbeth when it came to cleanliness. *Out, damned spot!* Nicki never went back to the laundry room, but she was looking for her favourite pair of jeans that day—clean or dirty—and

there you have it. Surprise! Gregg dangling, his face a sickly grey, his toes a mere two inches from the ground. Two goddamn inches. Might as well have been a mile.

Nicki's got two younger sisters—six and eight—but they don't get it. They still think Gregg's just back at boarding school again, that he'll be home when the Easter Bunny comes. Never mind the urn that's sitting on the mantelpiece. The girls—Alison and Madeline—weren't allowed at the funeral, so what do they know? To them, the golden urn is just another tennis/wrestling/track trophy waiting for Gregg to come and reclaim it.

9:04. Hey guys. No sign of Sarah? Brent's here.

His sister did the typical vodka-and-pill thing while away at school. Much cleaner that way, to do it away from home. Sure, you get the phone call but as Brent points out they'd been expecting it for years. She'd been through three plus years of the anorexia thing and had Emily Dickinson poems framed on her bedroom wall.

Nope. Nada. Rien. Zip. I'm worried, I type back.

Me, too. Nicki chimes in. It's not like her.

9:06. Sorry I'm late. Joshua joins in. I was getting one of my 'we care for you so much' speeches. Tomorrow's his birthday and shit's weird around here.

Joshua's brother Michael also took the gun route. There's some question about whether it really was a hunting accident, but no one believes that story. A slip of the finger on opening day. Happens all the time up in the Upper Peninsula where they live. Yeah, sure. But it makes for a much better story down at St. Joe's where he'd been an altar boy, taken his first communion, and God knows what else. That's what his parents tell everyone and that's the story Joshua is supposed to tell, too. Never mind that everyone knows better. I mean, there was the email Joshua got from Michael later that day. He showed his parents, but they never showed the authorities. It made things pretty damn clear.

Jesus, Josh. That sucks. How old would he have been? I forget, Nicki types.

Sixteen. Shit. It's just so fucking weird. My mom's making a fucking cake if you can believe it. Angel food because as she says, 'He's now with the angels.' The woman has absolutely lost it—

The first year is the worst, Brent jumps in. Brianna's birthday was last month, and man it was rough. She would have been twenty. Ma didn't get out

of bed for two days. Bri got some birthday cards from a couple of friends who still didn't know and it put ma over the edge.

I can't help think about my own birthday and how it's basically screwed for life. Some say my story takes the cake. After all, I'm talking about my twin brother here—my identical twin brother. Larry, who was older than me by something like three minutes, taller than me by a quarter inch, the one who for some odd reason never needed braces. He off-ed himself by jumping from the Golden Gate Bridge during rush hour on the eve of our high school graduation. I truly challenge anyone to top that.

The bridge is the most popular jumping point in the world, by the way, having logged well over a thousand final exits since it opened up in 1937. It's a mere four seconds to reach the water and the average body hits at seventy-five miles per hour. Four seconds—one one thousand, two one thousand, three one thousand, four one thousand. Doesn't seem like much, but it must seem like a lifetime to the jumper and I can't help but wonder if Larry had second thoughts, if he glanced over towards Dad's office building and offered up a final little wave. Or flipped him the finger.

Here are a few facts about suicide for you:

Every eighteen minutes someone does themselves in in this country, the land of the free. Suicides outnumber homicides by five to three. The ratio of male to female is four to one. There are an estimated twenty-five attempts for every completion. I love that word. *Completion*. I guess you can't quite call it a success, can you?

Larry certainly completed. His jump stalled traffic for a good four hours on a Friday afternoon of a long holiday weekend. They stopped covering bridge suicides in the papers and on the TV a couple of years back, figuring it glorified the act, I suppose, giving the jumper the attention he or she was silently screaming out for. Somehow, word got out, though, and everyone knew it was Larry Grayburn, Winston and Lorraine's son. *Was he a troubled kid? Where there problems at home? Girl problems? Drugs?* Inquiring minds wanted to know. I mean, this was a kid who had everything—the proverbial golden boy—and he jumps off the goddamn Golden Gate Bridge. They've already established a scholarship in his name at the high school, making out like he's some kind of hero who died of cancer or in some James Dean-like car accident.

Good thing the yearbooks had already been printed. It was too late to slap his picture up front with a big “In Memoriam” banner, like they did for Stacy Clark and Jennifer Woodmere the year before after they died in that car crash that left J. J. Bonita in Superman’s condition. I was looking at our yearbook just the other day, and there we are right next to each other in the senior section: Lawrence Grayburn and Lester Grayburn. I mean, who in hell names their kid Lester? If anything, I should have been the one to jump, what with a name like that.

She’s turned the house into a fucking shrine, Joshua types, interrupting my reverie. *Everywhere you turn, there’s Michael looking back at you. Even in the damn bathroom. I can’t take a piss without him watching—*

It’s the opposite here, Nicki types. *The pictures are all gone, like he never existed. But there are still all the trophies. And the urn. I mean, Gregg is sitting there right in the middle of the living room—*

My problem is, we’re both in almost every picture. You can’t get rid of one without the other, I jump in.

Yeah, I hadn’t thought about that, Nicki types.

It’s just weird, Joshua writes. *It’s like picking a scab off a wound. Just when you’re getting on with things, or trying to, she has to go and make an angel food cake—and there’s no one who gets it—*

After it happens, no one knows what to say to you. Your parents are usually too numb from whatever drugs the doctors have got them on. Hell, they probably tried to make you take them, too. Your neighbours drop off cookies and casseroles, mumbling their condolences, glad to leave as quickly as they can. And your friends? They slap you on the back and say “Man—” Pop a beer for you. Say, “If there’s anything you need—” But after the funeral where they turn up in force, you notice a gradual tapering off. It’s almost as if you might be contagious, like it might run in the family or something. Could be their parents exerting pressure. “Be nice to poor Les, but hey—don’t spend too much time with him, okay? Wouldn’t you rather hang with Todd or Jack or David? I mean, they’re nice boys—” Your parents will inevitably shuffle you off to some kind of shrink who will lean forward and say, “Tell me how you’re feeling. Are you angry? It’s okay to be angry—”

The truth is there’s no one you can really talk about it with. I mean, I could have talked to Larry—but he’s not here. You certainly can’t talk

to your parents, even if they're not anesthetized with drugs or scotch or whatever gets them through the night. Forget third parties—priests, guidance counsellors, shrinks you've only just met yesterday. And friends? Like I said, they weird out on you and do some sort of Houdini, maybe surfacing months later, acting as if nothing ever happened, which is even worse.

There are plenty of people around ready to take the blame, like your parents, or, hell, even you. It's never the dead kid's fault. Never mind that he is the one who pulled the trigger / took the pills / kicked back the stool / took the leap. It's never his fault. As a result, we've all got these siblings vying for retroactive sainthood.

I was going nuts. Then I found this place. Or, more accurately, this place found me. Word spreads about a suicide like Larry's. You start getting emails from people you don't even know, like Nicki. She's the cousin of a friend of a friend. She told me about the board. We call the place Sunday Nights at the Shangri-La because Sunday's the day of the week more youth suicides occur than any other and because this is the only place you can escape the stigma of being the surviving sibling. In fact, from our little club only Larry didn't do himself in on a Sunday. You've got to understand this is a very exclusive club. If your mom or your dad offed themselves, it doesn't count. Siblings who died of disease or accident or even drug overdose don't count either. You've got to be someone whose brother or sister pulled a Kevorkian way before his or her time. Now if Kurt Cobain had had a brother or a sister, we'd roll out the red carpet.

There's a mass tomorrow morning, and she's insisting I go, Joshua types. *I don't want to. Is that terrible? I just want to go to wrestling practice like usual and forget the whole damn thing—*

I know what you mean, Nicki types. *I'm dreading Matt's birthday. I really don't know. How it'll be. It's the Fourth of July. Fireworks and everything.*

Independence Day, I type. *What a joke. Guess he showed you all his independence, huh?*

You know, I wasn't really surprised, Nicki types. *I mean, I was but I wasn't. I've never said that before. He was so angry—angry at my dad, angry at the world—*

I was, I type. Surprised, I mean. We'd been together that morning. At the graduation ceremony. He was talking about getting a keg for the party later. He was talking about Lydia, and how he couldn't believe she was going to LA to school, but how it didn't really matter—there were bound to be other girls at Cornell, he said. Not that it's Lydia's fault. It's not, but I didn't have a fucking clue. Not a fucking clue—

Not me, Brent types. I just wondered what took her so long. Jesus, I can't believe I said that. You know, she was so messed up for so long. But what bugs me is I don't know how she got that way. Was it one thing? Or just the culmination of lots of things? What happened to set her down that path—

Yeah, I know what you mean, Nicki types. You can't help but wonder if there was anything you could have done or said that would have made a difference.

Yeah, I type. I hear you. I can't help thinking what would have happened if I'd gone with Larry that afternoon instead of with my friend Dylan. But who could have known? We were all headed the same place—Jackson's house—and we'd agreed to meet there at six. Who could have known that at 5:33 my identical twin brother would have parked his car in the middle of traffic—my mother's BMW, for Chrissake sake—and jumped off the goddamn bridge?

The experts will tell you the average youth suicide makes up his or her mind to commit the act within an hour of the actual attempt. Like Einstein once said, something about opportunity meeting the prepared mind. Still, I find it hard to believe Larry just suddenly decided to jump on his way home for whatever fucking reason. Because Lydia was going to UCLA? Because he'd been salutatorian and not valedictorian? I don't think so. Then I think, how could I have missed it? The signs. He'd given me this game ball that Steve Young had signed two days before. Told me to keep it, that he didn't need it anymore. I figured it was because he was going east to school and I was staying local, bound for Berkeley. But you know, that's one of the key signs. Giving away prized possessions. How the hell did I miss it? And what do I do with that football now?

Here are a few more facts about suicide for you. At some point in time, 53 per cent of high school students consider suicide. 53 fucking per cent. At any given point in time—I mean like right now—7 per cent of kids are thinking about it. Most teen suicides occur in the afternoon or

early evening right in the kid's home, with the parents present. And like I said, Sundays—God's day, the day of rest—top the list.

Sunday nights tend to suck anyway, but hanging here helps. None of us have ever met. I have no idea if Nicki is pretty or if Josh has zits or whether Sarah has tits. It's irrelevant. We're all part of a club we never wanted to join. SOS. We're the true survivors of suicide, the ones who get left behind.

I've been coming to the club six months now. We don't email during the week. We don't have each other's phone numbers. But none of us would miss Sundays for anything, which is why Sarah being AWOL has got us all spooked.

You start with simple explanations. Maybe her grades were slipping and her parents cut off the Internet. Or maybe they went on some extended Caribbean vacation and Sarah just forgot to mention it when she was last here four weeks ago. Then your thoughts get darker. Maybe there was a car accident. Maybe she got diagnosed with some unpronounceable disease. Maybe—

Hey—Sarah's name appears on the screen.

Sarah?????????? We all type in simultaneously.

Yeah, it's me, Sarah types.

Where the hell you been girl? Nicki types.

God, we were worried, Joshua adds.

Yeah, we thought—you know, that something was seriously wrong. Or that you did something stupid, Brent adds.

I did, Sarah types.

What do you mean? I type.

I slit my wrists, Sarah types, adding a little smiley face with a frown.

Jesus Sarah! Why? Nicki asks.

I don't know. They were getting on me. My parents, I mean. They wouldn't let me go anywhere. And the kids at school . . . I don't know. It was like I was a leper or something—

But slitting your wrists? Come on girl, you can do better than that! You know only 15 per cent of those attempts work, Brent types.

Brent! It's Nicki again.

Hey, don't worry. Brent's right. I didn't really want to complete, to use the lingo. That's obvious. Even to me.

So why? I don't get it, Joshua types.

I don't know. It's weird, Sarah writes.

Yeah, go on, Josh says.

It was every cliché in the book. It was a Sunday night—the first night I didn't make it here. My parents were upstairs watching some movie of the week. I was down in the basement, working on my homework on the computer when, I don't know, the senselessness of it all came over me. I had to pee, and I went into the bathroom. I opened the medicine cabinet, and there was a package of razor blades behind this jar of hand lotion that they apparently missed when they suicide proofed the house—

So why weren't you logging on? Were you going to come that night? Here I mean,—I type.

Yeah, I was. After I finished my homework. It was doing a report on Montana. I was trying to find out what our state flower is—

And what is your state flower? Brent types. Inquiring minds want to know <g>.

The Bitterroot. Sarah types. Nice name, huh?

What's it look like? I type.

It's actually rather pretty—Kind of a purpley-pink. Grows close to the ground. Very hearty. A perennial.

Unlike our siblings. Brent types. Sorry, it's all just so . . .

Or maybe just like our siblings, Josh adds. Forever with us, forever a piece of who we are, just because they're gone—

So Sarah, what's it like? Those final moments? I type, hitting the send button before I can think about what I'm asking.

It's like they say in all the articles. You change your mind. You really do,—she writes.

Go on,—I type, suddenly wanting this insider's view of those final minutes. The damn experts I don't know about, but Sarah I trust.

You just change your mind. You want to live. You'd give anything to rewind, to go back and not do the stupid thing you've just done—I looked at the blood, and Jesus it was a lot of blood, and I thought 'I should get something to stop the bleeding' The word tourniquet went through my mind, and I remember thinking, How do you spell that? Like it matters. Then I thought, 'I should call my mom or dad. I should scream. I started to get up, to go get someone, but I was dizzy, and the last thing I remember is going down, and

seeing these flowers in my head—Bitterroot, I guess, blooming thick in a field, just like the poppies in The Wizard of Oz when Dorothy falls asleep—And I can't help but think about Larry. Larry parking the BMW on the bridge and getting out. Standing at the edge, looking down. Maybe thinking about it right then, maybe not. Standing on the ledge, then leaping—One one thousand—feeling the liberation of free-fall, almost feeling like he can fly—two one thousand—that shadow of a doubt creeping in—three one thousand—then panic, thinking, What the fuck have I done? Why didn't anyone—Mom/Dad/Lydia/you—pick up on the fucking signals I was sending out? That final SOS—four one thousand, that millimetre before impact, cursing himself for this idiot act he has done, cursing all of us for the pedestal we put him on, so out of reach from the rest of the human race, cursing Sir Fucking Isaac Newton for discovering gravity in the first place—

Cindy Dale's stories have appeared in literary journals, websites, and anthologies including Orchid, South Carolina Review, Zoetrope: All-Story Extra, and Potomac Review. She lives on a barrier beach with her husband and two children.

Pain Scale

Paul Hostovsky

I'm waiting for my doctor in this little room,
all alone with my body and nothing to read
except for the anatomy chart and the Lipitor ad,
and tacked to the wall near the blood pressure cuff
this other small piece of paper with six
progressively withering smiley faces
numbered zero to five. How do I know it's a pain scale
for the non-verbal, or the non-English-speaking,
or maybe the deaf? It's gotten my attention
as only pain can. I imagine my doctor asking,
"How much does it hurt?" then pointing to each
corroding happy face in turn with a trembling
index. The first face boasts a smile a hundred
and eighty degrees wide, labelled zero for zero pain.
The last face is wringing tears from the scrunched up
lines that make up its face, labelled five for crushing
pain. And the faces in between, one through four,
might be mild, annoying, pounding, wrenching
pain. That is if there were words for what is all
vowels anyway. I mean, what can you say about pain
when ouch says it all; when words at their best
are merely true—or merely due, like the blessing
after achoo; when the complete works of Shakespeare
couldn't budge one kidney stone, nor all the Bibles
in all the hotel rooms piled on top of each other reach
the big toe of the suicide hanging in 14B . . . I mean
you'd think we'd have figured it out by now, what to do
with all the pain, what to make of it, this natural
resource everywhere abundantly fallow, in every

corner of the world, every corner of the body. You'd think by now we'd have invented a formula for converting it into energy or food, or cancelling it out completely, dividing it by itself or the farthest star, or else some denominator we have yet to imagine. But no, when it comes to pain, we're still in kindergarten. When it comes, we can only hunch over it, try to draw from memory the irretrievable face of happiness. The language of pain is wind in a field, it's wind howling past a useless tongue, past lips and teeth like disused rails and ties abandoned in a field, where once the excellent trains ran all day and into the night, the well-timed, smart arrivals.

Paul Hostovsky's poems have won a Pushcart Prize, the Muriel Craft Bailey Award from the Comstock Review, and chapbook contests from Grayson Books, Riverstone Press, and the Frank Cat Press. Visit his website: www.paulhostovsky.com.

Birth Announcement (This Little Daughter)

Dana Medoro

Though the exact chronology is uncertain
at some point she thought,
This is it—this knowing:

Odysseus at the seashore, blood for the ghosts,
the sorrow and fear crashing into
the glow of his urgent fire
in waves of voices, each warming the distinct chords of frozen throats:
I'll tell you let me tell you let me
shake the earth, your heart
will heave into your mouth.
You will not be able to speak without
its rising there.
The cry of your child will be the cry of your mother, and
hers before that.
You'll see.

She took the needle in her spine
and thought:
This is the harrowing of hell
The descent dark as false witnesses
and turning on two rotations of the sun.
Everything opened into this bloody testament—
The sound just before song
The footsteps coming back (or forsaken)
The splitting not in half but
into two

—and wounds so deep you could put your hands in them.

She remembered Molly musing: that's eleven years ago now

Yes he'd be eleven
I haven't forgotten it all
I only thought I had.

She put her arms around her,
drew this little daughter to her
breasts all perfume
her heart going like mad
and stilled that awful deepdown torrent.

Dana Medoro teaches at the University of Manitoba. This poem is her fourth in print and the only one about the birth of her daughter. The last stanzas reference Molly Bloom in Joyce's Ulysses.

The Book of Negroes¹

Lawrence Hill

And now I am old

{London, 1802}

I seem to have trouble dying. By all rights, I should not have lived this long. But I still can smell trouble riding on any wind, just as surely as I could tell you whether it is a stew of chicken necks or pigs' feet bubbling in the iron pot on the fire. And my ears still work just as good as a hound dog's. People assume that just because you don't stand as straight as a sapling, you're deaf. Or that your mind is like pumpkin mush. The other day, when I was being led into a meeting with a bishop, one of the society ladies told another, "We must get this woman into Parliament soon. Who knows how much longer she'll be with us?" Half bent though I was, I dug my fingers into her ribs. She let out a shriek and spun around to face me. "Careful," I told her, "I may outlast you!"

There must be a reason why I have lived in all these lands, survived all those water crossings, while others fell from bullets or shut their eyes and simply willed their lives to end. In the earliest days, when I was free and knew nothing other, I used to sneak outside our walled compound, climb straight up the acacia tree while balancing Father's Qur'an on my head, sit way out on a branch and wonder how I might one day unlock all the mysteries contained in the book. Feet swinging beneath me, I would put down the book—the only one I had ever seen in Bayo—and look out at the patchwork of mud walls and thatched coverings. People were

¹ The novel was first published by HarperCollins Canada in Canada as *The Book of Negroes*, but was published in the United States, Australia, and New Zealand under the title *Someone Knows My Name*.

always on the move. Women carrying water from the river, men working iron in the fires, boys returning triumphant from the forest with snared porcupines. It's a lot of work, extracting meat from a porcupine, but if they had no other pressing chores, they would do it anyway, removing the quills, skinning the animal, slicing out the innards, practising with their sharp knives on the pathetic little carcass. In those days, I felt free and happy, and the very idea of safety never intruded on my thoughts.

I have escaped violent endings even as they have surrounded me. But I never had the privilege of holding onto my children, living with them, raising them the way my own parents raised me for ten or eleven years, until all of our lives were torn asunder. I never managed to keep my own children long, which explains why they are not here with me now, making my meals, adding straw to my bedding, bringing me a cape to hold off the cold, sitting with me by the fire with the knowledge that they emerged from my loins and that our shared moments had grown like corn stalks in damp soil. Others take care of me now. And that's a fine thing. But it's not the same as having one's own flesh and blood to cradle one toward the grave. I long to hold my own children, and their children if they exist, and I miss them the way I'd miss limbs from my own body.

They have me exceedingly busy here in London. They say I am to meet King George. About me, I have a clutch of abolitionists—big-whiskered, wide-bellied, bald-headed men boycotting sugar but smelling of tobacco and burning candle after candle as they plot deep into the night. The abolitionists say they have brought me to England to help them change the course of history. Well. We shall see about that. But if I have lived this long, it must be for a reason.

Fa means father in my language. *Ba* means river. It also means mother. In my early childhood, my *ba* was like a river, flowing on and on and on with me through the days, and keeping me safe at night. Most of my lifetime has come and gone, but I still think of them as my parents, older and wiser than I, and still hear their voices, sometimes deep-chested, at other moments floating like musical notes. I imagine their hands steering me from trouble, guiding me around cooking fires and leading me to the mat in the cool shade of our home. I can still picture my father with a sharp stick over hard earth, scratching out Arabic in flowing lines and speaking of the distant Timbuktu.

In private moments, when the abolitionists are not swirling about like tornadoes, seeking my presence in this deputation or my signature atop that petition, I wish my parents were still here to care for me. Isn't that strange? Here I am, a broken-down old black woman who has crossed more water than I care to remember, and walked more leagues than a work horse, and the only things I dream of are the things I can't have—children and grandchildren to love, and parents to care for me.

The other day, they took me into a London school and they had me talk to the children. One girl asked if it was true that I was the famous Meena Dee, the one mentioned in all the newspapers. Her parents, she said, did not believe that I could have lived in so many places. I acknowledged that I was Meena Dee, but that she could call me Aminata Diallo if she wanted, which was my childhood name. We worked on my first name for a while. After three tries, she got it. *Aminata*. Four syllables. It's really not that hard. *Ah-ME-naw-tah*, I told her. She said she wished I could meet her parents. And her grandparents. I replied that it amazed me that she still had grandparents in her life. Love them good, I told her, and love them big. Love them every day. She asked why I was so black. I asked why she was so white. She said she was born that way. Same here, I replied. I can see that you must have been quite pretty, even though you are so very dark, she said. You would be prettier if London ever got any sun, I replied. She asked what I ate. My grandfather says he bets you eat raw elephant. I told her I'd never actually taken a bite out of an elephant, but there had been times in my life when I was hungry enough to try. I chased three or four hundred of them, in my life, but never managed to get one to stop rampaging through villages and stand still long enough for me to take a good bite. She laughed and said she wanted to know what I really ate. I eat what you eat, I told her. Do you suppose I'm going to find an elephant walking about the streets of London? Sausages, eggs, mutton stew, bread, crocodiles, all those regular things. Crocodiles? she said. I told her I was just checking to see if she was listening. She said she was an excellent listener and wanted me to please tell her a ghost story.

Honey, I said, my life is a ghost story. Then tell it to me, she said.

As I told her, I am Aminata Diallo, daughter of Mamadu Diallo and Sira Kulibali, born in the village of Bayo, three moons by foot from the Grain Coast in West Africa. I am a Bamana. And a Fula. I am both,

and will explain that later. I suspect that I was born in 1745, or close to it. And I am writing this account. All of it. Should I perish before the task is done, I have instructed John Clarkson—one of the quieter abolitionists, but the only one I trust—to change nothing. The abolitionists here in London have already arranged for me to write a short paper, about ten pages, of why the trade in human beings is an abomination and must be stopped. I have done so, and the paper is available in the society offices.

I have a rich, dark skin. Some people have described it as blue black. My eyes are hard to read, and I like them so. Distrust, disdain, dislike—one doesn't want to give public notice of such sentiments. Some say that I was once uncommonly beautiful, but I wouldn't wish beauty on any woman who has not her own freedom, and who chooses not the hands that claim her.

Not much beauty remains now. Not the round, rising buttocks so uncommon in this land of English flatbacks. Not the thighs, thick and well packed, or the calves, rounded and firm like ripe apples. My breasts have fallen, where once they soared like proud birds. I have all but one of my teeth, and clean them every day. To me, a clean, white, full, glowing set of teeth is a beautiful thing indeed, and using the twig, vigorously, three or four times a day keeps them that way. I don't know why it is, but the more fervent the abolitionist, it seems, the more foul the breath. Some men from my homeland eat the bitter kola nut so often that their teeth turn orange. But in England, the abolitionists do much worse, with coffee, tea and tobacco.

My hair has mostly fallen out now, and the remaining strands are grey, still curled, tight to my head, and I don't fuss with them. The East India Company brings bright silk scarves to London, and I have willingly parted with a shilling here and there to buy them, always wearing one when I am brought out to adorn the abolitionist movement. Just above my right breast, the initials GO run together, in a tight, inch-wide circle. Alas, I am branded, and can do nothing to cleanse myself of the scar. I have carried this mark since the age of eleven, but only recently learned what the initials represent. At least they are hidden from public view. I am much happier about the lovely crescent moons sculpted into my cheeks. I have one fine, thin moon curving down each of my cheek-

bones, and have always loved the beauty marks, although the people of London do tend to stare.

I was tall for my age when I was kidnapped, but stopped growing after that and as a result stand at the unremarkable height of five feet, two inches. To tell the truth, I don't quite hit that mark any longer. I keel to one side these days, and favour my right leg. My toenails are yellow and crusted and thick and most resistant to trimming. These days, my toes lift rather than settling flat on the ground. No matter, as I have shoes, and I am not asked or required to run, or even to walk considerable distances.

By my bed, I like to keep my favourite objects. One is a blue glass pot of skin cream. Each night, I rub the cream over my ashen elbows and knees. After the life I have lived, the white gel seems like a magical indulgence. *Rub me all the way in*, it seems to say, *and I will grant you and your wrinkles another day or two.*

My hands are the only part of me that still do me proud and that hint at my former beauty. The hands are long and dark and smooth, despite everything, and the nails are nicely embedded, still round, still pink. I have wondrously beautiful hands. I like to put them on things. I like to feel the bark on trees, the hair on children's heads, and before my time is up, I would like to place those hands on a good man's body, if the occasion arises. But nothing—not a man's body, or a sip of whisky, or a peppered goat stew from the old country—would give anything like the pleasure I would take from the sound of a baby breathing in my bed, a grandchild snoring against me. Sometimes, I wake in the morning with the splash of sunlight in my small room, and my one longing, other than to use the chamber pot and have a drink of tea with honey, is to lie back into the soft, bumpy bed with a child to hold. To listen to an infant's voice rise and fall. To feel the magic of a little hand, not even fully aware of what it is doing, falling on my shoulder, my face.

These days, the men who want to end the slave trade are feeding me. They have given me sufficient clothes to ward off the London damp. I have a better bed than I've enjoyed since my earliest childhood, when my parents let me stuff as many soft grasses as I could gather under a woven mat. Not having to think about food, or shelter, or clothing is a rare thing indeed. What does a person do, when survival is not an issue? Well, there is the abolitionist cause, which takes time and fatigues me

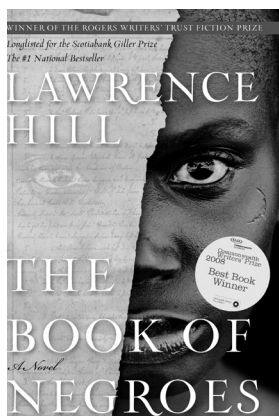
greatly. At times, I still panic when surrounded by big white men with a purpose. When they swell around me to ask questions, I remember the hot iron smoking above my breast.

Thankfully, the public visits are only so often and leave me time for reading, to which I am addicted like some are to drink or to tobacco. And they leave me time for writing. I have my life to tell, my own private ghost story, and what purpose would there be to this life I have lived, if I could not take this opportunity to relate it? My hand cramps after a while, and sometimes my back or neck aches when I have sat for too long at the table, but this writing business demands little. After the life I have lived, it goes down as easy as sausages and gravy.

Let me begin with a caveat to any and all who find these pages. Do not trust large bodies of water, and do not cross them. If you, dear reader, have an African hue and find yourself led toward water with vanishing shores, seize your freedom by any means necessary. And cultivate distrust of the colour pink. Pink is taken as the colour of innocence, the colour of childhood, but as it spills across the water in the light of the dying sun, do not fall into its pretty path. There, right underneath, lies a bottomless graveyard of children, mothers and men. I shudder to imagine all the Africans rocking in the deep. Every time I have sailed the seas, I have had the sense of gliding over the unburied.

Some people call the sunset a creation of extraordinary beauty, and proof of God's existence. But what benevolent force would bewitch the human spirit by choosing pink to light the path of a slave vessel? Do not be fooled by that pretty colour, and do not submit to its beckoning.

Once I have met with the King and told my story, I desire to be interred right here, in the soil of London. Africa is my homeland. But I have weathered enough migrations for five lifetimes, thank you very much, and don't care to be moved again.



Lawrence Hill is the author of seven books, including The Book of Negroes, which won the 2008 Commonwealth Writers' Prize and the Rogers Writers' Trust Fiction Prize. He can be reached through his website, www.lawrencehill.com.

The Specialists

Rebecca Garden

They sat casually around the seminar table
in the oak-panelled room,
the cream of the medical centre faculty,
a famous novelist,
a few eager med students, and he—
the grad student facilitator,
an employee, maybe a stand-in for the patient—
all discussing Ann Carson's long poem
"Glass, Irony, and God."

In the poem the speaker describes
her father's Alzheimer's dissociation:
the broken speech, sinuous fragments
twining the logic of another organism,
the wonder of pure abstraction.

The grad student said,
"Carson is talking about watching,
being a watcher,
a witness to illness and death,
someone who looks into things,
someone who looks on.
Maybe it's how she survived
her father's disintegration."

He is thinking of his dead lover
and the dementia that came on
after the meningitis.
So he says,

"Carson knows what it's like to watch
a person change within dementia,
a phasing of being into another organism,
speech and act into other languages,
someone abstracted and unhinged
at times more lucid than God,
a nuisance, a danger,
and yet an unparalleled wit.
He is lost in another dimension,
acting recklessly in an unreal world,
and suddenly the person is there,
back again.
Even if only for a moment,
he is with us."

"No,"
the neurosurgeon said.
"In fact, at that stage of dementia,
there's nothing left."
The dean of medicine agreed.
"Nothing left.
Nobody home."

And just moments before
these well-rounded practitioners
had discussed with the greatest sympathy,
with tenderness, delicacy, and taste,
the plight of the sufferer
in the poetry of Ann Carson.

William stepped from the shadows,
crept up to his chair, and whispered to him,
“Don’t mind them.”

He took out a pack of Parliaments
and a tiny pair of blunt-nosed scissors,
snipped the filter off a cig and lit it.
“I left my turd on the windowsill.”

Rebecca Garden is a medical humanities scholar teaching at SUNY Upstate Medical University in Syracuse, NY, associate editor of the Healing Muse, and teaches creative writing to med and nursing students and faculty.

The Excessiveness of Witnessed Cruelty

Edward Salem

Fielding Requests

When the black doctor asked my father
if he wanted an autopsy performed on my mother,
my father looked at him horrified, as if confronting
an obscene joke about his daughter.

I held her greasy yellow hand
till it lost its warmth in mine.
Cousins I was not close with looked on
as I self-consciously kissed her hand, twice.

From across the room my uncle asked me
to close her eyelids. I tried, put on the spot,
to think of how to do it.

I thought of movie scenes where they'd done it
so easily. But her eyelids were tough
like rubber. I could not close them,
pulling on the thin tan skin.

I did not want to press too hard
for fear she might somehow feel it,
like if the brain still takes a few minutes
to power down. My young mind imagined
her horror, seeing, feeling her son
closing her eyes with finality.

I sat in the back seat, driving home that night
eating Reese's Pieces, listening to my uncle
explain to my father that he avoids speeding
by forcing himself to drive behind slow cars.

Later my uncles all asked me to write
and deliver a speech in the Orthodox Hall
to relatives and white friends who would eat
traditional Arabic dinner we would paid for.

I thought about this for a long time
considering what kind of men these were
to ask this of me. I cowered from them
for days. I had nothing to say about her.

A Cold Man

I'm at the bed of an old woman.
I drop to the floor and do crunches
when she sleeps. I do a thousand,
the faint scent of liquid morphine

in the air. The muscles of my stomach ache.
I rise wheezing and drink from the faucet.
The water tastes of metal. Of copper on my gums.
My temples pound and my sinuses drain.

I return to the old woman's side an alpha male.
I feel that they are pushing formaldehyde
into her veins, bruises greying stale sweet
at the puncture points.

The scales of her skin are yellow and tan.
Her crooked lips drip foggy saliva.
Her insides are battered, her spine softening.
She's nerve endings, scrambled mind.

She murmurs something
in weak Arabic. She mistakes me
for other men who have been in her life.
I let the summer air in through the window.

Pollen clings to her eyelashes
and moist nostril hairs. She sneezes,
high on morphine, serene eccentric sneezes.
I watch them happen to her.

In these five months I have left
the room each time they strip her
to wipe her ass and the backs of her legs,
but I stay this once, and weep afterward

in a stairwell that echoes my weeping
and distracts me from it. I call the woman
I have been seeing for three weeks
and ruin things. I drop to the floor

and do push-ups until a male nurse
enters the stairwell and is embarrassed.
I rise with red eyes and dust off my palms.
I go to a blues club and drink beer alone.

I am the only man who is not African American.
I watch the stage and feel my thighs flinch
to the rhythm. I carry the old woman
in my stomach. I soak her in beer.

She's solid in my gut like brick, limestone.
She creaks like gas. I finish the warm
beer and go to the head. I do my crunches
in the head. I feel the beer sloshing about

inside my folding and unfolding stomach.
The hair on the back of my head
dips into the near-dried urine
coursing syrupy through the grout.

I do eighty crunches. I do crunches
wanting a hernia. No one comes into
the bathroom. I want someone to.
The pits of my undershirt are wet.

I raise my arms and hold each pit
before the hand-drier. The air blows hot
at my coarse, sour hairs. The hot air has
great consoling power. I hold my face

before it. It dries out my eyes,
making them sensitive. I stay in the head
doing this till two men come in.
They piss in silence, dry their hands

on their slacks and leave.
At the old woman's bed I hold
a hair-drier on her pallid yellow face,
hoping this burning air can accelerate things.

Edward Salem is a writer and video artist living in Chicago. He holds an MFA in writing from the School of the Art Institute of Chicago and now teaches.

The Wong-Baker Scale

Gina P. Vozenilek

Tommy stands in our room, just past midnight. I can always hear the feet coming just before the lips place the “Mommy?” into the somnolent dark. I don’t know how this should be so, since I can sleep right through a Saturday morning parade of children hurrying down to their cartoons and Cheerios. But, somehow, when they need me in the night, I hear easily. John, sleeping closer to the door, hardly notices that Tommy and I begin talking over the top of his turned shoulder.

“My ear hurts,” says the boy in a thin voice. He speaks plainly, without whining, which always adds legitimacy to a midnight grievance.

I tell him I’m sorry to hear it, even though it means I was right. For weeks, all four kids have been passing around their germs like cards at a poker game; I am weary of the barking coughs and drippy noses and measured, sticky shots of Tylenol. When we tucked the boys in tonight, Tommy had felt warm to me. But his father had waved off my concern, and I’d grasped onto that more optimistic view of things.

Now here Tommy is, proof in Batman pajamas that I should have listened to my intuition. Mothers just know things about their children. Medical researchers have actually studied the effectiveness of a mother’s touch for detecting a fever. They accurately make the call better than eight times out of ten merely by laying their hands on their child. My opinion should, therefore, trump John’s, despite all his medical training.

But it proves hard to wake him, to solicit any opinion at all. He is drawing slow, loud breaths, trying to hang onto his sleep. I nudge him with my toe under the covers, irked.

“John. Tommy says his ear hurts. John?” Second toe poke.

"Whazza matta, buddy?" John slurs in exhalation, still not moving. Our bed is a high iron fortress, eclipsing Tommy from my sight. I imagine him standing there, alone below us on the cold wood floor, chilled by fever, waiting patiently for our arms to reach out and minister to him—touch his face, enfold his little body.

"My ear hurts, Daddy," he tries again.

"Oh. I'm sorry, buddy." And then to me, "Give'm some Motrin."

What am I? The nurse? The answer, of course, is always yes. I am the one who doles out the icepacks and the medicines and holds the heads as they throw up. I wash the soiled sheets and add the extra pillows and blankets, bring buckets and Kleenex and glasses of water and take them away again. I am the wiper of noses and the whisperer of solace and the bringer of comfort. I am the mother.

I swing my leaden feet over the edge of the bed and slide down to the floor, padding around to where Tommy waits. I administer a hug, feel his warm forehead again, and usher him to the bathroom. The passel of medicines still stands on the counter in its white plastic bin from a few nights ago. I find the right bottle and pour out two teaspoons of pink syrup, squinting at the tiny lines and numbers on the plastic cup. Then we plod back to his room, where I arrange blankets around Tommy and kiss his forehead.

"You'll feel better soon." I promise. "I hope you sleep well." I really do, because we all need the rest.

My sheets are just regaining their warmth when I hear Tommy coming again.

"Daddy? I can't sleep. My ear hurts too much." His voice is more plaintive now. The children are beginning to realize the differences between our parental authorities. The nurse is soft and nice, but the doctor has the solutions you really need. I don't disagree, but I often consider how that authority might be assigned in a house without a doctor-parent. If I had married a lawyer or a carpet salesman, I would be Nurse Nightingale *and* Doctor Spock. I was a pre-med, after all, before I got sidetracked into British literature and then came back full circle to Dr. Seuss.

"John?"

Grunt.

“John. Do you think you should look into his ear?”

Silence. The boy standing there.

Tommy’s patience points up our slowness. I should get up again, but my head is so heavy on my pillow. Why isn’t John moving yet? I want the doctor to do his stuff.

“John. Your son is standing right in front of you. His ear really hurts.”

Now John sits up. I feel his resentment like a cold draft. We’ve talked about how worked up I get when one of the children falls ill. How I should relax and let him do his job. It’s a matter of perspective. A sore throat chart in the emergency room hardly gets two minutes of his time. It isn’t, I know, that John is indifferent to Tommy’s pain. It’s just that he has seen more and uglier faces of pain than I have. At the hospital he carries a little card in his pocket that depicts the faces of pain. It was designed to help patients rate their own degree of wretchedness. Shaped like a bookmark, it shows six line-drawings of faces representing the range from *no hurt* to *hurts worst*; in other words, a mini cartoon of the pain spectrum starting at *just fine, really*, and maxing out just before the brain bows into unconsciousness with *excruciating misery*. Patients—children and adults alike—are supposed to point to the face that best expresses how they feel. Doctors all over the world use this little tool called the Wong-Baker Scale. It helps bridge the essential gap that yawns between pain’s reality and our ability to translate that pain meaningfully.

Of all the complaints registered in our house, we’ve been blessed never to get past the middle Wong-Baker grimace. Our eldest daughter, who needed an emergency appendectomy, went to the hospital with surprising stoicism. Mary observed the nurse unflinchingly as she inserted the IV into her pale arm and capped her with a blue paper puff on the way up to the surgical suite. Her first few post-op hours were hard, admittedly. “Dad!” she seethed. “You said the operation would make my tummy feel better, but it feels a lot worse!” Within a few hours, though, she forgave her father and dove into plenty of ice cream and video games. She came home two days later with a petite scar on her tummy and celebrity status in the first grade, like Ludwig Bemelmans’s Madeline.

I ask again, “Are you going to look into that ear?” This annoys him even more than when I lead a waltz, but, as on a dance floor, I can’t seem to keep my feet off his toes. He shuffles.

"Babe, there is no point to it. I am *not* going out of the house at this hour," John snaps.

"But tomorrow is the last day of vacation," I press. "Wouldn't it be good to give him the extra eight hours with antibiotics onboard? He'll feel that much better and might be ready for school."

I magnify my children's periodic discomforts by my inability to compare them to real hurt. John, by contrast, sees death and disease for a living, the weeping last face on the plastic bookmark. They come to him for help: sufferers of the varied and complicated kinds of pain that result from car wrecks, festering sores, end-stage cancer, gunshot wounds, knife fights, cardiac arrests, child abuse, and unsuccessful suicides—all manner of horrible hurt I am fortunate to be unable to describe. They overshadow any of the mundane maladies that come, like rainy days, to our house. And yet, *Who hurts worse?* is neither a question anyone can ever answer with certainty, nor is it a macabre contest to be won. "Pain," writes Victor Hugo, "is as diverse as man. One suffers as one can."

John, now sitting, is all shoulders in the dark. He hoists Tommy up in front of him and holds him fast. His head hangs down over his son, who is hidden from my view again. The two breathe together quietly. I cannot tell if John is assessing the patient or merely pressing the boy to his warm chest.

"Go on to your mother, Tommy," he says, his grogginess receding and his voice regaining its clear consonants. Tommy moves toward my pillow sleepily. John leaves us. A parallelogram of light slants onto the floor from the bathroom. He returns with his otoscope, its black conical beak pointing a pinprick of gold into the darkness. It aims into the ear and illuminates it red.

"Now you stay with Mommy. Don't fall asleep till I get back." He steps into his pants that are waiting like a fireman's on the floor and suits up. He is off to the pharmacy now for a prescription because I have guilted that otoscope into Tommy's ear. Now the infection is official; while it had been speculative, it could be treated with pain medicine and dealt with in the morning. The patient would really be no worse for it, and everyone could stay in warm beds till dawn. But now it is just bad form to make the little boy wait, the son so warm in his arms.

Outside it is raining when it really should be snowing. It is the kind of night when the air swims with a dampness that clings and burrows

with you into your coat. I can hear the rain falling onto the slope of the roof now. A few nights earlier I was startled by the thunderous scraping sound of the first puzzle-piece of ice melting loose and sliding off the shingles over my head. John was working the night shift then, and I was alone in the high bed. Now I am snuggling Tommy closer and devising a strategy to keep us both awake as promised. I feel bad for John out in the middle of night in the cold rain; the least I can do is deprive myself of sleep in solidarity.

"How about we read a book?" I ask, clicking on the bedside lamp.

Tommy brightens. "*An I Spy*," he decides. He retrieves the book he wants and we begin reading. Just like the old road-trip game to pass the time, an *I Spy* book is about perceiving hidden things and solving little riddles. It is colourful distraction. I raise Tommy up on the pillows and we put our heads together.

As we look at the page in the small circle of light, I can feel Tommy's discomfort by the way he fidgets and squirms in the crook of my arm. Sometimes he turns away from the page and lays his pink cheek against my chest. "When will Daddy be back?"

"Soon, honey."

He is small next to me, the sweetest fraction of his father. We could curl up and drift off and enter the same dream. Tommy and I share a drowsy contentment: one needing comfort and one giving it, both grateful for the other being there at this late moment under the covers. The needing and the needed. In this earache night, our son wants simple things from his father and me. And we have them to give, each in our own way. I know someday there will be different kinds of hurts that neither of us will be able to fix so easily. In a flush of something between selfishness and gratitude, I am glad for this night. "Look! *There's* the third red sword," I rally. "Can you find the ostrich?"

Time passes slowly. Just as we begin to grow too tired for the crowded images before our eyes, we hear the key in the door downstairs. Tommy scrambles out of bed and down the stairs to meet his father. I expect the oak steps to creak again momentarily under sleepy footsteps as the pair drag back up towards bed. I wait. No creak comes. Instead, I hear a rustling of bags. At first it is the paper tear of the prescription envelope, but that is followed by the rustling of plastic bags. Still no feet on the stairs. I head downstairs to investigate.

Tommy sits on a stool at the kitchen counter, drinking chocolate milk straight from a quart container bought especially for him. He is colouring a picture with his dad in a fresh sketch pad. A splintered rainbow of finely sharpened colored pencils spills from a new zippered case onto the butcher block.

“What do we have here?” I ask quietly, surveying the curious collection of new goodies around the bright kitchen. I am careful to modulate my voice, to cover my surprise at this spontaneous late night art party. The clock above says 1:45 a.m. Of course, we should all be asleep now. But I know without being told that there is special medicine in this kitchen, beyond the chalky pink pills in the tube. I know it is important to follow John’s lead now.

“I took care of some things,” John replies with a shrug, looking up at me.

We bend silently towards each other. Tommy sits between us. He scribbles a grey sky with a pointy sun shining through the corner. John works out a fine bear. It might be coming out of hibernation. Tommy grounds the scene with a swath of sideways grass and begins an oval. A turtle emerges with a purple shell. I add a tree with arching branches, which Tommy covers for me with a hazy green canopy.

“Put some birds in it,” he says. I do my best blue birds, tiny beaks upraised in song, or perhaps for a worm. We work like that quietly, filling the page together. On the clock that hangs above our heads, two hands silently sweep away the time.

Gina Pribaz Vozenilek is a freelance science writer and managing editor of Sport Literate Magazine (www.sportliterate.org). Her essays have appeared there, in Notre Dame Magazine, and Brain, Child. She lives and writes in Park Ridge, IL.

Swimming Upstream

Mac Greene

Codger Jogging

My son calls it that, in the kindly contempt of the young.

It's a nice phrase, descriptive.

I run as fast as a fast walker, maybe a little faster.

But he's right: I'm slow.

"At least you're out there. At least you're trying."

That's what people say about codger jogging.

I count it off: ten sections, with subsections.

I have landmarks and mathematics to keep me going.

The first section, a tenth, and another half of a tenth, that's 15 per cent.

One fourth, one third at the first bridge.

The fourth section used to be half before I added two more.

Now the fifth is half.

The bottom third, the middle, the last third begins at the second bridge.

I distract myself with calculations, trying not to quit.

It's hard with my polio-blasted right foot.

My wind is not what it ought to be.

Remember the iron lung? I do, and it was before my time.

I remember two operations on my right foot.

Neither helped.

I remember physical therapy once a week for many years.

The long drive to Children's Hospital. Miss McDermott the nurse.

The crowds of white-coated doctors staring at me in cold rooms.

I walked for them so they could voyeur my limp, study my stunted calf.

Physical therapy didn't help either.

And neither did braces at night, orthopedic shoes, or heel cord exercises
at home.

But I walked, with grim satisfaction. I would never be a cripple.
Long Saturdays at six years old, walking many miles.
Lonely adventures. I found big trees, wild strawberries, turtles, and
crayfish.

Later, my den was always the fastest on Boy Scout hikes.
I still hike, my favourite pastime.
For twenty years now, I work out. I will never be a cripple.
When I'm old, I'll still be walking.
For five years now, I codger jog.
Making sure I can keep up on the family spring breaks.
Everyone passes me on our treks in Peru, Scotland, Kenya.
They leave me lagging, farther and even farther.
I'm not the fastest hiker anymore.
But I don't mind.
I have a good excuse: not age alone, but polio-blasted legs.

One old man jogs slower than me. I like that old man.
At least he's out there. At least he's trying.
The fifth section is my favourite.
Jogging through a green tunnel, trees on one side, overgrown hedge on
the other.
Bunnies and birds and wildflowers.
Out the portal, into another dimension.
Two thirds, three quarters, the home stretch.
My chest curves around the invisible pocket of air that pulls me
forward.
I must be careful not to stumble.
Now I feel like that old man.
At least I'm trying, a codger jogging.

Aging

He called it “a brain event.”

At the age of forty-seven he had gone blank for maybe ninety seconds.

Afterwards, his body had little sensation for three months.

He had complete mobility and motor control,

But he felt like a stranger in a stiff and awkward body,

Encased in numbness,

Unsure of simple skills,

Worried about complex activities.

With all the tests, the doctors never found a cause,

Speaking of mini-strokes and minor aneurysms.

He was a school social worker, but tennis was his passion.

He had been a prize-winning amateur, ranked in his division.

After three months he was still an athlete, but now he was in doubt.

Twenty years later he was still in doubt.

He never told his wife.

He pretended that all was the same.

But she saw him change.

He aged suddenly, becoming arthritic, cranky, easily fatigued.

He became even more obsessed with fitness, in desperate opposition to
aging.

Death became his companion, whispering in his ear, sneering at his
efforts.

He was a man in the desert with a leaky canteen and no oasis in sight.

He hoarded himself.

Moment by moment he measured his stamina, monitored his strength,

Gauged the physical possibility of the day.

It was a long, lonely struggle.

He took early retirement so that he could focus on the fight for health.

He lost interest in his wife and all the little activities of a marriage.

He was always distracted.

His home was under siege.

It was too noisy, too disorderly.

It leached energy that he needed elsewhere.
Lights were left on, hot water was wasted.
No one seemed to know that resources were scarce, that energy was
 limited,
That he needed to measure and monitor and gauge,
That he could not be distracted from the assessment of possibility.
Every tennis match might be his last.
Every project in the yard or garage might be his last.
The fear of infirmity never left his mind.
Death was waiting, but he was already in his personal hell.

Now he is sixty-seven, strong and fit, still playing tennis, still planting
 trees,
But what kind of life is this?

Mac Greene is a clinical psychologist in Indianapolis. "Codger Jogging" began with a diagnosis in September 1950, while "Aging" summarizes a psychotherapy case. Both poems depict the universal human struggle to transcend fate.

Driving the Ambulance with Robert Frost

Kathleen L. Housley

Emergency room, 3:30 a.m.,
hustle of stretcher, abrupt light,
hiss of air pressure apparatus,
as doctors and nurses converge
and hover around a woman with
emphysema frantic for breath;

then back into the embrace of night
and a nor'easter gathering strength
just off the New England coast,
assaulting the rig with heavy flakes
and transforming familiar roads into
narrow corridors never travelled;

while the driver, face dimly lit by
dashboard glow, begins to recite
whose woods these are I think I know,
to the EMT slumped with fatigue
in the passenger seat, and pauses at
promises to keep, the words sustaining,

lovely, dark, and deep, like breath at last
flowing easily through scarred lungs,
or the brief reassurance of a reflector
confirming the road's unseen way,
as the soft shush shush of the wipers
rhythmically tempts towards sleep,
60

and is resolutely refused, for miles
and miles, through silent forests,
vanished towns—no tracks in the storm
but the rig's own, filling up with snow.

Kathleen L. Housley's poetry has appeared in The Christian Century, Image, and Terra Nova (MIT Press). Firmament was published by Higganum Hill Books in 2007. Housley is a volunteer emergency medical technician in Glastonbury, CT.

Hope from a Distance

Nigel Leaney

I've been at Julie's for only about half an hour when my mobile goes. The jaunty William Tell Overture gets louder in my pocket. It always reminds me of a couple shagging on fast forward. Julie sighs as I search my pocket. She already knows who it is. *Sam Calling*, it says. My fingers waver over the keypad before I take the call.

"Sam, is that you?"

"Hey, Jack, I'm sorry—I'm in a bit of trouble." Sam's voice is low and very soft. I have to strain to hear him.

"What's up, Sam? What trouble?"

"I'm down at the hospital. Please, can you help me?" Then I hear the voice of a female telling him that mobiles aren't allowed and the thing goes dead.

I look up at Julie. "I'm sorry, I have to go."

"No you don't *have* to, Jack, but, of course, I know you're going to."

"He's my brother. I have to try to help. You know that."

"And who am I? Who am I to you?" She pauses to soften her voice. "Please stay. We don't get these chances very often, a whole night together. Mick is back on days from tomorrow and we'll be back to sneaking around again."

"Like we're not sneaking around now?"

"You know what I mean."

I nod. Mick is a copper. Married to the job. Divorced from Julie in all but name. Anyway, that's the line I keep feeding myself to ease my conscience. "I still have to go."

The hospital is a short fifteen-minute drive. It's way past rush hour

so traffic is light. I make an educated guess and head for A & E. It's a familiar route.

Jack lies abandoned in one of the cubicles. The curtains are only half drawn, so he is easy to find. He is on the bed staring up at the ceiling. Both of his wrists are heavily bandaged. How many stitches this time? I wonder.

"Hey, what happened?" I ask stupidly.

Sam doesn't reply. The ceiling is endlessly fascinating, I guess. I feel a sudden swell of anger but manage to hold it in check.

"Was it the voices again?" I continue.

Sam makes a grunt of affirmation that's barely audible.

"Sam, I'm here. Come on, turn and look at me." I keep my voice low and easy so he can't read the subtext: *I've busted my arse to get here, so the least you can do is turn round and talk to me properly, you selfish bastard.* No, I'm trained to stay closed and unreadable. But with Sam's keen sense of paranoia I'm never completely sure.

We stay for awhile fixed in time, a strange tableau framed by the curtains. Someone is screaming and cursing farther down the corridor. White coats flash by in the fast lane, tails billowing out. There's a cloying, clinical smell of disease and desperation.

"Looks like a fun night ahead," I say to no one but myself.

Sam remains motionless. I watch his chest rise and fall. Just breathing. Sometimes I wonder if he isn't right. If this is all life can bring him, then why bother? Do any of us know any better? But yet we keep patching him up, sending him off, telling him things will work out okay. But will they ever? Maybe he should just be allowed to do what he's been rehearsing for so long. Perhaps there's some nobility in suicide. My throat is dry, I start to feel hot. "I'm going to get a drink. I shan't be long. Can I get you anything?"

There's no response, so I leave. In the next building is a deserted canteen. Well, it's really just a vending machine with a few plastic chairs and tables scattered round. I sip the bitter coffee, wishing I'd gone for the chocolate.

Dr. Keeler told me how important it is not to get angry or overly critical. Keep a cool head at all times. Of course, that's easier said than done. And Keeler knows it, which is why he looked so uncomfortable, I

guess. Both of us are sitting in his office with the sun streaming rudely through. How many times has he trotted out the same advice while fiddling with his gold nib fountain pen? But I'm not too bad. Really. At least I never show my frustrations to Sam. I keep them to myself, my smile stretched thin and tight. A face that stretches over the whole world with an eternal rage but always smiling, always hiding. And Sam, he's hiding too from voices that only he can hear. But it doesn't make them less real. There are three of them: tormentors that haunt him each day, sometimes loud, sometime whispers, but always malevolent. It seems his only escape would be death. But then that's what the voices want. That is their everlasting command. Every day it's the same, despite all the pills he takes. I can't imagine what it must be like and sit there in awe as my coffee cools.

I plunge back through the frames of the past, freezing onto Charlie Grant, and his fists waving above me. The cold, wet playground soaks slowly into my torn uniform. I taste blood. So this is what it's like. He steps back. I'm not sure whether it's to admire his own work or prepare for the good kicking. I'm aware of others standing by, flannel trousers, the bare legs of girls, all the spectators of my humiliation. It happens so fast it takes everyone by surprise. The thin crowd suddenly step back as he comes crashing through, Charlie Grant is still looking at me. He wants to take his time over his moment of glory. First thing he is aware of is dropping to his knees and blood running down his chin. Then I see him. He stands between my assailant and me. Another punch and Charlie Grant is sprawled on the grey ground. He's not knocked out but he's not moving. His eyes are now fixed on Sam. I see real terror in them and I feel like laughing and singing. Sam helps me up, brushes me down, and we walk out the gates together, not saying anything, both fixed on the road ahead. Yes, that was Sam—my big brother.

So what happened? I was the young, nerdy one. The one with the bad stutter and crippling shyness. Mum gave me a sodalite crystal egg. She said it would help me to foster harmony and communication. That's one thing I loved about Mum. She was a real witch who diligently practised her Wiccan craft. And I guess it worked. I feel for the stone in my pocket and run my finger over its smooth surface. One small stone that I've carried in my pocket for around a decade. Between us we have plenty of mementos of her. But this stone is my one precious link. The one that

counts. After the car crash and her death ten days later, was that when it all started? Can bereavement turn into madness?

Whatever, I think Sam had changed before that. A day before she died, Mum had asked me to look after him. He was already becoming part of community care. One of the state's vulnerable adults. Not much had been said about it. It was no big deal. He'd chalked up one short admission and regular trips to the surgery for his pills and a jab. Sam seemed to take even that in his stride for awhile. The real curtain callers came later. At least Mum was spared all that. And Dad? He hasn't featured for many years. Alive or dead, I neither know nor care.

I drain my coffee with a small shudder and make a slow return.

Sam has company. She straightens up as I approach and extends her hand over Sam. We shake. "Hi, I'm Kate. And you must be Jack, his brother."

I nod. "Are you a friend?"

"Sorry, I should have said. I'm a social worker from the Community Mental Health Team."

Despite her drooping eyes and white, drawn face, she doesn't look old enough. But lately that's a problem I've been having with a lot of people.

Kate is frowning. "Can we talk?"

I nod again, taking it to mean what it always does in these circumstances. She wants words away from Sam. We move a distance from the cubicle. I glance back with the guilt of a conspirator. But Sam is still staring up into another reality.

Kate gives me a searching look. I wonder how much she knows, being the out-of-hours social worker? Has she read his medical biography or is that what she wants from me?

"This isn't the first time," I say. A note of apology seeps through.

"And he's been on Section Three before?"

"Last year. It took a long time for him to get over it. And as you can see . . ." I trail off. What am I blathering about?

Kate stays locked on me; a heat-seeking missile, factual and emotionless. "The situation is this: Sam's was a serious attempt. And the way he's still presenting, he's certainly sectionable. Unless he'll go voluntarily, as an informal patient, do you think?"

I shake my head, hearing the cries and screams of last year. "Don't

leave me here, Jack. Please don't." Had another male patient raped him? That's what he'd told me. But there was no evidence. I'd made noise and kicked up a fuss. But in the end they said it was part of his paranoid delusional system.

"So if that's the case," Kate continues, "I could get the duty consultant and GP to sign the necessary papers. It'll be for his own safety."

"You said *could*. Is there an alternative?"

Kate shrugs and turns slightly from me as if in momentary contemplation. "I rang round already and there is a problem with beds. Long View is full. There are no spaces, which would mean your brother would have to go to another hospital out of the area until a local bed becomes available. I'm not sure where else could take him, I'd have to do some more phoning around."

"He would hate that. I mean he hates Long View too. But this . . . this would be too much."

"That's why I wanted to talk to you."

"I don't know what to say. I mean what else . . . ?"

Kate rests her hand on my shoulder. "There's no rush. I imagine they'll want to keep him here overnight. Have a think about it." She glances at her watch. "Look, I'm sorry, but I need to be elsewhere. This is my number. Call me later. But I'll check in anyway just to see how things are."

She leaves me in an instant, stranded in the corridor. I stare back towards Sam's cubicle, stones filling up in my stomach. What am I supposed to be thinking about? Even then I still pretend to myself that I don't know, that there is no alternative to what she's just told me.

I sit by Sam's bed and wait, for what I don't know. He has no more lines in him. But he still looks phantom pale. And so thin.

Maybe it was all those drugs years ago. Tripping in the stone circle at Glastonbury Festival, waiting for the dawn to rise. Then the sun finally came, greeted by whoops and cheers and frenzied drumming from all the other dawn trippers. We'd done it all together. That and so much more. So why is it not me lying there too?

I begin to get sleepy. Resting my eyes, my neck keeps flopping down, then jerks me awake. I slump lower in the chair to support my neck and drop into a state of half sleep. Hours must have passed. I suddenly feel

rough crepe against my skin and a hand groping for mine. "Get me out of here," Sam whispers.

I turn to look into his petrified eyes and pat his now limp hand. "It's okay, Sam. It'll be okay. You've got me. Just give me one minute and I'll be back."

I stand outside on the steps of the hospital. There's a thin light. Dawn is about to break. I turn on my mobile to make two calls. The first is to Julie, which is answered by her voicemail. I knew it would be. I could have waited until a more reasonable hour when she'd have picked up, but this was my coward's way out. I'm not ending our relationship exactly, but I know she won't understand my decision. So it won't survive, not this time. Then I dial Kate's number, who answers as brightly as the hour permits.

She listens carefully to what I say; all I can hear is her slight breath. I imagine her going through the risk assessment as I speak. Not that I blame her.

"Okay," she says, "but I'll need to hand this over to my colleagues in the morning. But don't worry. We may just need to visit. It's now as much about you as Sam. You may be glad of some support."

"Well, we'll see how it goes," I say lamely. "Thanks anyway."

"Don't thank me," Kate says and leaves the rest unsaid. I guess I was about to save the local authority a whole bundle in out-of-area costs. Not to mention all the hassle and paperwork.

When I return to Sam, he's sitting up and mumbling something to one of the nurses.

"Can he go soon?" I ask her.

"I think so. The doctor will want to take one final look at him before discharge, but it won't be long."

"Can I take him outside for some air?"

She nods cautiously. "But not too long."

We sit on the steps outside and share a cigarette. I find the sodalite crystal in my pocket and hold its egg shape up to the dawn light.

"Remember this?"

Sam frowns. I drop the egg in his hand.

"It's yours now. It's done all it can for me. Mum wants this for you now."

Sam examines the crystal in his hand, studying its lines; imperfections and the way the light of a new day makes it glow slightly with a blue luminescence. Without a word he slips it into his pocket. The silence is awkward. An event has passed between us that neither of us is ready to recognise yet.

“Come on, “ I say. “Let’s go see the doc and get you out of here.”

“W-w-where?” Sam asks.

I look at him with mock incredulity.

“My place, of course. We’re together now. That’s if it’s okay with you?”

And for the first time in a long while I see a ghost of a smile slide across Sam’s face.

Nigel Leaney is a mental health nurse with a BA and BSc in psycho-social interventions in psychosis. He also writes a regular column for a U.K. social work magazine and has won prizes for short fiction.

Either Side of the Scalpel Surreal

Chris Ransick

Dream of the Surgeon

You wake at dawn, windows blown by the force of your dreams, and dress quickly, aware you're due at the hospital in minutes. You freeze in the parking lot, fingers gripping the wheel, a terror of organs, bone, blood, and tissue traversing your vision. Was this what you sought, this profession of slices and stitches, this profusion of helpless, sleeping people whose trust in you is a ponderous burden? Black bunting appears beneath the windows of those you will fail. The paperwork notes no guarantees and they signed. The anesthesiologist, dressed in motley scrubs, rattles his rubber mace in your face as you pass. The nurse you dated last summer glares, her brown eyes drilling holes in you while you scrub and scrub and scrub. The patient waits in pre-op, naked under his thin blue smock, nervous and scanning for exit signs. Your notes indicate you'll remove both his disease and his imagination, couched as they are

in the same swollen gland. When they
 wheel him in, he's still awake, counting
 ceiling tiles and whistling a show tune.
 The dark drug washes into his brain.
 His eyes roll back and it's showtime.
 The scalpel they hand you is enormous,
 more scimitar than knife. You open him
 like he's Pandora's Box, and sure enough,
 red devils race from the incision
 along with a hollow moan, like wind
 emerging from a chthonian chasm. Hope
 follows, preoccupied with insurance forms.
 You reach in and find gems, bloody but
 glinting, and also a nest of jays. There are
 lost keys, a cell phone, a subway ticket.
 The deadly growth you seek shrinks
 from probing fingers until you corner it
 against the ribs and, avoiding its teeth,
 seize it by one rubbery leg and pull. Stubborn,
 it refuses, so you yank with all your strength
 till it pops loose, emitting a shriek
 that shatters glass. The nurse pats dry
 your brow, her hand firm and malicious.
 Machines bleat faintly behind you as you
 suture the clean wound closed.

What the Knife Revealed

I was there on the table, a red beet ready for slicing, but
that dark blood, more purple than imagination,

would ooze only after I'd shut my eyes, little poisons
meant to soothe me doing well their work. The surgeon,

head chef of the meal of me, marked which tissues
to tear away, which to leave tattered, which to ignore

until next time. Then, with a steady hand, he slashed
a sharp blade, incising and spreading, venturing into

an interior where no suns penetrate, no breeze ever
blew through shaded fronds. I can't be sure but

something like memory tells me wild beasts, sheltered
all these years in that deep woods, leaped to my

defense, but as beings insubstantial, their fierce visages
were lost on the masked man. How they wailed

as they were cut down, one by one, to fall among
steel basins and gauzy beds. Nor were the birds of my

inspiration, raptors and singers, carrion eaters,
able to see the interloper, camouflaged in the murk.

Doctor, now spelunker in my cave of gristle and throb,
lit his head lamp and plunged down passages

too narrow for mere mortals, exposing graffiti
left by ancient prisoners in those soft cells.

The orchestra played on, bass drum heart, wind section
wheezing under the influence, the piccolo run of

synapses firing, the cello strings roiling in the gut.
So it was he must come, at last, to the vein of black rock,

bespattered with flecks of bright ore, once rising magma
but now held fast in the crevasses where flow ceased.

Animal, vegetable, mineral—I've always known
this is all we are, but mirrors suggest another self and

so many commercials and priests insist there's more,
it's hard to resist the material tug, the promise of

awakening from anesthesia with wings and a good view
forever. When I did wake, there was only a small

window in a pale green wall, looking out over a
parking lot. The nurses were nice but not angels.

Chris Ransick, Denver's poet laureate, won a Colorado Book Award in 2003 for Never Summer. He is the author of A Return to Emptiness (short fiction) and Lost Songs & Last Chances.

Twice a Year Now

Ruth Bavetta

Hi I'm Jackie
I'll be taking your picture today
take everything off above the waist
including your earrings opening
goes to the front I'll be right
back put your toes on the line
turn your head to the right
you'll be feeling
some pressure hold
your breath smile
for the camera
all right relax turn to the side
place it on the mark reach
over and grab
the bar hold it
I'm sorry
I know it's still sore
it will be
for a long time
maybe
always.

Poet and artist Ruth Bavetta has published in Rattle, Poetry East, Chicago Quarterly, Atlanta Review, among others. Forthcoming in Nimrod, North American Review, included in Twelve Los Angeles Poets. Her art has been shown nationwide.

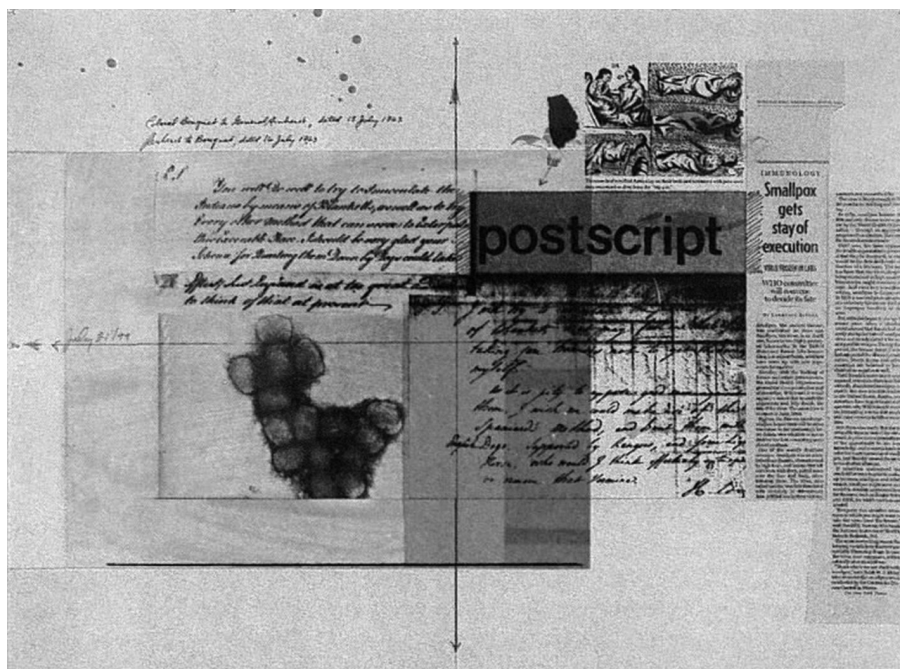
Palisade 11

Robert Houle

Robert Houle is one of Canada's senior leading aboriginal artists. Robert is well represented with works in the National Gallery of Canada, the Art Gallery of Ontario, the Winnipeg Art Gallery, the Canadian Museum of Civilization, and also the National Museum of the American Indian. Robert lives in Toronto and taught for fifteen years at the Ontario College of Art and Design.

Throughout his career Robert has dealt with polemical issues that concern the relationship between First Nations and Canadians. For instance, his famous piece in the National Gallery of Canada called "Kanata" deals with a re-examination of the Benjamin West painting "Death of Wolfe" on the Plains of Abraham and the role aboriginal people played in that struggle for supremacy of North America by colonial powers.

For the last ten years or so, Robert has researched the role smallpox has played in warfare. In 1997 he was inspired by the leadership of the great Odawa chief, Pontiac, and discovered that General Amherst gave infested flannel material in a metal container to the Seneca in 1763 and told the delegation not to open it until they got home. During a recent residency at the Canada Council studio in Paris where Houle was researching the drawings of Ojibwa by the French artist Delacroix, he discovered that several of the dancers George Catlin had brought to Versailles and Paris in the early nineteenth century died in Europe of exposure to the smallpox virus. The two images shown in this issue of *Ars Medica* relate to a work created by Robert dealing with the virus.



Detail of “Palisade 11,” acquired by the National Gallery of Canada. The smallpox virus appears on the left side of the image.

In 2010 Robert will be showing a suite of recent oil panels based on the Paris trip with an image of the virus as depicted on a buffalo robe he saw at the Musée du quai Branly.

mother your breast

Susanna Rich

1

the hospital water main bursts fouls fountains
bandaged in wide adhesive like a crime scene
Out of Order in Mercurochrome

dry-mouthed small in your bed
you await your young surgeon
to bare your breast thrust his scalpel in

I wander corridors asking anyone for something
good for you to drink two rights a left elevator
don't trip through double doors

you swallow ginger ale from the sweating
paper cup I bring *I'm OK* I lie
when you offer it to me

2

your fingers press my fingers
cold into your lump and three
cancerous pearls holstered in your moist armpit

what have I done that that
softness you once lowered
into black lace turned into this

shrouded baby's head skin murderous
green nipple like the valve
of an inner tube tucked in

3

your milk dammed up when I was a week old
clots of grief and withholding I couldn't
suckle out canned formula transformed

into red boils on my baby chest
you expressed the pus of those blind breasts
I grew with father's Gillette

4

in a black-and-white photo you
hover a diaper-wrapped bottle
over my open mouth your face deep

in profile has no mouth no eyes
your ear curls embryonic into itself
I once asked if you loved feeding me

hoped for stories of pea soup in my hair
tomatoes mushed on my belly
you couldn't say my photo tongue forever

rounds against a space in my mouth
made of paper and ink

5

I used to call it *feel-yourself-up*
the doctors' prompt breast phrenology
to divine *what* I'm afraid to touch

myself for fear of finding you
lay me down onto acrylic plates
for strangers *hold your breath*

6

breathe
if only I could
stroke soft

your hardening ease
the orphaned breast
to its weeping

Susanna Rich is professor of English at Kean University in New Jersey, a Fulbright scholar, and writer of international note. She tours a one-woman, audience-interactive, poetry performance of her chapbook Television Daddy. Visit www.susannarich.com.

Mountains That Block Sunrise

Marjorie Power

A tide tugged at my husband's dreams.
I wanted to go where it pulled him.
He was ill. Needing something beyond my support,
he'd fallen for volcanic rocks
and the ocean that made them glisten.

But after we moved, the new doctor said
the one we left behind
was wrong. So the illness
was behind us too, re-diagnosed
to pose no threat.

Now we live at the edge
of the world, at the young edge of old,
watching the old disappear.

Marjorie Power lives in Corvallis, OR. She is a married grandmother who, in addition to writing poetry, enjoys ballroom dancing, hiking, knitting, and attending the theatre. Her poetry appears in journals, anthologies, and collected form.

The Eighth Day

Michael Constantine McConnell

I'd been in the hospital for several days, enduring test after test in the afternoons. Doctors had taped wires to my wrists, wires that sent lightning up my arm; they'd put me inside of a tube-shaped machine that made horrible clanging-metal loud sounds around my head. They'd poked and pricked needle after needle into my arms and fingers. They'd given me cup after cup of acrid-tasting medicine to drink because I didn't know how to swallow pills and would gag when I tried. The doctors would start every day in the late morning, and they would test me until about four in the afternoon, long after I'd become exhausted.

I lay on the bed one evening, watching the television in one of the ceiling-corners of my hospital room. My mother had left to get something for dinner, promising me that she'd return as soon as she was done eating. I watched TV while falling in and out of sleep. A doctor walked into my room.

"Hello, Michael," he said, holding a clipboard in one hand and a white towel, glinting with shiny metal instruments, in the other hand. "How are you feeling?"

"Okay," I slowly mumbled, my consciousness continuing to totter slightly between sleep and waking. I looked at the shiny little metallic teeth bundled up in the towel. The doctor put his clipboard on the table next to my bed.

"I need you to roll over," he said, resting the towel on the bed next to me, the little metal instruments tapping against each other like barely audible wind chimes. I shifted my weight and tried to roll over, but I couldn't without the doctor's help. He placed one hand on my waist and

the other on my shoulder, pushing me over on my side.

"What are you going to do?" I asked. Every day, the doctors would help motivate me through the painful and exhausting tests by telling me that there were only a few left, that there were only three tests, two tests, one test left, and after the last test, they'd tell me that I was finished for the day, that I wouldn't have to do anymore until tomorrow.

"Micheal," he said. "You are going to have to stay very still."

"Okay," I said, turning my head so that I could watch the television while the doctor did whatever he was about to do. He untied and pulled my gown open, and I felt something cold and wet against the skin on my lower back. I flinched.

"Michael," the doctor sternly said, "I have to give you a spinal tap. If you move while I'm doing this, if you so much as cough, you may never walk again. Now, stay still and try to relax."

I held my breath. My weak body went completely limp. Although I stared straight ahead, I couldn't see anything. In the very depths of my mind stood a colossal mountain with a fat little boy sitting calmly on its peak and looking out over serene dreamscape, and inside of that fat little boy's mind stood another colossal mountain with another fat little boy sitting on its peak and looking out over an even more serene dreamscape, and so on, and in the very centre of it all existed coldness and darkness, and I trembled in this place while listening to the ugly sound and ignoring the horrifying feeling of a needle wiggling around the bones of my lower back.

"Good job," the doctor said, retying the strings on the back of my gown. "You can turn back over now." He gently pulled my waist and shoulder, rolling me onto my back. I heard his footsteps grow faint as he walked out of the room, and suddenly the ceiling came into focus. I turned my head, I wiggled my fingers, but I didn't breathe until one of the machines next to my bed sounded a loud shrill, beeping alarm—a common sound in the Children's Hospital intensive care ward—and a nurse ran into the room.

"Michael," she said, pressing a button on the machine and turning off the alarm. "Don't hold your breath like that; this isn't a game." I didn't answer. With my breathing came sobbing.

"Honey," she said, "what's wrong? Why are you crying?" I tried

to speak, to say that I wanted to go home, that I didn't want to be in a wheelchair for the rest of my life, but the words turned into sand in my mouth.

After the first week, the doctors told my mother that I'd contracted Guillain-Barré syndrome, a virus that attacks the nervous system. For the past week, I'd twitch at the feeling of fire on my skin, fire that wasn't there. I'd wince at the feeling of absent needles piercing my bones and muscles. The entire lower half of my body, from my the top of my thighs to the tips of my feet, felt like somebody or something had grabbed all ten of my toes, crushed them into each other, and twisted them like the key on a wind-up toy until my legs formed a tight spiral.

I could move my arms but had limited control. My muscles were weak, and I'd lost much balance and hand-to-eye coordination. For dinner one night, the nurse had served me a sloppy joe, one of my favourite meals. I picked up the sandwich with both weak hands and lifted it to my open mouth, missing completely and smearing tomato sauce and loose meat all over my cheeks and nose. My mother cleaned my face and fed the rest of the meal to me by hand. After that, she hand-fed every meal to me, bite by bite, spoon to mouth.

I tried time and time again to tell my mother and the doctors and nurses that the cherry pie from Andy's had made me sick, but the doctors reassured me that a person couldn't contract Guillain-Barré through food or drinks, nor could one person catch it from someone else. They explained that the rare disease affects one in every hundred thousand people and that there was nothing anyone could have done to foresee it or prevent me from catching it. They said I would most likely recover fully from the disease, but that my condition would worsen before it improved, and it could take as little as a few months or as many as five or ten years to get better.

Every day, different members of my family would come to see me during evening visiting hours. On some days, my mother would bring Nunie to visit me. On some days, my Aunt Mary Anne would visit. On some days, my Uncle Tommy would visit with his friend Brad, and they'd kneel by my bed, holding my hands and praying aloud to God for my recovery. Sometimes Matt, the downstairs neighbour, would visit, reading comic books to me and showing me the colourful pictures.

Although I appreciated all of my visitors and every toy and stuffed animal they'd bring me, I became especially excited when Aunt Caroline brought her husband Rick with her. Rick was my hero, and I wanted to grow up and be just like him. I wanted to be bigger than life, with long hair, a thick beard, and arms covered with tattoos of flaming skulls. One night he gave me a metal sheriff's badge, telling me that it was real, that an actual sheriff had worn it.

My mother visited me daily. After working the morning shift at her waitressing job at a Coney Island restaurant, she'd drive straight to the hospital, greeting me with a strong smile and reeking of chili dogs and mustard. She'd stay by my side for the rest of the day, holding my hand between tests and feeding my meals to me. The nurses let her stay with me after visiting hours, and she'd play with me. I always wanted to play "Sheriff," so she'd pin the badge to my gown and wheel me through the halls. Whenever we found an empty hallway, I'd say, "Let's get the bad guys, Mommy," and she would push me while she ran, gaining speed then slowing to a stop so that we wouldn't crash into a wall. I would laugh, shooting imaginary criminals with my index fingers, and say, "Do it again, Mommy, do it again—faster, faster."

I can't imagine my mother's side of this story, the agony that she must have felt seeing me in that condition. She was a single mother, and I was all that she had. Despite the hardship of watching her little boy's health deteriorating, she remained strong in my presence and always spoke hopefully about my recovery, even when I was at my sickest and weakest, when the doctors told her that they'd have to give me a tracheotomy and pump oxygen into my lungs so that I wouldn't stop breathing in the middle of the night. After the evenings of playing "Sheriff" with me, she'd put me to bed and sit in a chair next to me for hours. Because of the awkward, painful, and uncomfortable sensations I'd feel in my legs and feet, I couldn't sleep very well, but I'd lie completely still in bed, pretending to sleep while she sobbed herself to sleep. I'd usually fall asleep after a nurse came in and covered my mother with a blanket.

Fortunately, I never had to have the tracheotomy. Like the doctors had said, my condition worsened, but after about ten days in the hospital, I made a private choice. I told myself that I was tired of being in a wheelchair, unable to walk. I wanted to run and jump and walk like a normal

child, and I vowed that I wouldn't let Guillain-Barré syndrome win the battle. I remember the day, the moment, when I willed the wretched disease to leave me alone forever. When I made the choice, I'd already completed the diagnostic phase of my visit, so I didn't have to take any more tests, which gave me more time to spend in the playroom. I'd gotten better at manoeuvring my wheelchair, so I snuck away from the playroom when the nurse on duty wasn't looking, and I quickly wheeled myself to the visitors lobby, which stayed empty until the evening visiting hours. I sat alone in the empty room, pushing my hands against the armrests to raise my butt off the wheelchair, then I relaxed and my butt dropped back down. I repeated the process until my arms hurt, then I wheeled myself back to the playroom unnoticed.

I snuck away and practised standing up every day, and each time I progressed further. On the second day, I raised my butt out of the wheelchair, locked my elbows, and pushed against the ground with my weak legs, rocking my torso back and forth like a swing. On the third day, I lifted my butt out of the chair and, holding tightly to the armrests, took small steps forward and backward and to the side. On the fourth day, I pushed myself into a standing position, then fell back into the chair. On the fifth day, I stood for two seconds without holding onto the chair. On the sixth day, I took one step forward before falling back into the chair. On the seventh day, I took two steps.

The eighth day was Valentine's Day, February 14, 1979. My grade 1 teacher from Robinson Elementary visited me, and she gave me a bag of chocolate hearts and dozens of letters that my classmates had written, telling me to get better soon so that I could come back to school and play. After she left, I wheeled myself to the nurse station in the centre of the fourth floor, where all hallways converged. The nurses threw us a party, and they'd covered the walls with paper hearts and hung red streamers across the ceiling. My mother had told me the day before that she'd probably be late for the party because of work but that she would be there, and she never let me down on such promises. I sat patiently, biding my time and waiting to show her a secret that belonged only to me.

After I'd waited for about forty-five minutes, eating chocolate hearts and reading my classmates' letters, I saw my mother walk into the nurse station area, holding a bouquet of flowers and a box of chocolates. I

pushed myself up with my arms and stood shakily in front of the wheelchair that had substituted as my legs for over two weeks. A hush fell over the floor and drop-jawed nurses stepped out of the path of my mother, who had dropped the bouquet of flowers and a box of chocolates on the floor at her feet. I swung my body and lifted one of my legs, catching my weight and balance when my foot retouched the ground. I took another step. I wasn't holding on to the wheelchair anymore, and the world advanced in slow motion. I took another step. I looked up. My mother held her hands out to me, motioning for me to walk the rest of the way, assuring me that everything was going to be all right. Tears poured in steady streams out of her eyes. I lunged out a few more jerky steps and collapsed into her arms.

"Happy Valentine's Day, Mommy."

She dropped to her knees, holding me, crying, and hugging me tightly. I could feel her tears on my hospital gown. I could feel tears streaming down my cheeks. I looked up at the tear-filled faces of the nurses who had surrounding us and placed their hands on our shoulders. One of the nurses moved to the side and grabbed my arm, shaking it. I looked up at her, and she smiled at me and pointed to a doctor standing about ten feet away.

"Michael," the nurse said, wiping her eyes with her shirt collar, "can you show him what you just showed us?" My mother lifted her head off my neck and kissed every part of my face, holding my cheeks in her hands. She looked at the nurse, then at the doctor. She gave me another tight hug and stood up, holding onto my arms so that I wouldn't fall.

"Go ahead, Michael," she said with a happier smile on her face than I've ever seen. "Walk to him." She held lightly onto my wrists, helping me keep my balance, then let go after I started walking. I lifted my feet and stepped one at a time, wobbling on my legs and waving my arms, but I didn't fall. I walked into my doctor's outstretched arms, and he picked me up, carried me across the room, and put me back into my wheelchair.

"Well, Ms. Piggins," the doctor said to my mother. "You've got quite the little fighter on your hands, don't you?"

"Yes, I do," said my mother, sniffing and wiping her nose with her shirtsleeve.

"I've seen some amazing recoveries," he said. "But I've never seen

anything like that. Not with Guillain-Barré.”

I spent the rest of the afternoon laughing, playing with the other children, and eating chocolate. Although the nurses told my mother not to let me eat too much, she let me eat chocolate until my lips and tongue turned brown. That night, we played “Sheriff,” our favourite game, and as my mother ran down the hallway pushing me in my wheelchair, I knew that soon I’d be running next to her.

Michael McConnell, of Denton, TX, is a writer of poems, prose, and palindromes, Experimental Word Forms editor for Farrago’s Wainscot (www.farragowainscot.com), and a student of the upright bass, piano, autoharp, and twenty-button Anglo concertina.

On Different Hospital Floors

Nicholas Samaras

James, Two Days Old

How could I leave him, even
as his parents had left him
to go home and sleep?

In what imaginable world
could a mother inhale white lines
in her ninth month—her ninth month—
inducing instant labour and James
to be born brain-dead and twitching?

How could I leave him, even
as I lifted his perfectly-formed body
in the emergency air of baptism, even
as I whispered myself his godfather
and breathed his brief name for him,
and rocked him in a hospital room
abandoned of family,
whispering to him for hours,
even as I listened
for his breathing
and held his tiny dying
in my arms?

Ghazal as One Breath Holding

The Intensive Care nurse was neutral: all he has to do is take one day,
each breath
at a time. I looked past her to my heart. What did she say? Did she say
each breath?

My heart, my father on the monitor. Papa, you are all of these parts:
your massive
chest, the mossy breasts, the warmth of my childhood. Hear it: one day,
each breath.

Live through this. Past the bypass surgery, the harvesting of femur veins.
Oh, Father,
I inhaled and held my sides, as I watched your chest narrow and splay to
each breath.

The hesitations of your ribs grew longer, its cage heavier to lift. I watched
you where
petition is the murmur of warmed-over air, where prayer is but the play
of each breath.

And what can I tell my unborn children, about their grandfather who
struggled for time
to see them? I implored the Mother of God, the Lord. Give him, I
prayed, each breath.

One more breath. Papa, I held on for you. The tired staff went home.
Into morning,
I held your hands in this world. I lived my life in that moment, so grey
each breath.

God was a presence in that gauzy-white room, and my constant longing
an eternity.
But Nicholas and Papa is one word, one name that lives on every day in
each breath.

Nicholas Samaras, living in West Nyack, NY, is originally from Patmos, Greece, and writes from a place of permanent exile. His first book won the Yale Series of Younger Poets Award.

Blood

Rod Farmer

Not thinking of blood
wasted in wars or accidents
but of blood dutifully
flowing in whole bodies,
this blood is beautiful,
the breath of blood
should be calming,
your life is a small raft
floating on a river of
blood, mine too.

There once was so much
I did not care to know,
my interests have changed
now I want to know how
to live in peace
with my own blood,
these high blood pressure
readings are a sign of
conflict, my blood is not
serene, I need to know
how to calm this red river
before my raft comes apart.

Rod Farmer is an independent poet living in Farmington, Maine. He has had two small collections published: Universal Essence (1986) and Red Ships (2002, Finishing Line Press).

Saved

Sue Eisenfeld

Sleep had nearly drawn its shade when the dream washed over me.

We're walking back to the car, parked in the shade under one of the grand oaks that must be more than two hundred years old. It is a nearly perfect autumn day in these rolling Blue Ridge foothills, somewhere between Charlottesville and Lynchburg, Virginia. The mountain skyline is a reclining woman, the silhouette of hips and waist and breasts and neck, and the sky is vast and white; brilliant vermilions and ochres and burnt siennas paint the lower two-thirds of the landscape, the ground, the trees. We admire the view, my husband Neil and I, and remark about the beauty of this terrain, the regenerative nature of nature, the near-immortality of trees. We've just come from my friend Julie's funeral. We've just witnessed our friend being lowered into the ground.

I always knew this day would arrive. The first time I met Julie—tall as an oak, fit as an Olympian, a fast talker with a quick and irreverent wit—she announced to the class, via the personal essay she submitted for critique, that she had less than half of 1 per cent chance of living five more years. She had Stage IV breast cancer and, as she always clarified for people, there is no Stage V. Her tie-dyed T-shirt stood out among a sea of pressed shirts and dress pants, and our first conversation revolved around the strange cherry smell that centipedes give off when you hold them.

I had signed up for this class, along with some art, photography, and meditation classes, as part of my campaign to start up some of my hobbies again, meet new women friends, and form more of a community for

myself—that married-but-childless-professional-woman’s syndrome in a town full of transients. She had come to chronicle her waning life, to get her stories out before she began “circling the drain.” She was thirty-three, three months older than I, and we would tango some type of friendship dance for three more years.

The vision came to me like a movie reel after returning home from my last visit with her, in early December, returning from the Virginia Center for Creative Arts in Amherst, Virginia, where paths lined with split-rail fence frame the lovely rise and fall of unspoiled countryside, to see where she had been awarded her third writing fellowship, to see this place that was nurturing her, her final pieces of writing, and where she had encouraged me to apply and follow in her footsteps. I had hugged her goodbye as I always did, my arms stretched high over her great form, cheek to cheek, boobs meshed together, but not too close. And I smoothed my hand down her woollen arm and told her to take care of herself. She didn’t smile. I didn’t know I would never see her again, but each time I left her I always wondered if it was the last.

I was always intentional with Julie. Although you can never be sure your friends will be around for another weekend, I felt safe in breaking plans with nearly anyone else to be with her instead—a quiet evening in the courtyard of an art gallery with her and her partner, Karen, listening to bluegrass; an evening at the Kennedy Center watching her play her first-ever tuba; listening to her regale us with stories of her whitewater bravado and near-catastrophes while making pizzas at her house with dozens of toppings she and Karen had laboriously chopped, set out carefully in small pottery bowls.

Who else would I so fearlessly agree to go whitewater tubing with than a whitewater river guide who was trained in swiftwater rescues and led advanced wilderness kayaking trips for kids? One day in June, I cancelled plans with another friend, and Julie suited me up with a life vest, gave me the best of her three truck tire inner tubes, and set me afloat in the Rappahannock River, directing me the whole way down. “Paddle yourself straight into the middle of this chute!” “Now back-paddle to turn around and get over the left where we’ll pull over and get out and jump off a cliff.” This, despite her one collapsed lung. I followed her blindly and effortlessly because I trusted her more than anyone—that

she could save me if she had to, that she was still the controlled, confident leader she'd always seemed. Because I'd take risks with her that I otherwise wouldn't take, and because I felt so alive when I was with her, she made me feel I could do anything; she was a drug.

Neil gets in the driver side and I get in the passenger side of our silver Honda Civic. The oak branches overhang our car like great arms and fingers. The tree is very tall, over one hundred feet, and very wide. Under its watch, we sit in the car and talk quietly about the memorial service, how it went, what we liked. And the wind begins to howl. It howls like a wailing woman, leaving this earth too soon. And the leaves blow, and even some branches fall. And then we are silent with our grief, and we hang our heads and we sob.

When a friendship has the time and space to be whatever it is going to be over the course of a lifetime, we don't often question outright, "What is the nature of this friendship?" A friendship can just be what it is at face value—an office friend, a book group friend, a yoga friend. And generally we don't obsess over the particulars: "How close are we really to each other?" A relationship either develops or doesn't. We either respond to another personality or don't, initiate invitations to spend time together or don't. It's taken two years before we and our similarly aged, also childless next-door neighbours have gone out socially together, for example, because we understood and respected the neighbour contract. Although I don't get together with my oldest friend, whom I've known since we were preschoolers, more than every few months and have gone huge swaths of time without living in the same town or being in touch at all, there is that sense that we are just on the brink of picking up where we last left off. Some dear friends who have moved across the country have become once-a-year holiday card friends, the people we talk about backpacking with again "someday." Time is not tapping us on the shoulder, hurrying us along, whispering in our ear to keep the friendship going. These types of friendships follow their own natural, meandering course.

But I never really knew where I stood with Julie. The water rushed by so fast, the route had never been navigated before, and the risk was so very great.

In sharing writing, we had discussed death and dildos, babies and abortions far earlier than two female acquaintances might normally. We took the frightening leaps together of putting fears and longing into

words and airing them to the world, asking each other for “embarrassment checks” before submitting to publishers or class workshops. “I think you did the whole lesbian-love affair pretty well. No cheese. You go, straight-girl!” she wrote after reading my first short story. “That’s the *best* rejection letter I’ve *ever* seen,” I encouraged her, when she forwarded me a kind and encouraging response from the *New Yorker*. And we’d attend readings and go to writers group together, and keep tabs on essays that appeared in print, especially those written by people we knew, usually tearing them to shreds to boost our own sagging writer-egos.

At the same time, she had grown up as an Army brat and told me early on that she never kept friends very long because she was always moving. And I never really felt I was her type of friend. If it weren’t for the writing connection, I wasn’t sure we would have ever bonded. She was a tomboy with short spiky brown hair, was athletic, talkative, loud, and daring, always competing with herself if not with others: Could she start a fire with no kindling? Could she become a carpenter, with no training? Compared to her I felt reserved and wimpy, “a girly-girl,” as she once called me good-naturedly when I took too long fixing my hair before going out to eat.

But early on, we found we shared a love of the outdoors and nature, the same taste in music, a fierce protectionism of the environment, an anti-corporate and left-leaning approach to the world. And, more than two years ago, when the cancer floating around in her body hadn’t yet executed its full-on invasion, I had asked her to come with me on a writing assignment to go dogsledding, snowmobiling, and snow tubing—high adventure with minimal effort—and I guess that was enough to secure the thread that tethered us together. From there, although we lived over an hour apart and saw each other only a few times each year, we emailed each other weekly, sometimes more.

Then long periods would pass without a word from her. No updates on her health. No keeping tabs on each other’s plans. No chit-chat about her post-corporate-lawyer, odd-job career, or my what-am-I-going-to-do next dilemma. Maybe she was busy, I reasoned; maybe she wasn’t feeling well and didn’t want to be bothered. But being a new friend, a somewhat peripheral friend, a mostly email friend, I never wanted to push it, to barrage her with calls or messages. I knew she had a large flock of

supporters, people she'd known longer, people to whom she was closer, people who lived nearby, people she called on first.

Then one day, after weeks or months had passed, a postcard from a faraway place might arrive. "Hey! I hiked this beach today and it looked exactly like this . . . Sure wish we had been able to do this [writing] residency together—we would have had such fun!" Or a five-page handwritten letter would come, delighting me with nature details about starfish and tufted puffins on the Oregon coast, and an invitation to dinner when she returns home.

Or a sweet email might finally grace my box. I'd open the message before anyone else's, before my mother's, before my husband's. "Has your class critiqued your fiction piece yet?" she might ask after telling me she'd actually been in back-to-back doctor appointments for the past two weeks to find out why she was going blind in one eye, or that she had been rushed to the emergency room in the middle of the night recently, unable to breathe, or that her oncologists had officially announced that her second round of chemotherapy had failed. "I'm a bit wigged out; feel my life has just been shortened by three months," she'd say. "But you're writing the Great Lesbian Romance Novel! Woohoo!" Once she mentioned I was the only person who sent her a birthday card to the camp in Vermont she worked at in the summer.

And then I felt we were back in the dance, that she'd never really left. But she was always so close.

Suddenly a loud banging at the passenger window startles us away from our sorrow. It is Julie. In the flesh! At my window! Beating it with her hands in a great, anxious fury. She is wide-eyed, a full crest of hair on her big round head, her face flushed, her body fit and full in a plaid flannel shirt and Carhartts. And she is adamantly banging on the window urging us to "Get out! Get out! Come on! Come on!" And her look is so mad and eager that we both bolt out of the car and slam the doors behind us and we run, having only considered for a split second how crazy it is that we just saw her put into the ground and that she was dead and how no one will ever believe what we are seeing in her alive but this is so typically Julie and we know she must have something, some small adventure, in store for us. And so we run, so fast I am panting. And Julie is pumping her arms and legs with an even breath, which is insane because last time we saw her she could hardly walk up a small rise

on a walking path without being winded. But now she is running faster than Neil or I and we struggle to keep up. And she waves her hand behind her for us to catch up as she continues running down the hill, down the hill to the river, as if she has something she wants to show us. Is someone hurt? I wonder. Is it some cool nature sighting? A great blue heron? A bald eagle? We don't know, we don't care. We follow her because if she says to follow her, we do. We would follow her anywhere.

What can I do to help you? I'd beg her. Accompany you to an appointment? Cook you dinner? Go shopping for you? But she'd never bite, as most people won't when you offer. So I'd send her birds of paradise, my favourite music on CDs, small art projects. When I'd visit I might bring wine or homemade pesto, mint iced tea from my garden in the summer, ingredients for peach parfaits. I'd ask about her health, rant and rave with her about everything that sucked, and share in the dreams she was still planning to fulfil. But it never felt like enough. "What I want most is a magic wand, or at least to feel like a normal human being again!" she'd say in an email. "A person could lose their sense of humour over this shit! :)" I wanted to give her the magic wand, the unexpected elixir, to be the magic wand that would rescue her from churning waters and paddle her to shore, but I knew I never could, no matter how hard I tried.

After my millionth offer of help, she tells me in an email in November, "I may need an 'executor' of my 'writing estate.' You'd be my first choice if you're interested." But then she retracts and decides to designate Karen, which makes perfect sense. But I'm crushed because I feel so helpless.

We run several minutes down the hill to the river with the wind soaring through our hair. And then we see her disappear into the tunnel of the forest canopy, the trees and woods around the river, and we go in too, into the darkness toward the river, which is loud and rushing and wide and deep with waterfalls and boulders. And we look for her, we look left and right, we look upriver, we look downriver, we look in the woods, we look along the shore, and we wonder where she could have gone; she was just here. We don't see her anywhere and we wonder what, exactly, she had wanted us to see. After a few minutes, we shrug our shoulders and turn back around, befuddled, questioning our sanity, confirming with each other what we have just witnessed. And we begin to head back up to our car, chins down, battling the winds, our tired steps crunching on brown grass.

She looks and acts truly sick for the first time since I've known her when Neil and I drive down South to her writers fellowship studio in early December. She isn't laughing or even talking much; she's slower, a bit clumsy with her partial blindness. Her face is puffy from medications, and she shows me how her thighs have atrophied several inches from nearly complete lack of use. But I tease her anyway about silly things like her propensity for frou-frou drinks, as I remember her cackling over mai tais and "anything colourful that's set on fire." But this evening she's sipping a plastic cup of Bailey's Irish Cream because it helps her sleep at night, and I realize what a buffoon I am for recalling days past. I dig myself even further into my hole by warning her, as I give her another music CD of favourites, "even though there are love songs on this, I am not trying to send you a message." But I know that maybe I am. Or maybe when the heart is broken it's hard to tell where the pieces belong.

And then as we drive away from the evening, making the three-hour trip back home at midnight, I realize I didn't really even ask her much about herself, I was so interested in seeing the place I would be applying to, the buildings, the grounds; listening to her stories about the wacky artists there and then meeting them, wondering what it would be like for me to get the fellowship. And I begin to regret that, in all our few years, I had never really sat with her face to face to flat-out acknowledge her impending death, to ask her if she was afraid, to tell her directly she will never be forgotten, how much she's meant to me, how empty the universe will feel when she is gone. Neil tells me maybe she wouldn't have wanted it that way. Maybe it was better to have always believed that she would out-compete even cancer and God.

We get home, I drift off to sleep, and I find her banging on my car window.

Two days later, her second to last email thanks us so much for visiting and gushes over the music and my gift of Crazy Aaron's Thinking Putty, intended to help her crank out her writing. And her very last correspondence, the same day, asks me to review her book proposal, her last gesture to the world, a compilation of her essays called *A Weight Like Hope*. She tells me, "Be ruthless, really." And I am. I fire off an email the same night, with ideas and fixes and strategies and suggestions.

Then a week goes by with no response. And I question the tact of my ruthlessness, and I send more emails asking if my comments were helpful, and apologizing if I was a total bitch. And another week passes. It's Christmas, so I figure she's with family, she's with friends. This is a time to be with those who are closest, this final year, as her doctor had warned her in June. I won't push it. I'll wait.

But two days after the holiday, I get a call, and she's gone. "She was just in the middle of emailing you back," her partner tells me.

And then we crest the hill, the hill just below our car, where we had parked for the funeral, where we had sat weeping about our loss, where Julie had rapped on my window furiously, where we had fled upon her urging. And there it is, the answer to everything: that two-hundred-year old oak, with its fingery, army branches that had spread wide over our car and had provided shade from the autumn sun, lying like a slain dinosaur across the landscape. With our car—driver side, passenger side, hood, roof, trunk; the bones, organs, and flesh of it all—crushed to its death.

And then I knew.

Sue Eisenfeld lives in Arlington, VA, with her husband and cat, where she writes about her passions: food, travel, relationships, and life. She just received her MA in writing from Johns Hopkins University.

Day before His Third Eye Surgery

Lori Anderson Moseman

*On a sea of hinge
we stop our grief in the middle
to work, what we are here for
—Jane Mille*

He sledgehammers four stakes.
I haul water, feed saplings.
He or I cut wire for ties.
We wrap deer netting together.

Four trees into it, we run
Out of our seasoned net.
We unpacked the new—
Dubiously thin—in panic.

This will stop damage?
We work with what we got.
Sledge, haul, spill, cut,
Wrap. Four more trees. Then

He confesses he can't see
This mesh. I don't notice
His hands compensate.
I blame our new slowness

On flimsy protection
We bought by mistake.
We work with what we got,
Sledge, haul, spill, cut, wrap.

It will be like this until dark.
We'll work side by side.
He will or won't say
what he can't see. Someday,

I'll have an instant
to yank away a sharp tool.
Someday the surgeon won't
Open the eye again.

Lori Anderson Moseman founded the High Watermark Salo[o]n Chapbook Series after Federal Disaster #1649, a Delaware River flood. Her books are Walking the Dead, Cultivating Excess, Persona, and Temporary Bunk (forthcoming 2009).

Side Effects

J. R. Kangas

I hadn't fallen apart once, not
throughout the battery of tests,
the waiting, the premonitions, not
at the word *cancer*, not that week
at my mother's, brimming her angst cup
announcing my curse, visiting the family
graves (new and old) with her, not while
spilling it to friends one by one, not
during the pumps of chemo, the nausea,
the skinless, weeping, meat-raw
nether parts, the untold radiation
burn that sometimes felt like the stings
of a hundred fire ants. But then
one morning, your card came, your note,
the poem you'd written when you had
your bout. It kept repeating, "I want
to live" again and again. Then I wept.

J. R. Kangas works as a librarian and plays the viola in a regional orchestra. His work has appeared in many magazines including Atlanta Review, Connecticut Review, West Branch, and New York Quarterly.

Can't Make Cancun?

Laurie Klein

I have lived through this horror. I can take the next thing that comes along.

—Eleanor Roosevelt

A rubbery snap—two thin gloves mould to her fingers. The patient cringes.

“Can I stay?” I ask, though it’s not a question. The gasping man in the bed is “family.”

“He needs to be suctioned,” the nurse says. He’d rather be shot.

“I’ll *help*,” I say. She bristles but also notes his dramatic thumbs up. A sigh. The cool eyes of consideration.

“He needs me.”

Trumped, she jabs a button and the bed slowly jack-knifes, a brief and malignant drone. With a flick, the lights flare; his pupils constrict around glassy blue margins.

Evil, he’d scrawled earlier, on his tablet, describing what’s about to take place. Recently impaled with a tracheotomy, today he’s struggling: his temperature spikes, the artificial airway keeps clogging. Click. The nurse unlocks the inner cannula, draws out the long, curved tube.

Picture an albino hummingbird beak—on steroids. Clotted, smeary, it glistens meanly, and strangled coughing ensues: gobs of sputum erupt from the trach.

“Strong cough,” she comments. This, I have learned, is a compliment. From a machine on the wall she unreels yards of tubing, the same colour as worms on pavement after a hard rain.

Air thins around us, space telescopes. I take his hand.

"Squeeze," I say. "Hard as you want." Honest hurt would be more bearable than what I feel now. "Five seconds," I say, loudly enough that this new nurse overhears. I know what will help him. If she starts to protest I miss it. "I'll count."

Down through the trach she feeds that demon tubing, down and impossibly down: "One—one-thousand," I say, and he groans, gargling helplessly; "two . . ."; his face shines with sweat, darkens to the shade of merlot; "*three*-one-thousand" is almost a cry as white noise fills the trach, the room, my head; on "four" he heaves explosively, gurgling—no, drowning—dear God, he looks primed for a stroke, and then . . . "*five!*"

Zzzzz. Like a retractable leash, tubing spews from his throat hole, all whiz and snap. And then, such hacking; paroxysms link in chain reactions, create their own weather. My tongue feels too big for my mouth, and saliva pools at the back of my throat. Beyond the pulled curtain, in the hall where the air is ten degrees cooler, people in flip-flops and clogs come and go freely. I plant my broken-down tennies wider apart, beside his bed. Beyond the footboard, helium-filled palm trees rustle.

Yesterday I'd carried them in, saying, "Can't make Cancun? No worries. Paradise comes to you." Breezy, upbeat, that's how I'd sounded. John Diamond once famously said, "Cancer is a word, not a sentence." The visiting surgeon, there on his rounds, he of the schoolboy complexion and twelve-hour knives, had grinned at my bobbing Mylar spree. He and his colleagues reconfigured the body of this man I love: neck slit from ear to chin, leg bone shanghaied and recarved to replace jawbone, a swath of skin clear-cut from a hip. Hundreds of sutures.

"Ready?" the nurse interrupts, brisk and authoritative, and oh I despise her. Is it love—or my need for control—that tallies aloud the next five crucial seconds? This is war: tubing versus sputum; machine versus windpipe; me versus her. He's sinking, his lungs like old grey boats on a stagnant pond, steadily filling with greenish and rust-coloured broth, partly congealed.

"Five!" This time she catches my eye and nods. Can we be on the same side, she at home with uncertainty, calm, clinical, here where we meet, over the gaping hole of his throat?

Again, the tubing ejects.

If this were an X-ray instead of a story, his lower lungs would show

an opaque smear where thousands of “soap-bubble” alveoli collapse with each breath. Heard through the stethoscope’s bell, there’d be an amplified crackle, like plastic collars forced over a throat. Rales, you sing a fierce lullaby.

Now I lay me down to sleep . . .

Laurie Klein, a Dorothy Churchill Cappon Essay Prize winner, has published in New Letters, Healing Muse, New Pantagruel, Tiferet, Passager, and numerous anthologies, including Bombshells: Stories and Poems from Women on the Homefront.

Fluid around the Heart

Angie Macri

Tapping Trees

My children tap the trees with brooms to wake them, white bristling dogwood and oak. Maybe they don't want to wake up, my mother says, but my daughter answers that they will miss their day.

It's evening, so my mother burns cardboard and toilet paper in a barrel until smoke runs the forest. Chickadee fuss in front of the house while I deadhead daylilies, red pollen onto my palms.

Inside, Madonna dances her black mesh lucky star where my husband and father sleep. The kids circle the house, brooms dragging dirty grass. I go, my son says, and fire, and hot, before going again

around the wilted hydrangea to the back where they work sand, grinding in footsteps and then erasing them with draws through the grains, and the whispered splash of throwing it just a little.

They can't help it. My mother is worn after a day with the kids, a day she has waited for and wanted to hurry and prolong but can't last, despite Cozaar, Lasix, spironolactone. She sits down again.

My daughter asks why did God forget when something doesn't go her way. A friend once told me if starving, eat daylilies, but I can't remember which part. The pollen smears my love and life lines

like paper cuts, and I am hungry. They would work this way until the last yellow light was gone behind the forest's end and the sand glowed and the whippoorwill spoke from the ground as clear as Mars

on the hip of the sky. Fireflies drift, sparking in their random way.
They will fill the tops of the trees at ten for reasons I don't know,
and while everyone else is sleeping, the bird will move back
and forth with its one phrase like a metal handsaw buckling.

With Love in Arms

I study the names, flame of the forest,
zelkova, floss-silk tree, swamp maple,
while my mother cries over the bedtime book
she reads my daughter. She sounds better
when I turn the page to birch and ficus,
but by barberry, she is crying again.

Should I go to them, to where my daughter
soothes while my mother's teeth and tongue
seem to weep from her mouth? Bay laurel,
daphne. The movie on the TV shows
aliens firing with lime lights and people
running, hiding. The world comes apart.

By the time the alien ships have fallen
behind the pyramids, my mother is out,
drinking a Coke although she shouldn't.
She wants me to tell her why. Blood
pressure, fluid around the heart, dewdrop,
carissa. She holds the can with both hands.

The fighter pilots swoop their loves
up in their arms and then kiss their children,
and my daughter stares at the lights
in the space around the door
until she sleeps, inside this house
surrounded by mock orange and spirea.

Angie Macri's work has been published or is forthcoming in journals including Fugue, Southern Indiana Review, and the Spoon River Poetry Review. She was recently awarded an individual artist fellowship from the Arkansas Arts Council.

Saint Colonoscopy

Judith H. Montgomery

Where there is no bright blood to follow,
I am blessed. Or not: not found out, not

snipped by the black snake that slithers

in, peering for apocalyptic growth
in the slick recesses of my flesh.

Not to be bleeding, not to be bled:

blessing conferred by my surgeon, her
kind eyes chilling as God's when he searched

out fault in the Garden. May no fruit

bud within this winding vine. May the
uncoiling angel ever seek in vain.

Judith H. Montgomery's poems appear in Bellingham Review, Dogwood, Northwest Review, and elsewhere. Her chapbook Passion received the 2000 Oregon Book Award. Red Jess, her full-length collection, appeared in 2006; Pulse & Constellation, in 2007.

On the Gurney with the Village People

Sandra Evans Falconer

The anesthesiologist
walks over to my hospital bed smiling:
Well, we had fun, she laughs,
meaning the operating room staff
who played both sides of the disco tape
I brought in for my outpatient surgery.

Side II as I remember has “YMCA,”
the big 1970s hit by the Village People.
I hope it was playing
when Dr. Hall leaned over my body
to cut out the one malignant tumour.

Now I’m wondering if the young technician
hummed to herself
over the instrument table, or
if the scrub nurse
tapped her foot, even a little,
as she reached under the metal shelf
for another clean towel.

Sedation leaves the mind a blank,
not unlike those blanks I get
trying to remember
the names of the sweaty young men
I danced with years ago,
their gorgeous white suits still shining

somewhere with my strappy high heels
and silver tube top.

The disco dance floor has been
replaced by the recovery room.
But I'm not complaining—not really—
These songs make me smile,
singin' those same four letters over and over.

Qualitative Study: Clinical Euphoria

Theodore Irvin Silar

Case #117

Hello. My name is John Doe. I suffer from clinical euphoria. This is my symptomology.

1. I ought to have *loss of energy*:

At my age, and with my arthritis, and with the exercise regimen of a three-toed sloth (so high-risk for Epstein-Barr the CDC should reserve Guinea Pig Room #1 for me), you'd think I'd call for the bearers with my litter every time I take a trip to the bathroom—so what was I doing out all night last night, jitterbugging with the Mulligan sisters, while sullen youth sat it out on the sidelines?

2. I ought to have *loss of appetite*:

Since I can't afford food anyway, and what with my dyspepsia, and the french fries I eat, and the state of the art of gormandizing in this chic-forsaken burg (and the vividness of that article I just read about the poultry industry), you'd think I'd come down with anorexia simply in self-defence—so what was I doing at the Farmer's Market Saturday morning, A. drooling over the pineapples and the blueberries and the strawberries and the honeydew, the salmon filets and the chicken pies, the celery, the asparagus, the boston lettuce, and

- B. eagerly queued up and waiting at the home-made french fry stand?
3. I ought to have *psycho-motor agitation/retardation*:
 Considering the fleas and the state of my nerves and the eczema and all the accidents and the springs sticking out of my Barcalounger and my circulation and my involuntary celibacy—how do I still catch the falling milk bottle in mid-air, and why have I taken up darts?
4. I ought to suffer from
 - a. *Insomnia*:
 In view of this neighbourhood's ceaseless lullaby of beeping back-up signals, the lumps in my bed, the latest late fees, over-limit fees, compound interest—how does the grandeur of my insignificance succeed in recommending itself to me, as I doze over my Calvino, lost in his circles of ten million light years?
 Or, alternatively, I ought to suffer from
 - b. *Excessive sleeping*:
 In view of the fact that nothing awaits me when I get up but bills and begging and rejection letters—why do I wake in the middle of the night laughing in delight at a dream of houris and silken pillows and lateen sails in the sunset and repartee so refined I feel like singing?
5. I ought to experience
 - a. *Loss of pleasure or interest in usual activities*:
 Since my usual activities are so boring and repetitive and patently unremunerative (typesetting music, researching Roman votive tablets, thinking up haiku—haiku no less!)—why do I keep at them, night after hopeless night, day after drudging day, regardless of recognition or reward; hunched over the computer until my eyes bleed, clicking little notes onto a little staff through a haze of blear; poring over Cunliffe's *The Temple of Sulis Minerva at Bath*, vol. 2, *Finds from the Sacred Spring*, labouring to imagine the lives of first-century Romanized Celts from cryptic scratches on battered scraps of lead foil; count-

ing syllables on my fingers every time I see a Great Blue Heron?

Or I ought to experience

b. *Decrease in sex drive:*

And I would if I were to think about all the hair growing out of my ears, and the pain in my left testicle, how quitting smoking made me twenty pounds fatter, how male inferior is about the only position I can manage anymore (as if I had reason to), and how my history in the field of love renders Waterloo matins in a vow-of-silence nunnery—so how does it happen that a woman I ought to hide from like she was an outrider to Attila the Hun, in simply acknowledging my presence, just extruded arousal into me like meat product into a fresh, tensile hot dog skin?

6. I ought to have *feelings of worthlessness*

- Because I am worthless—bankrupt, consigned to a rathole, driving a dangerous peeling heap, owning nothing but coverless books I've already read and a pile of empty Eucerin bottles;
- My skills unsellable, I'm too old to learn new ones; I have eczema, arthritis, and poorly healed fractures precluding even the loading dock;
- Having failed at everything I ever tried, and disappointed everyone I ever knew—why on earth do I snort in condescension at any attempt to impugn me or my works, like some Hohenstaufen Junker dismissing peasants with a sneer and a twist of a mustachio?

7. I ought to suffer a *diminishment in ability to think or concentrate:*

- Why would I *want* to think about anything I'm supposed to? all the compromising things I have to do just to stay alive being tedious, redundant, futile, and humiliating enough to make an ox scream—and yet, I've
 - a. just figured out my base year wages to the penny (This is to inform you that your gross earnings, subtracted from the sum of:

1. your Weekly Benefit Rate (WBR), which is calculated by a comparison of your highest quarterly wages and your total base year wages with the table for “Rate and Amount of Benefits,”
 - +
 2. your Partial Benefit Credit (PBC), which amounts to 40% of your WBR, qualify you for . . . \$18 . . . per week in unemployment compensation!
- B. applied triage to my list of needed car repairs (“Let’s see . . . brakes? . . . steering? . . . turn signals? . . . Turn signals”), and
- C. plotted out an ornate bait-and-switch scheme to weasel a successful poet into writing linked verse with me (“You are so good and I am so base”). And then there’s the onrushing stream of the things I actually *like* to think about . . .
8. I ought to have *thoughts of suicide*:
- I mean I’m old enough—no one would say I’d been cut off before my time; my ailments are all chronic, and all getting worse; the world is not changing in any way to the advantage of someone like me (or for that matter, any way I *like*); and, worst of all, I could be on the street shortly, and therefore getting out before I freezer-burn slowly over some grate like Sunday’s lamb chops the Monday before might arguably be indicated in my case—and here I am planning what I’m going to be when I grow up.
 - I’m mad I tell you. Stone mad. I swear, I try to sit myself down and make myself think about just how rotten my life is—and rotten it is, you middle-class doctors cannot begin to conceive—so empty, so circumscribed, so lonely, and so very poor. And the next thing you know, there I am in the shower with the water trickling down over my head, chuckling to myself (and it’s none of your laughter without joy stuff, either. I mean, that I could understand. Mr. Hyde. Dorian Gray. Dr. Frankenstein. “It’s ALIVE!” No: I’m *actually happy*. Like Pippa passing. Go figure.) about some pun I stole like “mira-

bile dictu,” or some riposte I made like “Sez you,” or “Blah-blah-blah,” or some laughter I won from a girl who laughs at anything, or some sitcom rerun, or I’m driving down the two-lane, waiting for the manifold to explode, laughing deliriously to myself FOR NO DISCERNIBLE REASON but the day and the sun and

Theodore Irvin Silar lives in the vicinity of Allentown, PA, where he leads a rich intellectual life. He earns his daily bread by inspiring the youth of tomorrow. An e-book of his short stories will appear at www.cantaraville.com.

Night of the Lunar Eclipse

Magi Schwartz

You have given up so much blood,
even the moon is red. Prayers and chants
to the sea have been to no avail;
so they cut you free from the lunar tide.
Now you are becalmed.

Tomorrow night the moon will be white.
Your children who will never be born
pretend to be stars.
They wink sadly down at you,
but you have lost the magic to recognize them.

Magi Schwartz, an independent poet writing in Florida, gives readings and conducts a poetry workshop called Imagine That. She is vice-president/treasurer of the Hannah Kahn Poetry Foundation and the poet laureate of Hollywood, FL.

Willendorf

Christine Rathbun

My neighbour paid me a great compliment the other day.
It helped me
in a way she could not have imagined.
I was mowing my lawn, you see—and another neighbour drove by and
asked,
in that way, shouting from her car—
how are you
I shouted back, trying for blithe,
sweaty.
She continued
Well. You. Look. Great. and I had to turn off the mower at this point
because
it was clear that she
had kind words to unload.
How long has it been?
She smiled and frowned at the same time.
Five years I said.
Wow. she said and wagged her head in humbled awe. *That. Is. Amazing.*
You are such a survivor.
Guess so, today, I said brightly,
brittle. Not blithe.
Knock wood! And I
yanked the cord on my Murray as hard as I could and got back to the
lawn.
She drove away and I knew she felt sorry for me.
Which pissed me off.
I knew as I trimmed out the junipers that she was in Stop & Shop at
that very moment
buying fat-free pink-ribbon Yoplait.

I knew as I accidentally mowed over the little hydrangea that she was so glad that she was not me.

And I knew as I stepped in a giant pile of poop
from the fucking Great Dane from next door
that she was thinking that

I had to mow my own lawn because I had no man because I had one
breast and even if that didn't matter to him which was unlikely
I was a sketchy proposition after all five years or not but
you go girl
you big survivor you.

I got the shovel and scraped up the rest of the poop, which was
considerable,
and walked next door.

And dumped it in Suzanne's driveway,
by the mailbox.

Like I always do.

Suzanne came flying out of her house
(she is one of those demented multiple pet-owning vegetarian
neighbours)

and got very close to my face and shrieked,
"You fat-ass cancer bitch!"

What?

What a wacky thing to say to someone who has just
dumped a pile of your dog's poop in your driveway.

But

it was sort of wonderful—her lack of politeness.

Her frankly lunatic rage spoke her very clear fact of me—not coloured
by guilt or pity
or curbside nicety.

Not pink.

Fat-ass cancer bitch.

I liked that.

Well, not the fat-ass thing—I don't think she truly meant that bit,

but it lends the phrase meter:
fat-ass cancer bitch.

There was tenacity and strength in that, at least,
and quite possibly a kind of timeless, shining triumph.
Like the Venus de Milo—no arms! Or Winged Victory—no head!
What if the Goddess of Willendorf
that fat little fertility statue
had been dug out of the prehistoric muck on the Danube in 1908 and
had
had only one breast?
There is more, I think, than merely surviving.
Fat ass cancer bitch.

Now there was a name I could hang my hat on.

I laughed—Suzanne’s face contorted, despite the Botox—I’m buying a
slingshot, crazy lady—keep your
stupid dog in your yard. But thanks.
Thanks very much.

Christine Rathbun is a playwright/poet/performer and an eight-year cancer survivor. She is a two-time Massachusetts Cultural Council grant finalist, performing regularly in New England. She lives on Cape Cod with her husband and daughters.

Medical Plane Goes Down in Lake Michigan

Phyllis Wax

Conscious to the end
of the promise of life
preserved, cradled and cool
in a special container

they feel the downward pull
the steep dive
notice hearts in ears
gasps
sucked from dry throats
like *his* breath
as he waits
in the hospital

Lightning images
children, wives

Lungs in saline
lungs within ribs
the pair for *him*
pairs in their own chests shatter
cold waters

Soon, sirens

A Pushcart-nominated poet, Phyllis Wax lives and writes on a bluff overlooking Lake Michigan in Milwaukee, WI. Her work has appeared in many literary journals and anthologies. The news often provides inspiration for her poetry.

Making Images

Arthur Robinson Williams

The body anchors the Self in the physical world. A locus of materiality, it is the body that places us before the eyes of others, both vulnerable and intimidating. Yet for all that the body reveals of the Self, much of how we exist in the world eludes our fleshed corporeality.

Trans individuals (by which I mean to refer to transgendered, transsexual, and gender-variant individuals) by virtue of their trans status are familiar with such a notion, that the body can represent but also sabotage—whether through brutal honesty or gross betrayal—the inner Self.

Photography adds additional layers to lived representation and the embodiment of the Self. Through the hands of another's lens, the body takes on additional burdens of meaning and the true inner Self is further obscured by creeping layers of film.

My work with transfolks is meant to explore this tension between body and Self. Similar to illness, one's trans status may realize a gulf between the Self one is able to be and the Self one yearns to know. How to represent such loss and desire in a photograph becomes a collaboration. Much like an ideal clinical encounter, the image constructed is a partnership between the actors involved.

Similar to my medical training, photography has affected my approach to patient care. Having spent eight years travelling across the country and around the world photographing marginalized communities, I have come to appreciate how the process of making images is itself tantamount to the final prints.

For the participants with whom I have worked, the act of making a



Dane and Erin. “There are always things I think people would change about their bodies. I know no man whose chest is big enough, hairline is stable enough, abs are eight-pack enough. I don’t think I am above all these influences. I wish I were taller and I wish my chest were without scars. Although they are fading slowly, my scars are pretty prominent.”

photograph has become—should be—as cathartic as the knowledge that the images will eventually reach a broader audience and as profound as the impact of the images upon viewers. For patients, likewise, the journey toward diagnosis and treatment may have as marked an impact on their latter years as their medical condition and/or disease state.

Ultimately the impact of images upon others is as much a reflection of the content of the photographs as it is revelatory of the viewer’s own



Jake. "I gained confidence in my ability to pass, not only physically but socially as well. From there I started going to gay bars—not to hook up, but just to be there, to be around gay men, again, to be in gay space that I felt safe navigating. I liked letting gay men flirt with me. It made me feel validated in my gender."

embodied Self. The viewer beholds the image, the viewer's corpus a conduit for the Self's accession of meaning-making. With regard to images of trans individuals, the viewer's own flesh is called into question. The empathic response to the loss and desire of another is itself the inward reflection upon who we are able to be and the Self we would one day like to know.



Allie and Mel. "The first major change came when I started on estrogen and anti-androgens. For the first time in my life, I felt right. I knew that soon the male body I possessed would be male only in certain ways."

Arthur Robinson Williams is a medical student at the University of Pennsylvania School of Medicine. Williams studied photography at Princeton with Emmet Gowin, Mary Berridge, and Lois Conner. His work can be found at www.MyRightSelf.org.

Walking an Old Dog

Bruce Bennett

The walks you're going to take are numbered;
the tracks you're going to sniff are few.
You lurch, in pain and age-encumbered,
towards what just one of us can view.

And yet, today the world's before us;
the leaves are bright, the air is clear.
A few sparse birds, in muted chorus,
seem to be singing, "We're still here."

And I too think, *Well, there's this hour.*
What's failing now must surely fail;
yet meanwhile, while you have the power,
sniff deep! Keep lurching down the trail.

Bruce Bennett is the author of eight poetry books and over twenty chapbooks. He teaches English and directs the creative writing program at Wells College in Aurora, NY.

A Cartography of This Body

James G. Brueggemann

MRI

I resonated magnetically the other day. I became a virtual needle. It didn't hurt at all. The way I knew was that for a brief period all my molecules lined up facing north. For a few seconds I saw everything clearly, without passion or confusion.

I saw Gerardus Mercator at a long table, poring over his projection of the known world, truth in navigation sliced like a deck of cards, thirteen organs plus the joker. It was 1569, not that long ago really, considering how long people have been at sea.

He would have liked having an MRI himself, I thought, with the complex math, the radiofrequency spins and all. But he was too early. The world had only been round a few hundred years.

Conscious Sedation

When you go unconscious of pain and concern but try to leave the table as soon as someone lets up on the juice, you're defined as "consciously sedated." It's enough to get you past things medically called "very uncomfortable," such as nine on a pain scale that goes to ten.

First there is conversational chatter, people asking you about your life. Next you awaken in an unfamiliar bed with unusually crisp sheets. Someone has switched your experience button back to RECORD. What is between stays on a non-rewritable disk somewhere which no one can play.

It's cool in here, and bright, like in a supermarket near the frozen foods section. Someone spreads a warmed white cotton blanket over me.

James Brueggemann is a neurologist and medical administrator who has published poetry, haiku, and technical pieces in medical and literary journals since 1974. He consults to hospitals and physicians on the formation of integrated health systems.

Waiting for the Glutamate Receptor Tablet

Lynn McClory

What efforts descend from laboratories
recessed in beautiful buildings
We are waiting for the return
to relaxed laughter
repressed by ascending position

Waiting for release from
cruel messages, daring lies,
invading without invitation
anticipation urges their sounding
in the sweetest ear

The refusal of toxic offerings
collides with dark shadows
closing in on your grief
to direct the intentions
of innocent bodies against you

On vigilant nights they threaten
to enter your waiting soul
as my hand holds back
an avalanche of insistent fog
advancing inside the force field

Waiting for the glutamate receptor tablet
requires high-wire riding
spirals of wind on your face and back
A splendour to know in a sensitive atmosphere
a precise light on a damaged road

Lynn McClory recently retired from a career in publishing. She has been published in the literary magazines BafterC, Psychic Rotunda, online in Poetry Mag, www.blissfultimes.ca, and in Garden Variety: An Anthology of Flower Poems.

Discussion Guide

Qualitative Study: Clinical Euphoria, Case #117

How does the author subvert medical terminology to create an ironic statement on his condition?

Is the author finally claiming to be happy or unhappy?

Does it seem as if the author of this piece is himself an MD? What vocabulary would suggest this?

The Eighth Day

How old is the author of this memoir at the time of writing it? How does the reader know this?

What role does the author's relationship with his mother play in his recovery?

What might explain the delay of almost thirty years between the time of this event and the author's ability to recount it?

Do we know whether the narrator has made complete recovery, and if not, what do we know?

Saved

What image does the author use to create the sense of a completed cycle, and how does this impart a sense of hope for the reader?

In the author's view, what is the difference between most normal friendships and this particular friendship? Is this friendship more significant or important because of this difference?

Is there a way in which the writing of this story acts as an atonement for something the author feels has been wanting in her?

Sunday Nights at the Shangri-La

The narrator of this story writes, "The truth is there's no one you can really talk about it with," and mentions parents, friends, pastors, guidance counsellors, and shrinks among those who are insufficient. This

explains why the online group is so important, but raises the question, What role do we, as the readers, play? Are we being warned by the author that we too will be insufficient unless we have suffered the same loss?

The story ends abruptly, leaving a sense of incompleteness. Does this help the reader appreciate the feeling of irresolution that haunts the narrator and the other surviving siblings?

The Wong-Baker Scale

In this piece, the author compares and contrasts medical treatment with parental care. Which appears to have the greatest curative impact by the end of the story?

The author describes two objects with beaks, the otoscope and the birds in the drawing at the end of the story. How does this shared feature unify the clinical aspect of medicine and the loving aspect of family care? Is there a resonance between air-borne and ear-borne?

Does the narrator see the Wong-Baker Scale as a sufficient expression of the degrees of pain, or is the scale described as a commentary on the human dilemma of trying to understand the suffering of others and to make our own suffering understood?

Walking an Old Dog

This poem contains a poignant recognition of his dog's advancing death and a profound understanding of how it affects his dog's bodily experience, especially his sense of smell. What is there in the poem that indicates that the poet recognizes a parallel in himself and other creatures?

Dream of the Surgeon

What is the predominant feeling underlying this surgeon's vivid imagining of a forthcoming procedure? How does this mood express itself in situations outside of the operating room? Does it appear that this surgeon has experienced some clinical failure, and if so, how is this apparent?

Replacement

The poet describes the manner in which illness and its management has become her parent's structuring activity. Does this suggest in some way that the struggle against death paradoxically imparts a zest for life? What statement suggests this in the poem?

Ars Medica

Subscriptions

2009–2010 (four issues)

\$45 (CDN/US) individual

\$65 (CDN/US) institution

Name _____

Address _____

Please make check or money order payable to

Ars Medica

Attn. Liz Konigshaus, Room 925

Mount Sinai Hospital

600 University Avenue, Toronto, Canada M5G 1X5

Check our website www.ars-medica.ca
for information about purchasing online.

Donations towards *Ars Medica* are also welcome, through the Mount Sinai Hospital Foundation. Please contact arsmedica@mtsinai.on.ca. All donations are tax deductible, and receipts will be provided.

Guidelines for Submissions

1. Only email submissions are accepted.
2. Poetry should be typed single-spaced, up to two pages, and prose double-spaced to a maximum of 3,000 words.
3. We will not consider previously published manuscripts or visual art, and a signed statement that the work is original and unpublished is required. Copyright remains with the artist or author.
4. Please indicate word count on your manuscript and provide full contact information: name, address, phone number, fax, email address.
5. Please submit manuscripts to arsmedica@mtsinai.on.ca.
6. Payment will consist of a complimentary one-year subscription to *Ars Medica*, including the issue in which your piece is published.
7. We read submissions on an ongoing basis. Deadline for the Spring issue (May 15 publication) is January 28. Deadline for the fall issue (November 15 publication) is July 30. However, because of a high volume of submissions, we cannot guarantee that your submission will be reviewed for the upcoming issue. It may take two to three months to hear back from us.